

International Journal of Current Research and Academic Review



Allergy Risk and Developmental Impairment Risk in Infants Aged 0-6 Months Suffering Atopic Dermatitis due Cow's Milk Consumption

Mulya Safri 1* , Teuku Muhammad Thaib 1 , Teuku Mamfaluti 2 , Aulia Rahman Putra 1 and Ridha Chaharsyah Mulya 3

KEYWORDS

Atopic dermatitis, cow's milk consumption, atopic infants, developmental impairment

ABSTRACT

Atopic dermatitis is known to be a common allergy symptoms that occur at the early age of life, which is mostly caused by cow's milk protein and strongly associated with developmental and mental health disorders. This study was aimed to find a correlation between the risk factors of allergy and the possibility of developmental disorders in infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption. Data were collected directly from the Dr. Zainoel Abidin Hospital, Banda Aceh, with a PEDS questionnaires completed by the parents and patients' medical records. Data was assessed using the Kolmogorov-Smirnov normality test. A total 32 infants aged 0-6 months suffering AD due cow's milk consumption were included. The majority of infants have a low risk for developmental impairment (71.9%). More than half of total infants have a low-moderate risk for allergy (56%). There is no significant correlation between the risk factors of allergy and the risk factor for development impairment in infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption (p = 1.000). The developmental impairment pattern in AD infants aged 0-6 months due cow's milk consumption is still not shown. Then the risk factors of allergy is still can't be predicted the possibility of development disorders in the future.

Introduction

Nutrition is an important factor for the growth and development of the child. For the first 6 months of life, breastfeeding is the best food that should be given to the baby because it has a lot of nutrition and can protect the baby from allergy

symptoms, especially in infants with atopic heredity (Friedman and Zeiger, 2005; van Odijk et al., 2003). In some cases, mothers who don't want to breastfeed usually give cow's milk formula or any other milk-base formula to her baby and it will lead the baby

¹Department of Child Health, Syiah Kuala University Medical School, Teuku Nyak Arief Street, Darussalam, Banda Aceh 23111, Indonesia

²Department of Internal Medicine, Syiah Kuala University Medical School, Teuku Nyak Arief Street, Darussalam, Banda Aceh 23111, Indonesia

³Medical Research Unit, Syiah Kuala University Medical School, Teuku Nyak Arief Street, Darussalam, Banda Aceh 23111, Indonesia

^{*}Corresponding author

to cow's milk allergy (CMA) (Smith and Ownby, 2009; Høst and Halken, 2003).

Cow's milk protein is known to be a common trigger of an allergic reaction in infants with atopic dermatitis (AD) is an early allergy symptom that usually appear within the first year of life. AD well known as a journey beginning of the development of allergic diseases in atopic infants which if not avoided then can lead to other allergic diseases such as allergic rhinitis and asthma (Høst and Halken, 2003; Liu, 2006).

Checking a family history of atopy is very important in order to avoid further AD incident and nutritional deficiencies that may resulted in growth and development disorders in atopic infants. Initial assessment of allergy risk factors at an early age is also the best predictor factor in determining whether a child will experience an allergic disease later (Yadav and Yadav, 2005).

Infants with AD is strongly associated with developmental and mental health disorders including attention-deficit/hyperactivity disorder (ADHD), depression, anxiety, conduct disorder and autis (Yaghmaie et al., 2013). This is because infants with AD may have sleeping problems which can be a risk factor for the development of mental health problems in the future (Schmitt et al., 2011).

Early detection of developmental impairment is crucial to prevent mental health problems in the future and do an intervention to improve the early developmental health status. A parents evaluation of developmental status (PEDS) test can be used to evaluate the developmental and mental health status, including cognitive, behavioral, emotional and self-reliance. This test has moderate

sensitivity (79%) and spesificity (80%) and performs well to assess the developmental status in the primary care (Sices et al, 2009; Limbos and Joyce, 2011).

The main aim of this study is to find a correlation between the risk factors of allergy and the possibility of developmental disorders in infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption.

Materials and Methods

This cross-sectional study was conducted in the Dr. Zainoel Abidin Hospital, Banda Aceh, from July to December 2014. Subject were 32 infants aged 0-6 months suffering from atopic dermatitis based on diagnosis of American Academy Dermatology (AAD) criteria and has a history of consuming cow's milk formula or food containing cow's milk-base formula. We excluded infants with any infection or congenital disease. We assessed the risk of allergy in subjects by counting the family atopy scores in parents and siblings based on medical records. Subjects received a score of 2 if parents or siblings had been diagnosed with allergies by a doctor, a score of 1 if the allergy symptoms unconfirmed, a score of 0 if they had no any allergy symptoms. Subjects were divided into low-moderate or high risk for allergy based on the total score (Eichenfield et al., 2003; Munasir et al., 2011).

Developmental assessment of infants aged 0-6 months is evaluated by using a PEDS test questionnaire. The result of PEDS test were classified into three groups: high risk for developmental disorders, moderate risk and low risk. Informed consent was obtained from the parents after we explained the aim of the study. To describe subjects' characteristics we used univariate analysis.

And in bivariate analysis we conducted the Kolmogorov-Smirnov normality test to find a correlation between variables. Statistical analyses were performed with SPSS for Windows version 17.0 (Chicago, Illinois, USA). A p value <0.05 was considered to indicate statistical significant.

Results and Discussion

This study included a total 32 infants aged 0-6 months suffering AD due cow's milk consumption. The characteristics of subjects are shown in Table 1.

Table.1 Characteristics of subject (N=32)

Characteristics	n	%	
Gender			
Boys	20	62.5	
Girls	12	37.5	
Aged when suffering AD			
0-3 months	12	37.5	
4-6 months	20	62.5	
Birth Weight			
< 2500 gr	12	37.5	
> 2500 gr	20	62.5	
Birth Length			
< 45 cm	8	25	
> 45 cm	24	75	
Allergy risk			
Low-moderate	18	56	
High	14	44	
Risk for developmental disord	ers		
Low	23	71.9	
Moderate	5	15.6	
High	4	12.5	

The majority of infants have a low risk for developmental impairment (71.9%). More than half of total infants have a low-moderate risk for allergy (56%). Furthermore, atopic dermatitis was more common in boys (62.5%), while the aged when infants is suffering from AD is 4-6 months (62.5%). Only 12 infants (37.5%) with AD have a birth weight below 2500 gr. At least 8 infants (25%) with AD have a birth length under 45 cm.

The correlation between the risk factors of allergy and development impairment risk in

infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption.

Based on the Kolmogorov-Smirnov normality test, there is no significant correlation between the risk factors of allergy and the risk factor for developmental impairment in infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption (p=1.00). The result is shown in Table 2.

Table.2 The correlation between the risk factors of allergy and developmental impairment risk in infant aged 0-6 months suffering atopic dermatitis due cow's milk consumption

	Risk for developmental disorders						
Allergy risk	High risk		Moderate risk		Low risk		р
_	n	%	n	%	n	%	_
Low-moderate	2	11.1	3	16.7	13	72.2	1.000
High	2	14.3	2	14.3	10	71.4	

Allergy disease in parent and allergic risk in infants has a significant correlation, which is infants with a high risk of allergies were more common suffered allergic disease especially in the first year of life (Safri et al., 2015). Previous study also reported that more than 30% of infants suffered from allergic disease if their mother or father has a history of atopy (Johansson et al., 2004). Atopic dermatitis is a common chronic disease that was appeared at the early age of life and characterized by pruritic skin lesions (Zhang et al., 2011). AD is often the first step of the atopic march which is progressed to allergic rhinitis and asthma in the majority of patients and it's mostly caused by cow's milk consumption (Leung et al., 2004; Høst et al., 2002). Previous study in Jakarta shown the occurrence of AD in infants aged 0-6 months was 16.4%; of those subjects with AD, only 8.1% had a high risk of allergies (Munasir et al, 2011).

Mental impairment pattern in AD infants has been recognized as a complication of the disease. Mostly infant who have suffered from AD in the first year of life may have a risk factor for impaired development of mental health. This is because infants with AD usually have inadequate sleep at night due to pruritus and inadequate nutrient intake due to dietary restriction (Schmitt et al., 2011; Henriksen et al., 2000).

Previous study reported children with atopic dermatitis was significantly increased the odds of having attention-deficit/

hyperactivity disorder (OR 1.87; 95% CI 1.54-2.27), depression (OR 1.81; 95% CI 1.33-2.46) anxiety (OR 1.77; 95% CI 1.36-2.29), conduct disorder (OR 1.87; 95% CI 1.46-2.39), and autism (OR 3.04; 95% CI compared 2.13-4.34) to non-atopic dermatitis controls (Yaghmaie et al., 2013). In contrast with the previous studies, our result shown that developmental impairment pattern in AD infants aged 0-6 months due cow's milk consumption is still not shown. This is presumably because the baby is still too young to do an assessment of the development and mental health status. Although we have assessed the risk of allergies, but it can't predict the possibility of developmental disorders. We also recommend to avoid the consumption of cow's milk formula in atopic infants especially with a high risk of allergy.

Avoidance of hyperallergenic foods such as cow's milk is still the mainstay of treatment for allergic disease especially AD caused by cow's milk consumption, although it may also contribute adversely to nutrient intake (Mehta et al., 2013). Therefore infants suffering AD due cow's milk consumption need an annual nutrition assessment to prevent inadequate nutrient intake. Nutrition education should be informed to the parent to avoid all forms of the allergen and incorporate appropriate alternative foods (Christie et al., 2002).

In conclusion, Developmental impairment pattern in AD infants aged 0-6 months due

cow's milk consumption is still not shown. Then the risk factors of allergy is still can't be predicted the possibility of development disorders in the future.

Disclosure

The authors declared no conflicts of interest. No funding was received for this work.

Acknowledgements

We would like to thank the parents who have participated in this study and the medical records department at the Dr. Zainoel Abidin Hospital for their assistance in data retrieval.

Abbreviations used

PEDS: Parents Evaluation of Developmental Status

ADHD: Attention-deficit hyperactivity disorder

AAD : American Academy of Dermatology

AD : Atopic dermatitis CMA : Cow's milk allergy

References

- Christie L, Hine RJ, Parker JG, Burks W. Food allergies in children affect nutrient intake and growth. J Am Diet Assoc 2002;102(11):1648-51.
- Eichenfield LF, Hanifin JM, Luger TA, Stevens SR, Pride HB. Consensus conference on pediatric atopic dermatitis. J Am Acad Dermatol 2003;49:1088-95.
- Friedman NJ, Zeiger RS. The role of breast-feeding in the development of allergies and asthma. J Allergy Clin Immunol 2005;115(6):1238-48.
- Henriksen C, Eggesbø M, Halvorsen R, Botten G. Nutrient intake among two-

- year-old children on cows' milk-restricted diets. Acta Paediatr 2000;89(3):272-8.
- Høst A, Halken S, Jacobsen HP, Christensen AE, Herskind AM, Plesner K. Clinical course of cow's milk protein allergy/intolerance and atopic disease in childhood. Pediatr Allergy Immunol 2002;13:23-8.
- Høst A, Halken S. Approach to feeding problems in the infant and young child. In: Leung DY, Sampson HA, Geha RS, Szefler SJ, editors. Pediatric Allergy: Principles and Practice. 7th ed. Missouri: Mosby, 2003. p.488-94.
- Johansson SG, Bieber T, Dahl R, Friedmann PS, Lanier BQ, Lockey RC, et al. Revised nomenclature for allergy for global use: report of the nomenclature review comittee of the World Allergy Organization, October 2003. J Allergy Clin Immunol 2004;113(5):832-6.
- Leung DY, Boguniewicz M, Howell MD, Nomuro I, Hamid QA. New insight into atopic dermatitis. J Clin Invest 2004;113(5):651-7.
- Limbos MM, Joyce DP. Comparison of the ASQ and PEDS in children screening for developmental delay in children presenting for primary care. J Dev Behav Pediatr 2011;32(7):499-511.
- Liu AH. The allergic march of childhood. MedSci Update 2006;23:1-3.
- Mehta H, Groetch M, Wang J. Growth and nutritional concern in children with food allergy. Curr Opin Allergy Clin Immunol 2013;13(3):275-9.
- Munasir Z, Sastroasmoro S, Djauzi S, Waspadji S, Ramelan S, Aminullah A, et al. The role of allergic risk and other factors that affect the occurence of atopic dermatitis in the first 6 months of life. Asia Pac Allergy 2011;1(2):73-9.
- Safri M, Lubis B, Munasir Z, Mulyadi, Mudatsir, Putra AR. Cow's milk

- protein sensitization on the lymphocyte Th-1 and Th-2 activity in relation to wheezing in the first year of life. Hum Vet Med 2015;7(1):31-7.
- Schmitt J, Chen CM, Apfelbacher C, Romanos M, Lehmann I, Herbarth O, et al. Infant eczema, infant sleeping problems, and mental health at 10 years of age: the prospective birth cohort study LISAplus. Allergy 2011;66(3):404-11.
- Sices L, Stancin T, Kirchner L, Bauchner H. PEDS and ASQ developmental screening test may not identify the same children. Pediatr 2009;124:640-7
- Smith HP, Ownby DR. Clinical Significance of Immunoglobin E. In: Adkinson NF, Bochner BS, Busse WW, Holgate ST, Lemanske RF, Simons FE, editors. Middleton's Allergy: Principles and Practice. 7th ed. Missouri: Mosby, 2009. p.845-57.
- van Odijk J, Kull I, Borres MP, Brandtzaeg P, Edberg U, Hanson LA, et al. Breastfeeding and allergic disease: a multidisciplinary review of the literature (1966-2001) on the mode of early feeding in infancy and its impact on later atopic manifestations. Allergy 2003;58(9):833-43.
- Yadav M, Yadav A. Causes and Prevention: Allergy and Asthma. Kuala Lumpur: Today Publishing, 2005. p.223-31.
- Yaghmaie P, Koudelka CW, Simpson EL. Mental health comorbidity in atopic dermatitis. J Allergy Clin Immunol 2013;131(2):428-33.
- Zhang T, Yu J, Oh MH, Zhu Z. The Atopic March: Progression from atopic dermatitis to allergic rhinitis and asthma. Allergy Asthma Immunol Res 2011;3(2):67-73.