

HiPP AR Formula

with locust bean gum

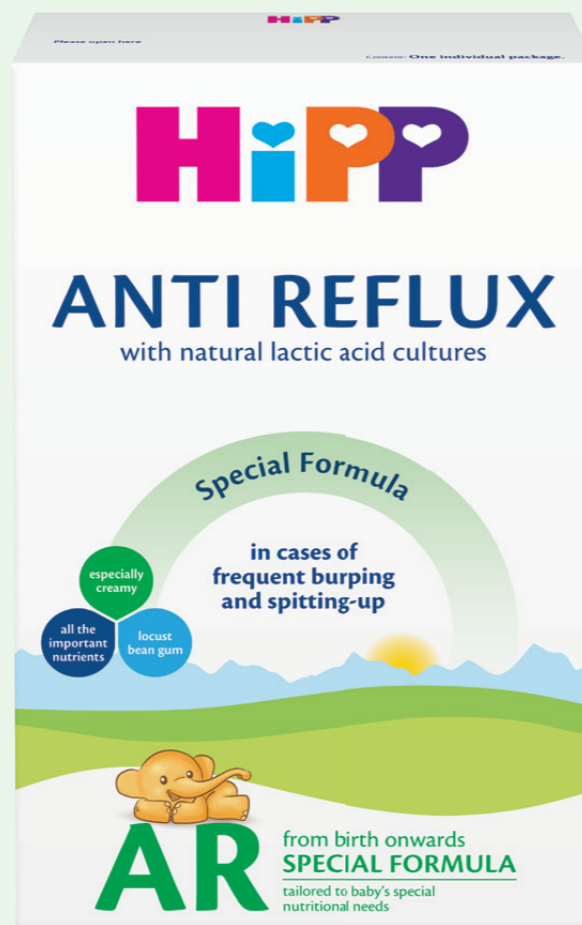
Locust bean gum

- Natural, tried-and-tested thickening agent
- Increases the viscosity of the formula
- Documented reflux-reducing effect as an ingredient in AR formula ^{9,10,11}

Natural lactic acid culture *L. fermentum**

- Originally derived from breast milk

**Suitable from birth on,
and therefore consistent with LCPs
(DHA & AA)**



40982 - 05.2023 - HiPP GmbH & Co. Vertrieb KG, 85273 Pfaffenhofen



Why is the use of AR formula preferable to the use of a thickening agent?

- Its energy density and nutrient composition are equivalent to that of infant formula.
- It meets the nutritional needs of an infant, without leading to an increased energy intake. A thickener, on the other hand, provides (undesirable) additional energy.
- It is easy to use (similar to infant formula): Preparation mistakes like using too much thickening agent are impossible to make

Important information:

Breastfeeding is best for your baby. HiPP AR Special Formula is suited as a dietary treatment for increased spitting up or burping in infants and can be used under medical supervision from birth onward for exclusive nutrition.

* Breast milk contains a large number of natural lactic acid cultures, which may differ individually.

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Special Formula

HiPP Anti-Reflux

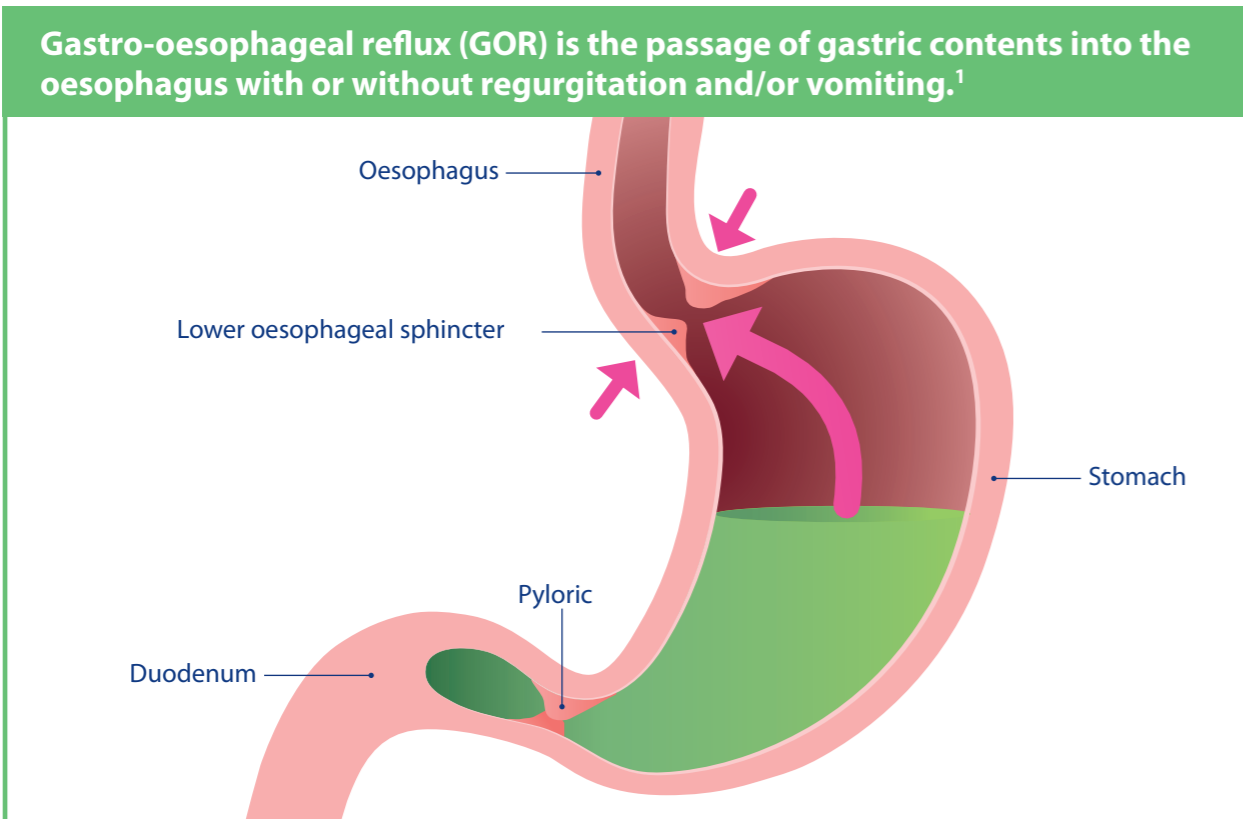
In cases of frequent reflux and regurgitation



Information for healthcare professionals

* Metafolin® is a registered trademark of Merck KGaA, Darmstadt, Germany.

Gastro-oesophageal reflux – a common problem in infants



- At 4 months of age, 2/3 of all infants spit up at least once a day, 40% of infants even after nearly every meal.²
- The main reason is the still immature lower oesophageal sphincter.
- With most children the reflux is harmless and they are developing well.³
- Reflux and regurgitation can, however, affect the quality of life of both parents and children⁴, and are often the reason for a visit to the doctor.⁵

In some children, reflux can cause complications such as oesophagitis (GORD*) or it may be the symptom of a different illness.¹ This is why it is important to consult the paediatrician.

Recommendation of ESPGHAN for the distinction between harmless GOR and GORD or other diseases¹ (see HiPP Compact Advice Card Reflux)



* Gastro-oesophageal reflux disease

Conservative measures against reflux:

For breastfed children ^{1,6}	For bottle-fed children ¹
<ul style="list-style-type: none"> ● Continue breastfeeding ● Breastfeeding advice from a trained professional ● If babies suffer from severe reflux, thickening the breast milk may be considered 	<ul style="list-style-type: none"> ● Thickening of the formula ● Smaller but more frequent feeds
<p>If the condition does not improve, formula containing extensively hydrolysed protein (or an amino acid-based formula) may be used, or with breastfed infants, the mother may try to go on a dairy-free diet, as reflux may also be a symptom of a cow's milk protein allergy.</p>	
<p>Head elevation or left lateral positioning can alleviate the symptoms. Infants should generally sleep on their backs. Providing parents with information, advice and support is an important part in the treatment of GOR/GORD.¹</p>	

Thickened formulas effectively reduce the occurrence of reflux:

- Use of thickeners may improve the occurrence of overt regurgitation/vomiting as symptoms of GOR in infants.¹
- Thickened formulas reduce the frequency and severity of regurgitation and are indicated in formula-fed infants with persisting symptoms despite reassurance and appropriate feeding volume intake.⁷
- AR formulae can be recommended because they accelerate the process of regression.⁸

References:

- 1 Rosen R et al. JPGN. 2018;66: 516-554.
- 2 Baird DC et al. Am Fam Physician. 2015;92(8):705-714.
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- 4 Craig WR et al. Cochrane Database Syst Rev. 2004;(4): CD003502.
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- 6 NICE guideline NG1 2015. www.nice.org.uk/guidance/ng1 (accessed 23.04.2018).
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