

Dietary Guide for introducing complementary foods to children with food protein-induced enterocolitis syndrome (FPIES)

This diet sheet should be read in conjunction with the ASCIA FPIES fact sheet:

www.allergy.org.au/patients/food-other-adverse-reactions/food-protein-induced-enterocolitis-syndrome-fpies

Acute FPIES is a delayed gut allergic reaction which presents with repetitive, profuse vomiting that typically starts 1-4 hours after a triggering food is eaten. Infants can become pale and lethargic. It usually presents within the first 2 years of life, and in Australia is estimated to occur in 1 in every 7,000 children less than 2 years of age. Avoidance of the trigger food/s is the only effective treatment option. Most children will outgrow their FPIES in the preschool years.

Which foods trigger FPIES?

Although any food can cause FPIES, the most common FPIES triggers are rice, cow's milk, chicken and egg. FPIES does not commonly occur in exclusively breastfed children, so in most cases there is no need for breastfeeding mothers to exclude foods from their diet.

Is it possible to have FPIES to more than one food?

Most children in Australia only have FPIES to one food. Therefore, avoidance of multiple foods is not necessary in children who have had FPIES to one food unless recommended by your child's clinical immunology/allergy specialist.

The first episode of FPIES can be traumatic for parents. Some parents become hesitant to give new foods in case it happens again. However, it is important to continue to offer a wide range of foods during the first year of life so that children will accept a variety of foods and textures. Limiting the range of foods can lead to fussiness, food refusal, feeding difficulties, poor growth and nutritional deficiencies. Unnecessary delayed introduction of common allergenic food such as egg or peanut can even increase the risk of developing allergy to these foods.

Which foods should my child avoid if they have FPIES?

Children with FPIES to certain foods may be at higher risk of FPIES to other foods. Your doctor and dietitian will discuss which foods to introduce for your child based upon the food/s they have reacted to, whether they have a higher risk of being allergic to a related second food, and whether they are already eating other foods.

If your child has FPIES, you may need to avoid foods in the table below. Leave any food in your child's diet that they are already tolerating.

| If your child has FPIES to: | Avoid these foods unless advised by treating allergy specialist |
|-----------------------------|---|
| Cow's milk | Soy |
| Rice | Oats (introduce other grains, such as wheat and corn) |
| Chicken | All poultry |
| Fish | All fish (unless already tolerating other fish species) It is not clear whether children with fish FPIES are at risk of having shellfish FPIES |
| Fruits/Vegetables | Avoid the fruits or vegetables your child has reacted to and introduce others. You may wish to discuss with your doctor or dietitian which other fruits and vegetables can be introduced or use the following table as a guide. |

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Currently there have been no studies to determine whether delaying the introduction of certain foods results in a reduced risk of developing FPIES to that food.

What if my child has FPIES to more than one food?

If your child reacts to more than one food, you need to discuss what to do next with your clinical immunology/allergy specialist, who may refer you to a specialist dietitian with experience in managing FPIES.

If your child has reacted to more than one food, the following table may be useful to decide which foods to introduce next. Stage 1 foods in the table are low risk foods and can be introduced first, followed by Stage 2 and Stage 3 foods. Introduce one new food every 2-3 days if your child reacts to more than one food. Solids should be introduced around 6 months of age, but not before 4 months and when your child is ready.

Start with smooth pureed foods, moving on to mashed, lumpy and soft finger foods as your child gets older. It is important to give iron rich foods, like meats and grains, early. Small, hard pieces of food should be avoided as they can cause choking.

AVOID any food to which your child has already had a reaction and do not stop giving any foods your child is already tolerating.

Suggested introduction for children with FPIES to more than one food.

| | Stage 1 Introduce first | Stage 2 Introduce next | Stage 3 Introduce last (by 12 months) |
|------------------------|--|--|---|
| Vegetables | Parsnip, broccoli, cauliflower, turnip, beetroot, capsicum, cabbage, spinach, kale, tomato, zucchini | Pumpkin, squash, carrot, white potato, green bean, mushroom | Sweet potato, green pea |
| Fruit | Blueberries, strawberries, plum, watermelon, peach, apricot | Apple, pear, orange, avocado, other melons (eg rockmelon) | Banana |
| Grains | Quinoa, millet, buckwheat, rye, amaranth, sorghum | Wheat, corn, barley | Oats, rice |
| Meat, legumes and nuts | Lamb, pork, Tree nuts, seeds (appropriate texture) | Beef Peanut Legumes (e.g. chick peas, lentils) | Turkey, chicken, fish, other seafood, eggs Soy, tofu |
| Cow's milk | | | Cow's milk, cheese, yoghurt, custard |

When can foods be reintroduced?

You should only reintroduce foods that your child has reacted to on under the direction of your clinical immunology/allergy specialist. Most children outgrow FPIES by three to four years of age but some children will outgrow their allergy earlier or later than this. A medically supervised oral food challenge is usually needed to test whether your child has outgrown their FPIES allergy.

References

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