

APTAMIL® GOLD+ ALLERPRO™ FOLLOW-ON FORMULA (6–12 MONTHS)

Nutritionally supporting babies **at high risk of** OR with **food allergy**

A premium, unique extensively hydrolysed formula (eHF) designed to meet the increasing nutritional requirements of infants aged 6 months or older, who are at high risk of allergy* or with confirmed mild to moderate cows' milk and/or soy protein allergy, requiring a partial or complete breast milk substitute, as part of a mixed diet.

Aptamil* Gold+ AllerPro is the only extensively hydrolysed formula containing Nutricia's patented blend of prebiotic oligosaccharides (0.8g per 100mL) to nutritionally support an infants' immune system.

Allergy Protection:

- ✓ eHF such as Aptamil® Gold+ AllerPro has been shown to provide

 "protective effects in high risk infants" as per ASCIA[§] recommendation.¹
- ✓ Nutricia prebiotic oligosaccharides are clinically shown to reduce atopic dermatitis in at risk infants, up to 2 years of age with sustained protection now seen from infancy until 5 years of age, when introduced within the first 6 months of life.²⁻⁵

Allergy Management:

- ✓ eHF such as Aptamil® Gold+ AllerPro is recommended as first choice
 for formula fed infants under 6 months of age for treating mild to moderate
 cows' milk protein allergy (non-anaphylactic).^{6,7}
- eHFs have shown to be effective in the management for up to 9 out of 10 infants with mild to moderate cows' milk protein allergy.^{8,9}

If treatment with this initial formula is not successful, use of an amino acid formula such as Neocate is recommended ^{6,8}

Tolerability:

- ✓ Low allergenicity with short chain peptides (80–85%) and amino acids (15–20%).
- ✓ Clinical data has shown up to 97% of infants with mild to moderate cows' milk protein allergy can tolerate an eHF such as Aptamil® Gold+ AllerPro.¹¹
- ✓ Contains reduced lactose (40% of total carbohydrate). For infants with secondary lactose intolerance the elimination of lactose from the diet may not be necessary and it is the treatment of the underlying condition that is most important. The presence of lactose also helps to stimulate calcium absorption for bone mineralisation.¹¹

Meets increasing nutritional requirements of infants aged 6 months or older

- \checkmark Vitamins and minerals to support infant normal growth and development.
- ✓ Omega 3 DHA[†] and omega 6 AA^{††} LCPs^a to assist in brain, eye and nervous system development.¹²⁻¹⁴

Indications:

For infants from six months, who are at high risk of allergy or with confirmed mild to moderate cows' milk and/or soy protein allergy, as a partial or complete breast milk substitute, as part of a mixed diet.

Contraindications:

Allergy to extensively hydrolysed cows' milk formula, severe (anaphylactic) cows' milk protein allergy, galactosemia, malabsorption and primary lactose intolerance.

- # As identified by their first degree family history (infants with a parent or sibling with a diagnosed allergy)
- § ASCIA = Australasian Society of Clinical Immunology and Allergy
- † DHA = Docosahexaenoic Acid
- ††AA = Arachidonic Acid
- □ LCPs = Long Chain Polyunsaturated Fatty Acids
- * GOS = Galacto-oligosaccharides from milk
- ** Ic Polyfructose = long chain Polyfructose from chicory inulin, formerly known as long chain Fructo-oligosaccharides (IcFOS)

Nutritional Summary		Average Quantity Per 100mL of Prepared Feed
Energy	kJ	278
	kcal	67
Protein	g	1.6
Whey	%	100
Carbohydrate	g	8.0
Lactose	g	2.9
Fat	g	3.1
Omega LCPs ^a		
Arachidonic Acid (AA)	mg	6.0
Docosahexaenoic Acid (DHA)	mg	6.0
Minerals		
Calcium	mg	63
Phosphorus	mg	36
Sodium	mg	25
Potassium	mg	78
Chloride	mg	42
Magnesium	mg	5.5
Iron	mg	1.0
Zinc	mg	0.50
lodine	μg	12
Manganese	μg	7.6
Copper	μg	40
Selenium	μg	1.2
Vitamins		
Vitamin A	μg-RE	59
Vitamin D₃	μg	1.4
Vitamin E	mg α-TE	1.1
Vitamin Kı	μg	5.0
Vitamin B ₁ (Thiamin)	μg	50
Vitamin B ₂ (Riboflavin)	μg	111
Vitamin B ₆ (Pyridoxine)	μg	40
Vitamin B ₁₂ (Cobalamin)	μg	0.18
Vitamin B ₃ (Niacin)	mg	0.43
Vitamin B ₅ (Pantothenic Acid)	μg	333
Biotin	μg	2.0
Folic Acid	μg	8.4
Vitamin C	mg	9.1
Others Choline	m =	10
	mg	10
Taurine	mg	5.3
Inositol	mg	3.3
L-Carnitine	mg	1.2
Nucleotides Cytiding 5' manaphasphata	ma	1.1
Cytidine 5'-monophosphate Uridine 5'-monophosphate	mg ma	0.78
Adenosine 5'-monophosphate	mg mg	0.68
Inosine 5'-monophosphate	mg	0.45
Guanosine 5'-monophosphate	mg	0.23
Prebiotics	9	0.25
Galacto-oligosaccharides (GOS)*	g	0.72
Long chain Polyfructose (Ic Polyfructose)**	g	0.08

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Ingredients

Product Summary

Maltodextrin, hydrolysed whey protein concentrate, vegetable oils, galacto-oligosaccharide (GOS) from milk, emulsifier (citric acid ester of mono-and diglycerides), long chain polyfructose, fish oil (tuna), choline chloride, taurine, inositol, L-Carnitine.

Vitamins: (A, B₁, B₂, B₃, B₅, B₆, B₁₂, C, D, E, K₁), biotin, folic acid. Minerals: Calcium, potassium, phosphorus, chloride, sodium, magnesium, iron, zinc, copper, iodine, manganese, selenium.

Nucleotides: Uridine 5'-monophosphate, cytidine 5'-monophosphate, adenosine 5'-monophosphate, inosine 5'-monophosphate, guanosine 5'-monophosphate.

Storage

Store in a cool, dry place. Use by the date on the bottom of the container. After opening, keep container airtight and use contents within four weeks. Some settling of contents may occur.

Feeding guide

To prepare one feed:

Age	Cooled boiled water	Level scoops of powder*	Number of feeds per day
6–9 months	240mL	8	3–5
9-12 months	240mL	8	3–4
12–24 months	210mL	7	2–3

 * 1 scoop = 4.8g powder. Note: 1 scoop of powder added to 30mL of water yields approximately 33.3mL of formula.

Note:

- This is a guide only, individual needs of infants will vary.
- Always use the scoop provided.
- Prepare each feed separately.
- Use immediately after preparation, do not store.

Product presentation and availability

Australia: Hospitals and Pharmacy, 900g can.

New Zealand: Hospitals and via www.babyonline.co.nz, 900g can.

For further information Australia: 1800 438 500 New Zealand: 0800 438 500

Preparation of **Aptamil*** **Gold+ AllerPro** Follow-On Formula



Wash hands before preparing the feed.

Clean and then sterilise all the utensils

1. by submerging bottles and teats in water

and boiling for 5 minutes, or using an approved steriliser.



Boil safe drinking water and allow to cool until lukewarm. Measure the required volume of lukewarm water into a sterilised feeding bottle.



Use only the enclosed scoop.

3. Fill the scoop lightly and level off using the built-in leveller.

Avoid compacting powder.



Always add one level scoop of powder for each 30mL of water.

Stir or shake briskly to dissolve the powder.



Test temperature on wrist before feeding. Feed immediately (do not store).

Discard unfinished feeds.

Prepare each feed separately. For all brands of formula it is safer to use immediately after preparation.

PAGE 2/2

BREAST MILK IS BEST FOR BABIES: Professional advice should be followed before using an infant formula. Introducing partial bottle feeding could negatively affect breast feeding. Good maternal nutrition is important for breast feeding and reversing a decision not to breast feed may be difficult. Infant formula should be used as directed. Proper use of an infant formula is important to the health of the infant. Social and financial implications should be considered when selecting a method of feeding.



For more information on Aptamil® Gold+ AllerPro call:

(AU) 1800 438 500 (NZ) 0800 438 500

or visit: www.aptaprofessional.com.au or www.nutricia4professionals.co.nz

References: 1. Prescott SL *et al.* MJA 2005; 182(9):464–467. 2. Moro G *et al.* Arch Dis Child 2006; 91:814–819. 3. Arslanoglu S *et al.* J Nutr 2007; 137:2420–2424. 4. Arslanoglu S *et al.* J Nutr 2008; 138:1091–1093. 5. Arslanoglu S *et al.* J Biol Regul Homeost Agents. 2012; 26(3 Suppl):49–59. 6. Kemp AS *et al.* MJA 2008; 188(2):109–112. 7. ASCIA Cows' Milk (Dairy) Allergy http://allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy, accessed 7 August 2012. 8. Vandenplas Y *et al.* Arch Dis Child 2007; 92:902–908. 9. Verwimp JM *et al.* Eur J Clin Nutr 1995; 49(Suppl 1):S39–S48. 10. Giampietro PG *et al.* Pediatr Allergy Immunol 2001; 12:83–86. 11. Heyman M for the Committee on Nutrition. Pediatrics 2006; 118:1279–1286. 12. Koletzko B *et al.* J Perinat Med 2008; 36:5–14. 13. Birch *et al.* Am J Clin Nutr 2010; 91: 848–859. 14. Innis S *et al.* J Pediatr Gastroenterol Nutr 2009; 48:S16–S24.

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