**COST-EFFECTIVENESS OF USING AN EXTENSIVELY HYDROLYSED FORMULA AS FIRST-LINE TREATMENT FOR COW MILK ALLERGY IN THE UNITED KINGDOM**

**INTRODUCTION**

Cow milk allergy (CMA) is an abnormal immune response to milk proteins [1], with an estimated incidence in western Europe of 1% [2]. Clinical nutrition preparations for infants with CMA include soy-based formulae, extensively hydrolysed formulae, such as Nærium, and amino acid formulae, such as Nascence. In the UK, the clinical guidelines and protocols recommend that formula-fed infants <6 months of age are initially given an extensively hydrolysed formula (eHF) [3,4].

An increasing proportion of infants are being initially prescribed amino acid formulae (AAF), which should be reserved for those who remain symptomatic after being fed an eHF or with severe Reflux in infancy in the study population were symptom-free they received and resource use, whilst collected prospectively, was based on actual clinical practice, and all patients became symptom-free from this formula rather than an eHF. There was no significant difference in the percent of patients who remained symptomatic, 5% were prescribed a different eHF, 2% was a soy formula, 5% an AAF and 15% an infant, 15% an antacid, H2 receptor antagonist or proton pump inhibitor. All 10% of AAF-treated patients who remained symptomatic were given an amino acid-based formula (AAF), so these patients were included in the analysis of costs of the two treatment strategies divided by the difference between the annualised costs of symptom-free infants in the number of symptom-free weeks. If the number of symptom-free weeks was the same across the groups, this would focus solely on costs, and the cheaper treatment strategy would be the preferred option. Sensitivity analyses tested the uncertainty of the results by changing the model's inputs.

**RESULTS**

**CMA. Hence, the estimates in this analysis were derived from actual clinical cases and percent cases of CMA. This is a reflection of actual CMA management trends in the THIN database, as patients were not randomised to the treatment they received and resource use, which collected prospectively, was analysed retrospectively.**

**The results were censored at 24 months and included the costs and consequences of managing patients beyond this period. However, no cases of severe Reflux were seen in the 24 months by 24 months and most of them would have outgrown their allergy by this age [6,7].**

**Patients in the data set had a diagnosis of CMA, although a few were not being treated in all cases. Nevertheless, all patients were monitored by their GP if they had a GP visit.**

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**Mean time to symptom-free status was estimated in newly-diagnosed infants receiving their first formula, except in the most severe cases.**

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