Feeding during Late Infancy and Early Childhood: Impact on Health
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Editors
O. Hernell, Umeå, Sweden
J. Schmitz, Paris, France
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Preface

Three years ago, in May 2001, the World Health Assembly came to the conclusion that it was safe for the majority of infants to be exclusively breastfed for the first 6 months of life, and extending the period of exclusive breastfeeding to that age would also be beneficial. This conclusion was translated into a recommendation of exclusive breastfeeding for 6 months, and while complementary feeding of high-quality should be introduced at that age, breastfeeding should preferentially be continued beyond the second year of life. Although some beneficial effects, particularly the prevention of infections, will be more pronounced in low-income than in high-income societies, other impacts on mental development and immune functions, for example, are likely to be important also in high-income societies. It is therefore clear that the new recommendations will affect the infant feeding mode on a global level. Moreover, during the last decades it has become evident that infant nutrition has developmental and health effects which may last beyond infancy, even into adulthood.

Although, there is a consensus that breastfeeding is the optimal nutrition for most infants during the first 6 months of life, there is less agreement on the optimal feeding practices during the second half of infancy and early childhood. For these reasons it was felt timely to review current practices in complementary feeding, particularly with respect to similarities and differences within countries in Europe. What are these practices based on? Is there any evidence that different practices are related to differences in long-term outcome? More importantly, what is the scientific foundation on which current recommendations are based? Has recent understanding of the possible long-term consequences of early nutrition had an impact on the recommendations? Those were questions that were brought up prior to the workshop. The organizers strongly felt that let alone in early infancy there are still many more ‘beliefs’ than ‘knowns’, or simply tradition, rather than physiological or other scientific reasons behind current feeding practices.

It was therefore thought that an alternative and more realistic way to approach this problem and offer guidance to pediatricians was to review what do we know about the major health problems related to the introduction of
new solid foods in a child between 6 months and 3 years of age, and what could be done to avoid these problems.

A few major health problems were pinpointed. It was estimated that food allergy and celiac disease, constipation, chronic diarrhea, and the long-term consequences of weaning habits were relatively frequent and often serious enough reasons for parents to seek professional advice, and that each problem warranted special attention. Hence, the workshop was devoted to these topics, and each topic was covered by three or four invited speakers. Typically the first lecture set the physiological or psychosocial ground for the two following lectures dealing with important clinical aspects of the particular thematic topic. Recognized specialists were gathered and shared their up-to-date knowledge with a concerned audience.

The last session was meant to extract from the current knowledge, as presented by the various lecturers, possible guidelines for an ‘optimal’ nutrition for children from 6 months to 3 years. In the course of this difficult exercise it appeared clearly that such a valid goal was difficult to reach because of important obstacles, some of which are: (1) the poor interest in general of pediatricians in preventive health care and particularly in nutrition; (2) the often inappropriate way claims and guidelines are expressed by professionals which explains why they are not understood by parents and thus of low efficiency, and (3) the difficulty of the industry to substantiate claims on strong scientific evidence.

In concluding the Workshop, the participants unanimously expressed their wish that these difficulties be overcome by in-depth actions to promote nutrition in the pediatric curriculum, in favor of improving communication between professionals and parents, and finally by gathering the scientific knowledge that in many aspects is still missing on the impact on health of the mode of feeding normal young children.

O. Hernell and J. Schmitz
Foreword

For this 56th Nestlé Pediatric Nutrition Workshop, which took place in November 2004 in Noordwijk, The Netherlands, the topic ‘Feeding during Late Infancy and Early Childhood: Impact on Health’ was chosen. Moreover, it is the first time that a Nestlé Nutrition Workshop has been organized in the Netherlands, a market that recently opened to the infant nutrition business.

In its resolution WHA54.2 (2001) the WHO recommends the promotion and support of exclusive breastfeeding for 6 months, and then the provision of safe and appropriate complementary foods whilst continuing breastfeeding until 2 years of age or beyond.

This resolution naturally challenges most of the prior feeding recommendations and probably also parental habits; moreover, all recently published studies demonstrate that most infants receive their first complementary solid food before 6 months of age. On the other hand, until recently it was strongly recommended to not introduce complementary food containing gluten before the age of 6 months; this has also been challenged by data showing that a too late introduction may be problematic in terms of gluten tolerance.

It must be acknowledged that this topic of feeding during late infancy has not been investigated as systematically as that concerning feeding during the 6 first months of life; therefore, a lot of work remains to be done.

Since 1984 (Nestlé Nutrition Workshop 10: Infant Nutrition), these aspects relating to the introduction of weaning foods (baby food, cereals, etc.) have not been reviewed systematically during a Nestlé Nutrition Workshop.

This 56th Nestlé Nutrition Workshop has been specifically developed to review the medical and scientific aspects of these topics and to sustain the Nestlé Development Nutrition Program (NDNP).

I would like to thank the two chairmen, Prof. Olle Hernell and Prof. Jacques Schmitz, who are recognized experts in this field, for putting the program together and inviting the opinion leaders in these fields as speakers.

I would also like to thank Mrs. Marjan Skotnicki-Hoogland, Mrs. Mieke Beemsterboer and their team from Nestlé Nederland, who provided all logistic support, enabling the participants to enjoy the Dutch hospitality.

Dr. Philippe Steenhout, MD

Medical and Scientific Advisor
Nestec Ltd., Lausanne, Switzerland
56th Nestlé Nutrition Workshop
Pediatric Program
Noordwijk, The Netherlands, November 14–18, 2004
Contributors

Chairpersons & Speakers

Prof. Peter Aggett
Department of Paediatrics
University of Central Lancashire
PRI 2H1E Preston
UK
Tel. +44 1772 892790
Fax +44 1772 892992
E-Mail pjaggett@uclan.ac.uk

Dr. Marc Benninga
AMC Department of Pediatric Gastroenterology
Meibergdreef 9
NL–1105 AZ Amsterdam
The Netherlands
Tel. +31 20 5663053
E-Mail m.a.benninga@amc.uva.nl

Dr. Lionel Bueno
Research Department
Neurogastroenterology Unit INRA
180 Chemin de Tournefeuille-BP3
FR–31931 Toulouse
France
Tel. +33 561 285143
Fax +33 561 285307
E-Mail lbueno@toulouse.inra.fr

Dr. Rodolphe Fritsche
Nestlé Research Center
PO Box 44
CH–1000 Lausanne 26
Switzerland
Tel. +41 21 7858683
Fax +41 21 7858544
E-Mail rodolphe.fritsche@rdls.nestle.com

Prof. Michael Gracey
Unity of First People of Australia
Public Health
23 The Grove
6014 Wembley
Australia
E-Mail m.gracey@optusnet.com.au

Prof. Olle Hernell
Department of Clinical Sciences, Pediatrics
Umeå University
SE–901 85 Umeå
Sweden
Tel. +46 90 7852121
Fax +46 90 123728
E-Mail olle.hernell@pediatri.umu.se

Prof. Hugo S.A. Heymans
Department of Pediatrics
Emma Children’s Hospital AMC
Meibergdreef 9
NL–1105 AZ Amsterdam
The Netherlands
Tel. +31 20 5662550
Fax +31 20 6917735
E-Mail h.s.heymans@amc.uva.nl

Prof. Ronald Kleinman
Department of Pediatric Gastroenterology
Massachusetts General Hospital
55 Fruit Street VBK 107
Boston, MA 02114
USA
Tel. +1 617 7261450
Fax +1 617 7242710
E-Mail rkleinman@partners.org
Contributors

Dr. Frank Kneepkens
VUMC Department of Pediatrics
De Boelelaan 1117
NL–1081 HV Amsterdam
The Netherlands
Tel. +31 20 4444444
Fax +31 20 4442918
E-Mail cmf.kneepkens@vumc.nl

Dr. Peter Leathwood
Department of Consumer Science
Nestlé Research Center
PO Box 44
CH–1000 Lausanne 26
Switzerland
Tel. +41 21 7858856
Fax +41 21 7858554
E-Mail peter.leathwood@rdls.nestle.com

Prof. Kim Fleischer Michaelsen
Department of Human Nutrition
Royal Veterinary and Agricultural University
Rolighedsvej 30
DK–1958 Frederiksberg C
Denmark
Tel. +45 35 282495
Fax +45 35 282483
E-Mail kfm@kvl.dk

Prof. Seppo Salminen
Functional Foods Forum
University of Turku
FI–20014 Turku
Finland
Tel. +358 2 3336880
Fax +358 2 3336860
E-Mail seppo.salminen@utu.fi

Prof. Jacques Schmitz
Service de Gastroentérologie Pédiatrique
Hôpital des Enfants malades
149, rue de Sèvres
FR–75743 Paris Cedex 15
France
Tel. +33 1 44494891
Fax +33 1 44492501
E-Mail jacques.schmitz@nck.ap-hop-paris.fr

Prof. Annamaria Staiano
Department of Pediatrics
University Federico II
Via S. Pansini 5
IT–80131 Naples
Italy
Tel. +39 81 7462679
Fax +39 81 5469811
E-Mail staiano@unina.it

Prof. Outi Vaarala
Division of Pediatrics
Molecular and Clinical Medicine
University of Linköping
SE–58185 Linköping
Sweden
Tel. +46 13 222900
Fax +46 13 127465
E-Mail outi.vaarala@imk.liu.se

Prof. Robert Waterland
Department of Pediatrics
Baylor College of Medicine
1100 Bates Street
Suite 9064
Houston, TX 77030-2600
USA
Tel. +1 713 7980304
Fax +1 713 7987171
E-Mail waterland@bcm.tmc.edu
Contributors

**Moderators**

**Dr. Hans Hoekstra**
Hieronymus Bosch Hospital
Department of Pediatrics
PO Box 90153
NL–5200 ME Hertogenbosch
The Netherlands
Tel. +31 73 6992305
Fax +31 73 6992948
E-Mail hhoek@knmg.nl

**Dr. Maarten Hoekstra**
Department of Pediatrics
Wilhemina Children's Hospital
Lundlaan 6
NL–3508 AB Utrecht
The Netherlands
Tel. +31 30 2504555
Fax +31 30 2505349
E-Mail m.o.hoekstra@wkz.azu.nl

**Prof. Harry Lafeber**
VUMC Department of Pediatrics,
Neonatology
De Boelelaan 1115

**Invited attendees**

Mr. Haque Enamul/Bangladesh
Mrs. Roseli Sarni/Brasil
Mrs. Virginia Weffort/Brasil
Dr. Jean-François Lemay/Canada
Dr. Anders Paerregaard/Denmark
Prof. Salah El-Din Amry/Egypt
Prof. Abdel-Halim Badr-Eldin/Egypt
Mrs. Aila Paganus/Finland
Prof. Thierry Lamireau/France
Prof. Klaus-Michael Keller/Germany
Prof. Stefan Wirth/Germany
Dr. Maria Fotoulaki/Greece
Dr. Panayota Kafritsa/Greece
Dr. Konstantinos Siafakas/Greece
Dr. Maria Trigka/Greece
Dr. Ketut Dewi Kumarakwati/Indonesia
Dr. Maria Mexitalia/Indonesia
Dr. Syahril Pasaribu/Indonesia
Dr. Hardono Djoened Poespenegoro/Indonesia
Prof. David Branski/Israel
Dr. Margherita Caroli/Italy
Prof. Shuichi Kaminogawa/Japan

Dr. Khaled Hussain/Kuwait
Dr. Alain Sayad/Lebanon
Dr. Thiyyagar Nadarajaw/Malaysia
Mrs. Anneke Cranendonk/The Netherlands
Dr. Robert Holl/The Netherlands
Dr. Johanna Rijntjes/The Netherlands
Dr. Maarten Sinaasappel/The Netherlands
Dr. Henk Woltil/The Netherlands
Prof. Per Haavardsdolm Finne/Norway
Dr. Maria Lourdes Genuino/Philippines
Dr. Cai Wee/PR China
Prof. Galina Samsygina/Russia
Prof. Bee Wah Lee/Singapore
Dr. José Manuel Moreno Villares/Spain
Dr. Luis Ros/Spain
Dr. Peter Baehler/Switzerland
Prof. Kurt Baerlocher/Switzerland
Prof. Vitaliy Maydannyk/Ukraine
Dr. Atul Singhal/UK
Dr. Le Phuc Hoang/Vietnam

**Dr. Jan Taminiau**
Department of Children's Gastroenterology
Emma Children's Hospital
Meibergdreef 9
NL–1105 AZ Amsterdam
The Netherlands
Tel. +31 20 5663351
Fax +31 20 6917735
E-Mail j.a.taminiau@amc.uva.nl

**Prof. Pauline Verloove-Vanhorick**
TNO Prevention and Health
PO Box 2215
NL–2301 CE Leiden
The Netherlands
Tel. +31 71 5181672
Fax +31 71 5181915
E-Mail sp.verloove@pg.tno.nl
Contributors

Nestlé participants

Mrs. Lesley Scharf/Canada
Ms. Andrea Maier/France
Mr. Martins Kuslys/Germany
Mr. Elias Papadopoulos/Greece
Ms. Marta Milesi/Italy
Dr. Yoichi Fukushima/Japan
Mrs. Olga Netrebenko/Russia
Ms. Marta Milesi/Italy
Mr. Reinold Fink/Switzerland
Mrs. Marie-Odile Gailing/Switzerland
Ms. Fabienne Mayor/Switzerland
Dr. Philippe Steenhout/Switzerland
Mrs. Mpho Toolo/Switzerland
Mr. Marco Turini/Switzerland
Ms. Theresa Voss/Switzerland
Mrs. Niki Bradley/UK
Ms. Linda Hsieh/USA

Mrs. Marie-Claire Fichot/Switzerland
Mr. Reinold Fink/Switzerland
Mrs. Marie-Odile Gailing/Switzerland
Ms. Fabienne Mayor/Switzerland
Dr. Philippe Steenhout/Switzerland
Mrs. Mpho Toolo/Switzerland
Mr. Marco Turini/Switzerland
Ms. Theresa Voss/Switzerland
Mrs. Niki Bradley/UK
Ms. Linda Hsieh/USA