

### APTAMIL PEPTI SYNEO EVIDENCE BOOKLET

The science behind our innovations for the management of cow's milk allergy.

Aptamil Pepti Syneo is a Food For Special Medical Purposes for the dietary management of infants with cow's milk allergy, for use under medical supervision after full consideration of all feeding options by the healthcare professional including breastfeeding.



Please note that Aptamil Pepti and Aptamil Pepti Syneo brand names can differ per geography.



## Introduction

In non-exclusively breastfed infants with cow's milk allergy (CMA), a cow's milk-based extensively hydrolysed formula (eHF) has been suggested as a first choice for the majority of infants and children with cow's milk allergy.<sup>123</sup> **Aptamil Pepti Syneo** is a whey-based extensively hydrolysed formula that is nutritionally complete and contains a unique a blend of specific pre- and probiotics, with proven safety and efficacy in infants and children with cow's milk allergy (CMA).

Human milk naturally contains non-digestible carbohydrates (prebiotics), which selectively promote the growth of beneficial probiotic bacteria (e.g., Bifidobacteria); linked to a range of health benefits.<sup>4</sup> This has driven the development of prebiotics and probiotics designed to modulate the gut microbiota of formula-fed infants, aiming to more closely resemble that of breastfed infants. Aptamil Pepti Syneo **synbiotic blend includes scGOS and IcFOS (prebiotic) and Bifidobacterium breve M-16V (probiotic).** 

**Short-chain galacto-oligosaccharides (scGOS) and long-chain fructo-oligosaccharides (lcFOS)** are among the most studied of the prebiotics. These prebiotics have been shown to stimulate the growth and/or activity of the beneficial gut bacteria, helping to bring the gut microbiota of formula fed infants closer to that of breastfed infants. This blend (9:1 ratio) when fed to infants has been shown to improve immune outcomes with a trend towards decreased incidence of infections<sup>5</sup>, to reduce the incidence of atopic dermatitis in high risk groups<sup>6</sup>, to reduce medication use<sup>5</sup>, enhance the gut microbiota and gut barrier function<sup>67,8</sup>, increase production of short chain fatty acids (in stools) while reducing stool pH<sup>7</sup> and achieve softer stools.<sup>6</sup> *Bifidobacterium* breve was selected due to the fact that it is one of the most common bifidobacteria species found in human breastmilk<sup>9,10</sup> and for its ability to reduce allergic responses in preclinical studies.<sup>112</sup>

Combining these pre- and probiotics was the foundation for the **development of Aptamil Pepti Syneo** synbiotic blend which includes scGOS/ IcFOS along with *Bifidobacterium* breve M-16V. This combination has been shown to support growth in infants with CMA<sup>13</sup>, to reduce allergic manifestations, provide symptom relief<sup>13</sup>, increase bifidobacteria in stools<sup>14</sup> and reduce the need for certain medications<sup>13</sup>. Finally, Aptamil Pepti Syneo contains **lactose** which is the main carbohydrate in human milk<sup>15</sup>. Lactose has been shown to improve formula palatability<sup>16</sup>, enhance calcium uptake<sup>17</sup> and to help balance the gut microbiota (lactose feeding significantly increased Bifidobacteria and Lactobacillus (P<0.01) and short chain fatty acids (P<0.05) in stools while significantly reducing Bacteroides/Clostridia (P<0.05).<sup>18</sup>

#### This evidence booklet includes summaries of key studies that support the use of Aptamil Pepti Syneo in infants and children with CMA. These studies cover a range of outcomes, including hypoallergenicity and safety, growth, immune function, symptom relief and tolerance, palatability, quality of life, parent/carer perceptions of the product, and health economic evaluations. It also includes data on the gut microbiome and the role of the intestinal flora in supporting the developing immune system.



# Evidence overview

OUTCOMES	PUBLICATIONS	
HYPOALLERGENICITY/SAFETY	Giampietro et al., 2001	Pl
GROWTH	Verwimp et al., 1995 Hubbard et al., 2022	P2 P3
SYMPTOM RELIEF	Giampietro et al., 2001 van der Aa LB et al., 2010 van der Aa LB et al., 2011 Pampura et al., 2014 Hubbard et al., 2022; Soria et al., 2023	P2 P1 P4 P5 P6 P3 P7
IMMUNE FUNCTION	Arslanoglu et al., 2007 Arslanoglu et al., 2008 Arslanoglu et al., 2012 Soria et al., 2023	P7 P11 P12 P13
GUT MICROBIOTA	van der Aa LB et al., 2010;	P5
PALATABILITY	Maslin et al., 2018	P14
QUALITY OF LIFE	Hubbard et al., 2022 Soria et al., 2023	P3 P9
HEALTH ECONOMICS	Hubbard et al., 2022 van der Aa LB et al., 2011 Pampura et al., 2014 Arslanoglu 2007 Arslanoglu 2008	P3 P7 P8 P11 P12

# Hypoallergenicity of an extensively hydrolysed whey formula.

Giampietro PG et al. Pediatr Allergy Immunol 2001<sup>19</sup>

#### Aim:

The aim of this study was to investigate the hypoallergenicity of Aptamil Pepti.

#### **Methods:**

In this two-center study, 32 children with proven CMA were tested with a whey-based formula eHF, Aptamil Pepti, versus another extensively hydrolysed formula, and a partially hydrolysed whey formula (pHF). Skin prick tests (SPTs) were performed on each child comparing the different formulas.

#### **Results:**

SPT results were positive in 19% (Aptamil Pepti), 15% (eHF) and 32% (PHP) of children. After oral challenge it was concluded that 97% (95% CI: 85±100%) of the children tolerated Aptamil Pepti, 94% (95% CI: 75± 100%) tolerated the eHF, and 64% (95% CI: 37±81%) tolerated the pHF.

#### **Conclusion:**

This study demonstrates that the **extensive hydrolysate Aptamil Pepti is well tolerated in a population of children with proven CMA and it can considered safe** for their intended use.

Combined results of skin prick and challenge test



Symptomology and growth in infants with cow's milk protein allergy using two different whey protein hydrolysate-based formulas in a Primary Health Care Setting.

Verwimp JJM et al. Eur J of Clin Nutr 1995<sup>20</sup>

#### Aim:

The aim of this multi-centre study was to **investigate both the growth and course of allergic symptoms** in 79 infants with CMA ≤3 months of age, diagnosed by standard elimination/provocation and treated with a whey hydrolysate-based infant formula.

#### Methods:

Growth and symptomology (skin, respiratory tract, gastrointestinal tract) were monitored throughout an intervention period of at least 10 weeks in a clinical setting. Subjects were randomised to receive one of two different whey-based eHFs (Aptamil Pepti or Aptamil Pepti Junior) as a sole source of nutrition for the first 2-3 weeks elimination period. When symptoms decreased during the elimination period, a standardised cow's milk provocation was performed with diagnosis of CMA confirmed one week after provocation. Those diagnosed with CMA continued either formula for three to four months, during which time they would visit a baby centre once per month for standardised data collection on weight and symptomology. In addition, parents were asked to complete a specially designed form on a weekly basis to record the presence or absence of symptoms as well as events that might have influenced symptomology (such as infections, cutting first teeth, use of drugs). These forms were used to score symptoms within the clinic.

#### **Results:**

Infants in both feeding groups **showed normal growth during the intervention period** and at least 80% of the infants **showed an improvement in overall symptomology**. Most profound were the decreases in prevalence and severity of eczema and infantile colic. No differences in efficacy were found between the two infant formulas.

#### **Conclusion:**

Exclusive use of Aptamil Pepti and Aptamil Pepti Junior resulted in improvements in growth as well as symptomology in infants with diagnosed CMA.

### Course of allergic symptoms over at least 10-12 weeks



After feeding Aptamil Pepti (n=46)



Synbiotic containing extensively hydrolysed formula improves gastrointestinal and atopic symptom severity, growth, caregiver quality of life, and hospital-related healthcare use in infants with cow's milk allergy.

Hubbard et al., Immun Inflamm Dis. 202213

#### Aim:

The aim of this small, single-arm pilot study was to evaluate the impact of a synbiotic-containing, whey-based eHF (Aptamil Pepti Syneo) with galacto-oligosaccharides (GOS), fructo-oligosaccharides (FOS), and Bifidobacterium breve M-16V over a 4-week intervention period on **cow's milk allergy** (CMA) symptoms **including gastrointestinal (GI) tolerance and atopic dermatitis (AD)**, dietary intake and growth. A follow-up phase (up to 6 months post-initiation) examined hospital-related healthcare use to explore the health-economic impact.

#### Methods:

A prospective single-arm pilot study in 29 infants with CMA (mean age 30.8 weeks) was undertaken. Infants were fed Aptamil Pepti Syneo for a 28-day intervention period while monitoring symptoms including GI tolerance, AD symptoms, dietary intake, growth, acceptability and caregiver quality of life. During a follow-up phase of the study, the number of hospital visits and hospital medication prescriptions were retrospectively collected from medical records and caregivers, both during the 6-months before, and 6-months after the initiation Aptamil Pepti Syneo.

#### **Results:**

Significant improvements in GI symptoms (p <0.05) was seen including in severity of abdominal pain (in 57% of patients), burping (in 46%), flatulence (in 79%), constipation (in 14%). Also improvements were seen in rhinitis (in 41%), itchy eyes (in 73%), and in AD (PO-SCORAD© reduction: from 34.7 to 18.2 (p=0.003, n=6). Growth and caregiver quality of life scores significantly increased (+26.7%, p <0.05) over time. Caregiver perceived enjoyment significantly improved from baseline to study end (from 82% at baseline to 91% end of study, p=0.02). Hospital visits and medications significantly reduced (-1.61 and -2.23, respectively, p<0.005) in the 6 months after Aptamil Pepti Syneo initiation.

#### **Conclusion:**

This pilot study suggests that using Aptamil Pepti Syneo with GOS, FOS, and *Bifidobacterium* breve M-16V appears to improve CMA management in infants by reducing symptoms, enhancing growth, reducing hospital visits and medication use.

### Improvement of GI symptoms with Aptamil Pepti Syneo



Incidence (% of infants) and severity of gastrointestinal symptoms at baseline (A) and end of study following use of SeHF (B). Severity ratings are shown as absent (blue), mild (green), moderate (yellow), or severe (red). A significant difference in ratings between baseline and end of study (\*p<0.05). SeHF synbiotic-containing, whey-based extensively hydrolysed formula.

# Effect of a new synbiotic mixture on atopic dermatitis in infants: a randomized-controlled trial.

van der Aa LB et al., Clin Exp Allergy. 2010<sup>21</sup>

#### Aim:

To investigate the therapeutic effect of using a whey-based extensively hydrolysed formula (eHF) Aptamil Pepti Syneo with a synbiotic mixture on the severity of Atopic Dermatitis (AD) in infants.

#### **Methods:**

In a double-blind, placebo-controlled multi-centre trial, 90 infants with AD [SCORing Atopic Dermatitis (SCORAD) score >/=15], <7 months of age and exclusively formula fed, were randomly assigned to receive either Aptamil Pepti Syneo (with Bifidobacterium breve M-16V and a galacto-/fructo-oligosaccharide mixture (scGOs/lcFOS)), or the same formula without synbiotics for 12 weeks. The primary outcome was severity of AD, assessed using the SCORAD index (SCORing Atopic Dermatitis). A secondary outcome measure was **intestinal microbiota composition**.

#### **Results:**

There was no difference in SCORAD score improvement between the Aptamil Pepti Syneo fed and the placebo group. The Aptamil Pepti Syneo fed group did have a significantly higher percentage of bifidobacteria (54.7% vs. 30.1%, p<0.001) and significantly lower percentages of Clostridium lituseburense/Clostridium histolyticum (0.5 vs. 1.8, P=0.02) and Eubacterium rectale/ Clostridium coccoides (7.5 vs. 38.1, P<0.001) after intervention than the placebo group. In the subgroup of infants with IgE-associated AD (n=48), SCORAD score improvement was significantly greater in the Aptamil Pepti Syneo fed than in the placebo group at week 12 (18.1 vs. 13.5 points, p=0.04).

#### **Conclusion:**

In a subgroup of infants with IgE-associated AD, SCORAD score improvement was significantly greater in the Aptamil Pepti Syneo fed infants. Aptamil Pepti Syneo successfully modulate infants' intestinal microbiota. Further randomised controlled trials should explore a possible beneficial effect in IgE-associated AD.



### Impact on gut microbiota of infants fed Aptamil Pepti Syneo







Amount of bifidobacteria, Clostridium lituseburense/Clostridium histolyticum, E. coli, lactobacilli/ enterococci and Eubacterium rectale/Clostridium coccoides, represented as percentage of the total amount of bacteria in the synbiotic (deep purple) and the placebo group (soft lilac) at baseline (week 0) and after 1 and 12 weeks of intervention (median, interquartile range and range, comparison between the two groups with the Mann-Whitney U-test).

# Synbiotics prevent asthma-like symptoms in infants with atopic dermatitis.

van der Aa LB et al., Allergy. 2011<sup>22</sup> This study is a follow up of van der Aa et al. 2010 (page 5).

#### Aim:

To investigate the **effect of early intervention with synbiotics**, a combination of probiotics and prebiotics, on the **prevalence of asthma-like symptoms in infants with AD**.

#### Methods:

After 1 year, the prevalence of respiratory symptoms and asthma medication use was evaluated, using a validated questionnaire. Also, total serum IgE and specific IgE against aeroallergens were determined.

#### **Results:**

Seventy-five children (70.7% male, mean age 17.3 months) completed the 1-year follow-up evaluation. The prevalence of 'frequent wheezing' and 'wheezing and/or noisy breathing apart from colds' was significantly lower in the Pepti Syneo fed group than in the placebo group (13.9%vs 34.2%, absolute risk reduction (ARR) -20.3%, 95% CI -39.2% to -1.5%, and 2.8%vs 30.8%, ARR -28.0%, 95% CI -43.3% to -12.5%, respectively). Significantly less children in the Aptamil Pepti Syneo fed group had started to use asthma medication after baseline compared to the placebo group (5.6% vs 25.6%, ARR -20.1%, 95% CI -35.7% to -4.5%). Total IgE levels did not differ between the two groups. No children in the Aptamil Pepti Syneo fed group and five children (15.2%) in the placebo group developed elevated IgE levels against cat (ARR -15.2%, 95% CI -27.4% to -2.9%).

#### **Conclusion:**

These results suggest that feeding infants with **Aptamil Pepti Syneo prevents asthma-like symptoms in those with AD**.

## Asthma-like symptoms and asthma medication use in infants fed **Aptamil Pepti Syneo**

Prevalence of asthma-like symptoms and asthma medication use at 1-year follow-up					
	Synbiotics (n= 36) n (%)	Placebo (n = 39) n (%)	Difference (ARR) (95% Cl) %	P-value*	
Frequent wheezing Wheezing apart from colds Wheezing and/or noisy breathing apart from colds Asthma medication Asthma medication at follow-up and not at aseline (new users)	5 (13.9)	3 (34.2) [n=38]	-20.3 (-39.2 to -1.5)	0.04	
	1 (2.8)	7 (17.9)	-15.2 (-28.4 to -2.0)	0.056	
	1 (2.8)	12 (30.8)	-28.0 (-43.4 to -12.5)	0.001	
	5 (13.9)	13 (33.3)	-19.4 (-38.1 to -0.8)	0.049	
	2 (5.6)	10 (25.6)	-20.1 (-35.7 to )4.5)	0.02	

ARR, absolute risk reduction.

\*v2-test. ‡≥3 episodes after intervention period An extensively hydrolysed formula based on whey protein with the prebiotics galactooligosaccharides and fructo-oligosaccharides efectively treats the symptoms of atopic dermatitis: Results of a multi-center open label trial in Russia.

Pampura AN et al. Ros Vestn Perinatol Paediat 2014<sup>23</sup>

#### Aim:

The aim of this study was to **evaluate the efficacy of a formula based on extensively hydrolysed whey with added prebiotics**, scGOS/lcFOS (9:1) for infants of up to one year of age (Aptamil Pepti). These children were bottle-fed and suffered from AD, presumably associated with CMA.

#### **Methods:**

51 infants aged 193.64 (SD 73.95) days (~6 months) with mild to moderate-severe AD (SCORing Atopic Dermatitis [SCORAD] <40) were recruited. Infants were prescribed Aptamil Pepti and monitored for the resolution of AD symptoms.

#### **Results:**

During the 4-week study there was a noticeable reduction in AD symptoms, with the SCORAD score decreasing from 26.66 to 6.63. During the intervention, the need for topical therapy was also noticeable reduced: glucocorticoids (by 80%), zinc-containing medication (by 92%), and systemic antihistamines or steroids (by 100%). Stool consistency also improved.

#### **Conclusion:**

Early use of an eHF with a specific prebiotic mixture scGOS/lcFOS (9:1) (Aptamil Pepti) reduced allergic symptoms and medication use, and improved stool consistency in infants with suspected CMA and mild to moderate-severe AD, within 2-4 weeks.

Improvement of skin symptoms with Aptamil Pepti



\*94% ITT, 90% PP

Efficacy of an extensively hydrolyzed formula with the addition of synbiotics in infants with cow's milk protein allergy: a real-world evidence study.

Soria R et al., Front. Allergy. 2023<sup>24</sup>

#### Aim:

The main objective of this study was to **evaluate the resolution of symptoms in infants after 4 weeks of treatment with an eHF with added synbiotics** (short-chain galacto-oligosaccharides (scGOS) and long-chain fructo-oligosaccharides (lcFOS) plus Bifidobacterium breve M-16V), Aptamil Pepti Syneo. As a secondary objective this study aimed to **assess the impact of treatment on the family's quality of lif**e.

#### Methods:

This was an observational, longitudinal, prospective, multicentric real-world evidence study. The intervention phase (eHF with synbiotics) was 28 days in 65 infants with CMA. Treating physicians registered child's anthropometry, Infant Gastrointestinal Symptoms Questionnaire (IGSQ-13) and Cow's Milk-related Symptom Score (CoMiSS) at baseline and after 28 days of treatment. During treatment, caregivers reported child's regurgitation and stools, PO-SCORAD (Patient Oriented-SCORing of Atopic Dermatitis) and FAQL PB (Family Quality of Life—Parental Burden).

#### **Results:**

65 infants (</=8mo) with CMA fed the eHF with synbiotics (Aptamil Pepti Syneo) for 28 days had a 95.4% improvement or disappearance of initial allergy symptoms. 87.5% had a reduction in dermatological symptoms judged by parents (PO-SCORAD at baseline 11.5 to 1.0 at study end P=0.000) and 92% had a reduction in Gastrointestinal (GI) symptoms (improved stool consistency (P = 0.004) and frequency) and decreased frequency of regurgitation (P= 0.01). The median CoMiSS at baseline was 9, with 21 patients exceeding the cut-off point of 12. After 4 weeks of treatment, the median dropped to 3, and no patient exceeded 12 points (p=0.000). The treatment diminished stool frequency (p<0.05), improved stool consistency (p=0.004) and decreased the frequency of regurgitation in infants with CMA (p=0.01). The percentage of patients without any episode of regurgitation increased from 11% to 31% on day 28 (p=0.003). At baseline, 13% of infants cried more than 3hours/day, and after 28 days of treatment that percentage dropped to 3% of the families reported feeling very overwhelmed, which dropped to 17% after 28 days of treatment (p<0.05).

#### **Conclusion:**

The use of an **Aptamil Pepti Syneo** for the management of infants diagnosed with, or suspected of, CMA demonstrated a **good safety profile**, **including achieving adequate infant growth**, **with improvements in overall symptoms as well as gastrointestinal and dermatological**. Its use also achieved a **lower daily frequency of regurgitation** as well as **diminished stool frequency**, and an improvement in **stool consistency**, **sleeping pattern**, and **quality of life** of the infant and their family.

# Symptom progression after 28 days of treatment with **Aptamil Pepti Syneo**

	Disappeared or improved <i>n</i> (%)	Stayed the same or got worse <i>n</i> (%)	Р	
Gastrointestinal symptoms	58 (92%)	5 (8%)	<i>P</i> < 0.05	
	CI 95% 85-98	CI 95% 1.4-14.5		
Dermatological symptoms	41 (87.5%)	6 (12.5%)		
	CI 95% 77-96	CI 95% 2.8-21.1	P < 0.05	
Respiratory symptoms	12 (63%)	7 (37%)	P = 0.1	
	CI 95% 41-85	CI 95% 15-59		
Overall symptoms	62 (95.4%)	3 (4.6%)		
	CI 95% 89-100	CI 95% 0.2-10.2	P < 0.05	

### Early supplementation of prebiotic oligosaccharides protects formula-fed infants against infections during the first 6 months of life.

Arslanoglu S et al. J. Nutr 2007<sup>25</sup>

#### Aim:

The aim of this randomised, double-blind, placebo-controlled trial was to establish **whether high-risk infants fed with a prebiotic-supplemented extensively hydrolysed whey-based formula** (Aptamil Pepti) would have a **lower incidence of infections during the first 6 months of life**.

#### **Methods:**

Infants with a parental history of atopy were randomly assigned to either the intervention group receiving the prebiotic-supplemented formula (Aptamil Pepti) or the placebo group (same formula with added maltodextrin). The incidence of allergic manifestations and infections were monitored during the first six months of life.

#### **Results:**

206 healthy term infants with a parental history of atopy were included. The GOS/FOS-fed group had significantly fewer episodes of all infections (p=0.01) and fewer upper respiratory tract infections (URTI) (p=0.07) and infections requiring antibiotic treatment (p=0.10). The cumulative incidence of any recurring infection including respiratory was significantly lower in the GOS/FOS-fed group (p<0.05). In a subset of infants a significant increase in the number of faecal bifidobacteria was found in the Pepti GOS/FOS-fed group (p<0.0001).

#### **Conclusion:**

Aptamil Pepti with a specific prebiotic mixture scGOS/IcFOS (9:1) is effective in reducing the incidence of infections combined with a bifidogenic effect on the intestinal flora of bottle-fed infants.

#### Reduction of infectious incidences 30 in formula-fed Cumulative Incidence (%) infants supplemented with prebiotic scGOS/lcFOS (9:1) Any infection Any recurrent Recurrent Recurrent Recurrent Pepti GOS/FOS URTI infection OM Placebo

#### \* p=0.05 \*\* p=0.01

Early dietary intervention with a mixture of prebiotic oligosaccharides reduces the incidence of allergic manifestations and infections during the first two years of life.

Arslanoglu S et al. J. Nutr 2008<sup>26</sup>

This study is a follow up from Aslanoglu et al., 2007 (page 11)

#### Aim:

The aim of this study was to determine whether a mixture of short-chain galacto-oligosaccharides (scGOS) and long-chain fructo-oligosaccharides (lcFOS) in a 9:1 ratio reduces the cumulative incidence of atopic dermatitis (AD) and infectious episodes during the first 2 years of life.

#### **Methods:**

The study involved randomizing infants at risk of atopy to either the intervention group receiving the prebiotic-supplemented formula (Aptamil Pepti) or the placebo group. The incidence of allergic manifestations and infections was monitored during the first two years of life.

#### **Results:**

Of 152 participants, 134 infants (68 in placebo, 66 in intervention group) completed the follow-up. During this period, infants in the scGOS/IcFOS (9:1) group had significantly lower incidence of allergic manifestations. Cumulative incidence for AD, recurrent wheezing, and allergic urticaria were higher in the placebo group, than in the intervention group. Infants in the scGOS/IcFOS (9:1) group had fewer episodes of physician-diagnosed overall and upper respiratory tract infections, fever episodes, and fewer antibiotic prescriptions. Growth was normal and similar in both groups.

#### **Conclusion:**

Early nutritional intervention with a specific prebiotic mixture scGOS/lcFOS (9:1) seems to be effective in priming the infant's immune system in a balanced way, providing substantial protection both for allergy and infection.

Cumulative incidence of AD at 6 months of age in infants fed a formula supplemented with scGOS/lcFOS (9:1)



### Early neutral prebiotic oligosaccharide supplementation reduces the incidence of some allergic manifestations in the first 5 years of life.

Arslanoglu S et al. J of Biol Reg & Homeostatic Agents 2012<sup>27</sup> This study is a follow up from Arslanoglu et al., 2007 (page 11)

#### Aim:

To evaluate the continued protective effect of Aptamil Pepti against allergy until 5 years of age.

#### **Methods:**

The study involved randomising infants at risk of atopy to either the intervention group receiving a prebiotic-supplemented formula (Aptamil Pepti) or a placebo group (without prebiotics). The incidence of allergic manifestations and infections was monitored during the first 5 years of life.

#### **Results:**

The 5-year cumulative incidence of any allergic manifestation and AD was significantly lower in the scGOS/lcFOS (9:1) fed group (Aptamil Pepti) compared to the placebo fed group. Children in the **Pepti GOS/FOS**-fed group tended to have a lower incidence of allergic rhino conjunctivitis and allergic urticaria. There was no difference in the cumulative incidence of recurrent wheezing. With regard to the prevalence at 5 years, the Aptamil Pepti-fed group had significantly lower prevalence of any of the persistent allergic manifestation and rhino conjunctivitis compared to the placebo group. The prevalence of persistent AD also tended to be lower in the Aptamil Pepti-fed group.

#### **Conclusion:**

Aptamil Pepti with prebiotic mixture scGOS/IcFOS (9:1) is clinically proven to significantly reduce the development of allergic manifestations up to 5 years of age.



# Palatability of hypoallergenic formulas for cow's milk allergy and healthcare professional recommendation.

Maslin et al., Pediatr Allergy Immunol. 201828

#### Aim:

The aim of this study was to **compare the palatability of different extensively hydrolysed formulas (eHFs) and explore healthcare professional (HCP) expectations** of how palatability impacts the infant and their families.

#### **Methods:**

HCP with experience of working with CMA were recruited to take part in a home palatability test of four different eHFs [Aptamil Pepti (eHF W1); Althera (eHF W2); Similac Alimentum (EHF C1); Nutramigen LGG 1 (EHF C2)] using a blind tasting procedure. A randomised, complete block design was used to minimise order and carry-over biases. Participants completed a questionnaire on the impact of formula palatability on infants and their families.

#### **Results:**

A total of 100 HCPs took part (51 dietitians and 49 general practitioners). Overall, whey-based lactose-containing eHFs were ranked the most palatable: EHF W1 by 77% of participants (Aptamil Pepti) and eHF W2 by 20%. eHF W1 was liked significantly more (p<0.0001) than all other formulas. The majority of participants agreed that better palatability would result in an increased chance of non-rejection (96%), more contented families (92%) and decreased healthcare costs (90%).

#### **Conclusion:**

Among HCPs who manage infants with CMA, **whey-based lactose containing eHFs were ranked as the most palatable**. From those, **Aptamil Pepti\* was ranked highest**. HCPs expected that good palatability would result in better acceptance, more contented infants and families, alongside decreased wastage and reduced healthcare costs.

	% of HCPs ranking f ormula 1st (most liked)	% of HCPs ranking formula 2nd	% of HCPs ranking formula 3rd	% of HCPs ranking formula 4th (least liked)	Mean Rank
Aptamil Pepti Syneo	77	19	3	1	1.3
eHF W2	20	56	21	3	2.1
eHF C1	1	14	40	45	3.3
eHF C2	2	11	36	51	3.4



HCPs perception of the impact of palatability, expressed in percentage.



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### Aptamil Pepti Syneo

Aptamil Pepti Syneo is a Food For Special Medical Purposes for the dietary management of infants with cow's milk allergy, for use under medical supervision after full consideration of all feeding options by the healthcare professional including breastfeeding.



Please note that Aptamil Pepti and Aptamil Pepti Syneo brand names can differ per geography.