

Correspondence

Reply

To the Editor:

In his correspondence J. V. Meaney¹ expresses concern about the possible effects of the lipid composition of the study formulas used in the German Infant Nutritional Intervention (GINI) study and on poststudy changes in the protein components. We thank Mr Meaney for pointing out these issues and for giving us the chance to clarify.

The primary scientific aim of the GINI study was to test the hypothesis that primary prevention of allergic disease is possible through nutritional intervention with certain hydrolysate infant formulas that were marketed at the time of recruitment (1995) for the study. The GINI study demonstrated clearly that certain protein hydrolysate infant formulas can reduce the risk of atopic eczema until the age of 10 years compared with cow's milk formula. The differences in incidence were observed in the first 3 years of life, without a rebound effect.²

However, our study was not designed to investigate the mechanism of this effect. In all publications we made clear that our results cannot answer the question of whether the beneficial effect of some hydrolyzed formulas is related to the protein source (whey or casein), to the molecular weight profiles, or to other compositional aspects. Other factors, such as the hydrolyzing procedure during manufacturing or other components in the formulas, might contribute. As pointed out in the 10-year follow-up article,² the authors are aware of changes in the marketed extensive hydrolyzed casein formula and the partially hydrolyzed whey formula that occurred since the time of the study, especially the lower protein concentration (2.3-1.9 g/100 kcal/d) and a slightly different whey source (sweet vs acid) in the latter. We do not have data to show whether this might have any influence on the allergy-preventive effect.

We have also reported the differences in fatty acid profiles and use of canola oil in the cow's milk and extensive hydrolyzed whey formulas used in the GINI study, although small amounts of erucic acid were also found in the partially hydrolyzed whey formula.³ We agree with Mr Meaney that it would be desirable to compare the effects of formulas that are identical except for

1 component to explore the underlying mechanism and to perform studies in infants exclusively formula fed from birth.¹ We took a different approach because we wanted to know whether, under clinical practice conditions, the formulas marketed for allergy prevention or used in infants with cow's milk protein allergy have the potential to reduce the risk for allergy compared with regular cow's milk formula.

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