Managing Secondary Lactose Intolerance in Young Children Pathway

Healthier Together

NHS

Infant presenting with the following symptoms for 2 weeks or longer, and significantly distressed (If not suffering and growing well advise that symptoms will resolve once gut is healed)

- Loose and frequent (occ. green) stools
- Increased (explosive) wind
- Abdominal bloating

Usually following an infectious gastrointestinal illness

NOTE: *Lactose intolerance in young infants is* ***rare***

Cow's milk protein allergy (CMPA) should always be considered as an alternative diagnosis

>12 months

Advise

①**Lactose free** milk (available from supermarkets e.g. Lactofree whole®, Alpro Growing Up Drink®)

②**Lactose free diet** (see diet sheet Click here)

0 - 12 months

Bottle Fed

If baby is distressed advise

Lactose free formula can be purchased from supermarket or pharmacy e.g.:
Aptamil LF®, SMA LF® Or Enfamil 0-Lac®

And a lactose free diet if weaned (see diet sheet Click here)

Breastfed

- Lactose intolerance in exclusively breastfed infants is rare
- Encourage breastfeeding and refer to Breastfeeding Specialist, Health Visitor or Breastfeeding Counsellor
- Consider cow's milk protein allergy (CMPA) especially if other symptoms are present

Review after 2 days of exclusion - symptoms improved?

NO → Consider **alternative** diagnosis e.g. cow's milk protein allergy

YES

Lactose intolerance confirmed

- Continue lactose free formula / milk for **up to 8 weeks** to allow resolution of symptoms
- Then advise parents to **slowly re-introduce** standard formula/milk into the diet. (Lactase production needs to be re-build after a period of exclusion)

Have symptoms returned on commencement of standard infant formula/milk?

YES → If baby distressed, return to lactose free formula / milk if ≤ 12m
And re-introduce lactose more slowly

Refer to Dietitian/seek dietetic advice if concerned

NO → No further action needed

Click here for additional guidance