

## QA51 – Enfamil AR

### QUESTION:

I have the job of evaluating the clinical indications for using the infant formula, Enfamil AR. I have a number of questions that I would appreciate your response. I am looking for a clinician's viewpoint in terms of using this formula and how they might interact with the medical community when requests are made. I already have Mead Johnson's Pediatric Products Manual and know their suggestions for use. I know when this formula came out many Pediatric RDs had a negative view of it. However, I'm wondering if there's a niche in people's practice at this point in time.

1. Are you recommending the use of this formula in your hospital or clinical practice?
2. What are the clinical indications you use when recommending this formula? GER? FTT?
3. What is the initiation age and length of time that you recommend Enfamil AR?
4. Are you initiating Enfamil AR because a pediatrician has requested it, as a result of poor tolerance to other formulas or after verification (pH Probe) of GER?
5. What percentage of your term and preemie infants are on this formula with good results?
6. What age do you consider using this formula when the infant has a history of prematurity and had formerly used a 22 calorie preemie formula?
7. Any references or experience with the incidence of GER for 0-12 mos.?
8. Do you prefer to thicken standard formula with rice cereal and if so what patient/family criteria do you use for this recommendation?
9. Have you experienced negative reactions or complications when using Enfamil AR?
10. Lastly, do you feel there is validity for using Enfamil AR for its indicated purpose? Is your view similar to the pediatricians you work with?

Any answers, comments or experience with Enfamil AR and the above questions would be very much appreciated. Thank you in advance for your consideration and response to these questions.

### ANSWER:

Enfamil AR is a standard infant formula with added rice starch. It is produced by Mead Johnson and meets the vitamin/mineral needs of a term infant taking adequate volumes. It is designed to increase viscosity in an acid environment. The product was designed to be used "when thickened feeds" are designed.

Thickened feeds are often prescribed when an infant has reflux. The use of thickened feeds for reflux, however, remains controversial. The incidence of GER depends on a number of factors including gestation, medical conditions and care giving practices. It is higher in preterm infants, infants with neurodevelopment conditions and chronic lung disease. In some cases, thickening feeds may increase the duration and number of reflux episodes in an individual. Thickening feeds may also make feeding more difficult for some babies. Enfamil AR has been evaluated in relationship to growth. There is no data on its efficacy as a reflux treatment. Enfamil AR is contraindicated for preterm infants. It is not designed to meet the vitamin/mineral needs of the preterm infant and there have been reports of bezoar formation.

Use of Enfamil AR for other conditions, such as FTT is not supported by the growth data. Infants have demonstrated equivalent growth on Enfamil AR as on standard infant formula. The cause of FTT would have to be determined.

Reference:

- 1) Groh-Wargo, Thompson, and Cox: Nutritional Care of the High Risk Newborn. Precept Press, 3<sup>rd</sup> edition, 2000.