Managing Secondary Lactose Intolerance in Young Children Pathway

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 occurs following an infectious gastrointestinal illness

*Note: Lactose intolerance in young children is **rare.***
In all children, ensure no red flags suggesting other diagnosis.
In a well child, cow's milk protein allergy (CMPA) should be considered as an alternative diagnosis.

>12 months

Advise

Lactose free milk available from supermarkets e.g. Arla Lactofree whole®, Alpro Growing Up Soya Drink®

Lactose free diet *(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®

Lactose free diet if weaned *(Diet sheet Click here)*

Breastfed

Lactose intolerance in exclusively breastfed infants is rare. **Encourage breastfeeding.** Mother may benefit from referral to Breastfeeding Specialist, Health Visitor or Breastfeeding Counsellor

Consider cow's milk protein allergy *(see CMPA pathway)*

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. Advise good oral/dental hygiene.
- Then advise parents to **slowly re-introduce** standard formula/milk into the diet

(Lactase production needs to be re-built 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

This guidance was written in collaboration with healthcare professionals in Wessex, Frimley and Wexham. December 2022 Review December 2025

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Primary lactose intolerance is very rare and does not usually present until later childhood/adulthood.

Secondary lactose intolerance does not involve the immune system. It is caused by damage to the gut which results in an insufficient production of the enzyme lactase. Gastroenteritis or Cow's Milk Protein Allergy can cause such damage. Restored gut function will resolve secondary lactose intolerance.

Resolution of symptoms within 48 hours of withdrawal of lactose from the diet confirms diagnosis*.
**The medical tests ('hydrogen breath test' and tests for 'reducing sugars' in the stools) would be expected to be positive. However, they are also positive in most normal breastfed babies under 3 months. Their use in diagnosing lactose intolerance in young babies is therefore open to question.*

Common myths about lactose intolerance

- There is no relationship between lactose intolerance in adult family members, including in the mother, and in babies. Lactose intolerance may develop around 6 years of age if there is a strong family history.
- Breastmilk contains lactose (as does any mammalian milk) and decreasing dairy intake in maternal diet **does not** alter the amount of lactose in breastmilk.
- A baby with symptoms of lactose intolerance should not necessarily be taken off the breast and fed on special lactose-free infant formula (especially if the child is under 6 months old).
- Lactose intolerance **does not** cause vomiting or GORD.

Treatment

- Secondary lactose intolerance is **temporary**, as long as the gut damage can heal. When the cause of the damage to the gut is removed, the gut will heal, even if the baby is still fed breastmilk, or their usual formula.
- Continuing to breastfeed (or their usual formula) will not cause any harm **as long as** the baby is otherwise well and growing normally.
- Lactase drops such as Colief®, Care-Co Lactase infant drops® can be added (as per manufacturers' instruction) to the baby's feed to make digesting the lactose easier. Using lactase drops for more than a week if symptoms do not improve isn't usually recommended.
- **Lactose-free formulae have a greater potential to cause dental caries because the non-cariogenic sugar lactose is replaced with cariogenic glucose. Therefore, parents must follow good dental hygiene.**

Formulae - purchase OTC

- Low lactose/lactose free formula should **not** be used for longer than 8 weeks without review and trial of discontinuation of treatment.
- These formulae are not available on prescription so should be bought OTC.

SMA LF®	Low lactose	430g tin
Aptamil LF®	Lactose and sucrose free	400g tin
SMA Wysoy®	Soya based formula *NOT suitable for babies <6 months*	800g tin

Soya formula is not recommended for those under 6 months due to high phyto-oestrogen content. It can be advised in infants over 6 months who do not accept the lactose free formula.

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