



SPECIAL ARTICLE

# The introduction of gluten into the infant diet. Expert group recommendations<sup>☆</sup>



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**Abstract** At present there is a degree of uncertainty regarding when, how and in what form gluten should be introduced into the infant diet. For years the recommendations of the ESPGHAN Committee on Nutrition have prevailed, which include avoiding early introduction, before 4 months, and late, after 7 months, and gradually introducing gluten into the diet while the infant is being breastfed, with the aim of reducing the risk of celiac disease, diabetes and gluten allergy. However, 2 independent studies published in The New England Journal of Medicine in October 2014 reached the conclusion that the age of introduction of gluten does not modify the risk of developing celiac disease, and that breastfeeding at any age does not confer protection against celiac disease development.

On the other hand, according to available scientific evidence, the introduction of foods other than breast milk or formula into the infant diet is generally recommended around 6 months of age, since the introduction before 4 months could be associated with an increased risk of food allergy and autoimmune diseases, and delaying it beyond 7 months would not have a protective effect.

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**PALABRAS CLAVE**

Introducción;  
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In this context, a group of experts has considered it appropriate to produce a consensus document based on the current scientific evidence and present general recommendations for daily clinical practice on the introduction of gluten into the diet.

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### La introducción del gluten en la dieta del lactante. Recomendaciones de un grupo de expertos

**Resumen** En el momento actual existe una situación de indefinición con respecto a cuándo, cómo y de qué forma debe introducirse el gluten en la dieta del lactante. Durante años ha prevalecido la recomendación del Comité de Nutrición de la ESPGHAN de evitar tanto la introducción precoz, antes de los 4 meses, como la tardía, después de los 7 meses, y de introducir el gluten gradualmente mientras el lactante recibe leche materna; se pretendía con ello reducir el riesgo de enfermedad celíaca, diabetes y alergia al gluten. Sin embargo, 2 estudios independientes publicados en octubre de 2014 en *The New England Journal of Medicine* llegan a la conclusión de que la edad de introducción del gluten no modifica el riesgo de desarrollar la enfermedad celíaca y que la lactancia materna a cualquier edad tampoco confiere protección.

Por otra parte, según la evidencia científica disponible, en general, se recomienda la introducción de otros alimentos en la dieta distintos de la leche materna o de fórmula alrededor de los 6 meses de edad, ya que la introducción antes de los 4 meses se asociaría a un riesgo aumentado de enfermedades autoinmunes y alergia alimentaria, y retrasarla más allá de los 7 meses no tendría efecto protector.

En este contexto, un grupo de expertos ha considerado pertinente elaborar un documento de consenso basado en las evidencias científicas actuales y establecer unas recomendaciones generales para la introducción del gluten en la práctica clínica diaria.

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## Introduction

For more than 20 years the ESPGHAN has made, through its Nutrition Committee (CN-ESPGHAN), recommendations related to the age of gluten introduction into an infant's diet<sup>1,2</sup> with the purpose of preventing the development of coeliac disease (CD) and reducing the risk of diabetes mellitus type 1 (DM 1) and wheat allergy.<sup>2,3</sup>

However, recent studies of reliable evidence have demonstrated that the age of gluten introduction does not influence the development of CD in the population with genetic risk,<sup>4,5</sup> calling into question the current recommendations of the ESPGHAN,<sup>2</sup> the European Food Safety Authority<sup>6</sup> and the most recent recommendations of the American Academy of Paediatrics. The latter recommends the introduction of complementary feeding (CF) around 6 months, without making special mention of gluten.<sup>7</sup>

Due to the current confusion, a group of experts in CD and paediatric nutrition have prepared a consensus document based on the current scientific evidence, establishing some recommendations for daily clinical practice.

## General aspects of the introduction of complementary feeding

The recommendations of the ESPGHAN, the European Food Safety Authority and the American Academy of Paediatrics regarding the introduction of CF take into consideration, apart from the nutritional needs, the possibility of influencing the development of certain diseases.<sup>2,6,7</sup>

## Allergy prevention

There are no scientific data supporting different recommendations for the introduction of CF based on an infant's risk of suffering from allergies (first degree relative with proven history of allergy).<sup>8-11</sup>

The introduction of CF after 6 months has no protective effect on the appearance of food allergy.<sup>12</sup> On the contrary, if it is introduced before 4 months it is associated with an increased risk of developing atopic dermatitis.

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