

LACTOFREE:

Are your Patients Missing Something?

Lactose intolerance is a fact of life for much of the world's population. In Britain lactose intolerance affects about 15% of the population, around one in seven people, increasing to around 95% for the Asian population and 75% in Afro-Caribbean people. So what is lactose intolerance and how can it be managed?



lactofree

Types of lactose intolerance

There are three types of lactose intolerance:

1. **Hereditary alactasia:** a rare condition present from birth where there is complete absence of lactase, requiring permanent and full avoidance of lactose.
2. **Primary lactase deficiency:** a genetic tendency which causes a gradual reduction in lactase activity leading to lactose intolerance in older children and adults. Those affected can normally tolerate moderate intakes of milk and milk products and symptoms may only be apparent at high lactose intakes.
3. **Secondary lactase deficiency** is a common, but usually temporary, consequence of a damage to the intestinal brush border caused by severe gastroenteritis, intestinal surgery or untreated coeliac disease or cow's milk protein intolerance.

Symptoms

Symptoms of lactose intolerance include abdominal distension, stomach cramps, nausea, flatulence and diarrhoea. Symptoms tend to start 30 minutes to two hours after eating or drinking foods containing lactose.

Diagnosis

As a non-invasive diagnosis, individuals suspected of having lactose intolerance eliminate all lactose containing foods from their diet for two weeks to see if symptoms disappear. If symptoms do not disappear, then they are unlikely to have lactose intolerance. If symptoms are substantially reduced then lactose can be slowly re-introduced into the diet to see how much can be tolerated. This approach has been developed by registered dietitians and further details can be found on the Healthcare Professional area on Arla's lactofree website: <http://www.lactofree.co.uk/professionals/diagnosis/> - Visitors will need to register on the site to gain access

Alternatively, or as a back-up to the test above, lactose malabsorption can be detected using the breath hydrogen test. Hydrogen is produced by gut bacteria in the presence of unabsorbed lactose. A set load of lactose is consumed followed by collecting the expired hydrogen every 15 mins or so for two hours. A raised hydrogen level usually indicates the presence of lactose intolerance.

Direct measurement of lactase can be determined following endoscopic biopsy. This is particularly useful in identifying congenital lactase deficiency.

The symptoms of lactose intolerance can appear to be the same as irritable bowel. However, the possibility of IBS actually being lactose intolerance should always be checked out in genetically susceptible individuals.

Practicalities

Even people with severe lactose intolerance can usually eat yoghurt, hard cheeses and lactose-reduced milk, and all are encouraged to eat these as a source of calcium and other nutrients.

Most dairy foods, including all animal milks, contain some lactose. However, such foods are an important part of the diet, providing calcium for bone health and other minerals, vitamin A and B vitamins. It is therefore vital that those who believe themselves to be intolerant do two things:

1. Find out how much of these lactose containing foods they can tolerate; remember that yoghurt, fermented milks and cheese are more likely to be tolerated first than cows' milk
2. If they cannot tolerate at least three portions of dairy foods a day (to give the calcium equivalent to one pint of milk) then they need to replace what their missing with an alternative source of calcium. For example, a milk where the lactose has been removed, such as Arla's Lactofree milk, a dairy milk made from semi-skimmed cows milk or a fortified soya milk

Symptoms may be less likely to occur if lactose is consumed with food rather than in isolated liquid form.

Because lactose intolerance can change over time, alter with illness, get worse with age or even disappear altogether, testing to see how much lactose can be tolerated may need to be done on a frequent basis, according to the individual. A dietitian would be best to advise on this.

For more information and practical advice on lactose intolerance see:

- www.lactofree.co.uk
- <http://www.eatwell.gov.uk/foodlabels/labellingterms/lactose/>
- <http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=515>

