CONDITION

Milk intolerance

Milk intolerance causes digestive symptoms when the body cannot properly handle lactose or another part of milk.

WHAT IT IS
Difficulty digesting milk without an allergic reaction

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Bloating, wind, stomach pain, diarrhoea

WHAT CAUSES IT
Usually low lactase; sometimes another bowel condition

HOW IT IS DIAGNOSED
Diet trial, reintroduction, or hydrogen breath test

MAIN TREATMENT
Lactose reduction, lactase products, and nutrition support

CAN IT BE CURED?
Sometimes - temporary causes may resolve

IS IT AN EMERGENCY?
Sometimes - breathing trouble may mean milk allergy

LONG-TERM OUTLOOK
Symptoms are usually manageable with dietary changes

Overview

Milk intolerance means that milk or milk products cause symptoms without triggering an immediate allergic reaction. People often use the term to mean lactose intolerance , the most common type.

Lactose is the natural sugar in milk. The small bowel normally makes an enzyme called lactase , which breaks lactose down so it can be absorbed. If there is not enough lactase, lactose passes into the large bowel. Bacteria ferment it, producing gas and drawing in water. This can cause bloating, wind, pain, and diarrhoea.

Milk intolerance is not the same as cow's milk allergy . An allergy involves the immune system reacting to milk proteins. It can cause hives, swelling, vomiting, wheezing, or, rarely, a severe allergic reaction. Some delayed milk allergies mainly cause digestive symptoms, especially in

babies, so the distinction is not always obvious.

The amount of lactose a person can manage differs. Some people develop symptoms after a small serving, while others can eat yoghurt or cheese without difficulty. Milk intolerance usually requires adjusting the type or amount of dairy rather than avoiding every trace of milk.

Symptoms

Symptoms usually begin within a few hours of having lactose, although timing can differ with the amount eaten and what else was in the meal.

Common symptoms include:

Symptoms may be stronger after a large glass of milk than after a small amount used in food. Hard cheeses contain very little lactose, and yoghurt may be easier to tolerate because its bacteria help break lactose down.

Lactose intolerance does not usually cause hives, facial swelling, wheezing, a tight throat, or fainting. These symptoms may indicate an allergy and need a different assessment.

Blood in the stool, ongoing fever, unexplained weight loss, or pain that repeatedly wakes you from sleep is also not typical of simple lactose intolerance. These symptoms should be medically assessed.

- bloating or a swollen feeling in the abdomen
- excess wind
- cramping or rumbling abdominal pain
- loose stools or diarrhoea
- nausea, sometimes with vomiting
- an urgent need to open the bowels

Causes and risk factors

The most common cause is a gradual reduction in lactase production after childhood. This is called lactase non-persistence . It is an inherited trait and is more common in some family and ancestral backgrounds than others.

Lactase can also fall when the lining of the small bowel is injured. This is called secondary lactose intolerance . Possible causes include:

Secondary intolerance may improve when the bowel heals or the underlying condition is

treated.

Babies born prematurely may temporarily produce less lactase because their digestive system is still developing. A rare inherited condition called congenital lactase deficiency causes severe lactose intolerance from birth.

Some people have digestive symptoms after milk even when lactose absorption is normal. Another food component, irritable bowel syndrome, or sensitivity to the bowel stretching from gas may be involved. Symptoms alone cannot show which explanation is correct.

- a recent bowel infection
- coeliac disease, in which gluten triggers immune damage to the small bowel
- inflammatory bowel disease affecting the small bowel
- some bowel operations or treatments
- other conditions that damage the small-bowel lining

Diagnosis

Diagnosis starts with the pattern of symptoms, the foods that trigger them, and whether there are signs of another digestive condition. A food and symptom diary may help show whether symptoms consistently follow milk or lactose.

A short, planned reduction in lactose followed by reintroduction can be useful. Symptoms that improve and then return make lactose intolerance more likely. However, improvement during a restrictive diet does not prove the diagnosis, because several foods may change at the same time.

A hydrogen breath test can check for lactose malabsorption. You drink a measured lactose solution, and breath samples are collected over several hours. A rise in hydrogen suggests that lactose reached the large bowel without being fully absorbed. Symptoms recorded during the test help show whether malabsorption is actually causing intolerance.

Further tests may be needed when symptoms are unusual or persistent. These can look for coeliac disease, inflammation, infection, or another cause. If coeliac disease is being considered, do not remove gluten before testing unless you have been advised to do so, because this can affect the results.

Tests used for immediate food allergy, such as skin-prick or specific IgE blood tests, do not diagnose lactose intolerance. A supervised food challenge may sometimes be used when milk allergy is suspected.

Babies and children should be assessed before milk is removed for a long period. Feeding difficulty, poor growth, blood in the stool, eczema, or repeated vomiting may point to cow's milk protein allergy or another condition.

Treatment and management

Treatment aims to control symptoms while keeping the diet nutritionally balanced. Complete dairy avoidance is often unnecessary for lactose intolerance.

You can identify the amount and forms of lactose that you tolerate. Helpful approaches may include:

Lactase products do not work equally well for everyone. They reduce lactose exposure but do not treat milk allergy.

Food labels can help identify milk ingredients. "Dairy-free" and "lactose-free" do not mean the same thing. Lactose-free cow's milk still contains milk proteins and is not suitable for someone with cow's milk allergy. Goat's and sheep's milk contain lactose and may also trigger reactions in people allergic to cow's milk protein.

Milk provides protein, calcium, iodine, vitamin B12, and often vitamin D. If you reduce dairy, choose alternatives that replace these nutrients. Fortified plant drinks can provide calcium and vitamins, but their protein and iodine content differ. A dietitian can help if several foods must be avoided, symptoms limit eating, or nutrition is a concern.

Babies need breast milk or a suitable infant formula as their main milk source. Ordinary plant drinks are not nutritionally equivalent to infant formula. Formula changes for suspected intolerance or allergy should be made with professional guidance.

When intolerance is secondary to another bowel condition, treating that condition may allow lactose tolerance to improve. Restricting lactose can ease symptoms, but it does not treat coeliac disease, inflammatory bowel disease, or an infection.

- having smaller amounts of lactose at one time
- eating dairy as part of a meal
- choosing lactose-free milk and dairy products
- trying yoghurt or hard cheese, which may contain less lactose
- using a lactase enzyme product before lactose-containing food

Complications

Lactose intolerance itself does not usually damage the bowel. Its main effects are discomfort, changes in bowel habits, and limits on what you feel able to eat.

Avoiding all dairy without suitable replacements can lead to low intake of calcium, protein, vitamin D, iodine, or vitamin B12. Over time, inadequate calcium and vitamin D may affect bone health.

Frequent diarrhoea can occasionally cause dehydration, particularly in babies, older adults, or people who are already unwell. Signs include reduced urination, a dry mouth, marked thirst, dizziness, or unusual sleepiness.

Another possible problem is assuming that every digestive symptom is caused by milk. This can delay recognition of coeliac disease, inflammatory bowel disease, irritable bowel syndrome, or another condition.

Prevention

The inherited fall in lactase production after childhood cannot currently be prevented. It is a normal genetic pattern rather than damage caused by eating dairy.

Secondary lactose intolerance is not always preventable. Good food hygiene can reduce some bowel infections, but many causes cannot be avoided. When intolerance follows an infection or bowel inflammation, lactose digestion may recover as the bowel lining heals.

There is no clear benefit to avoiding milk in someone who tolerates it in an attempt to prevent future intolerance. Unnecessary restriction can make it harder to meet nutritional needs.

Living with it and what to expect

For many people, lactose intolerance is a long-term but manageable condition. Lactase production that falls for inherited reasons usually does not return. Your symptom threshold may still change with meal size, bowel health, stress, and other foods.

Most people can find a level of lactose that does not cause troublesome symptoms. This may mean using lactose-free milk while continuing to eat selected cheeses, yoghurt, or small portions of other dairy foods. Eating outside the home usually becomes easier once you know which foods and serving sizes affect you.

Secondary intolerance may last weeks, months, or longer. Improvement depends on whether the small-bowel lining heals and whether the underlying cause can be treated. Lactose can

sometimes be reintroduced gradually after recovery.

Children may need periodic review of growth and nutrition if milk remains restricted. Adults with a very limited diet, low body weight, or concerns about bone health may also benefit from routine nutritional review.

Symptoms that remain troublesome despite lactose reduction deserve reassessment. They may come from another food, a separate digestive condition, or milk protein rather than lactose.

When to get medical help

Arrange a routine medical appointment if:

Seek prompt medical help for severe diarrhoea or signs of dehydration, particularly in a baby, an older person, or someone with another illness.

Call emergency services if milk is followed by trouble breathing, throat or tongue swelling, fainting, severe wheezing, or rapidly worsening symptoms. These are not typical signs of lactose intolerance and may indicate a serious allergic reaction.

- symptoms keep returning or affect daily life
- you are unsure whether the problem is intolerance or allergy
- symptoms continue despite reducing lactose
- you have unexplained weight loss or ongoing vomiting
- there is blood in the stool
- a baby has feeding problems, poor growth, persistent diarrhoea, or blood in the stool
- avoiding dairy makes it difficult to maintain a balanced diet

Common questions

Can milk intolerance start suddenly?

Yes. Symptoms can become noticeable after a bowel infection or another condition injures the small-bowel lining. An inherited decline in lactase can also become apparent later, even if milk caused no problem in childhood.

Can I eat cheese if I am lactose intolerant?

Many people can. Hard, mature cheeses usually contain very little lactose. Soft or processed

cheeses may contain more. Tolerance depends on the product, portion size, and your individual threshold.

Is lactose-free milk completely dairy-free?

No. Lactose-free cow's milk has had lactose removed or broken down, but it still contains cow's milk proteins. It may suit lactose intolerance, but it is not suitable for cow's milk allergy.

Why does milk upset my stomach but yoghurt does not?

Yoghurt bacteria help break down lactose, and yoghurt may move through the digestive system differently from milk. The amount eaten also matters. This pattern is common in lactose intolerance.

Will cutting out milk cure the intolerance?

Avoiding lactose can prevent symptoms, but it does not restore lactase when the cause is inherited. If intolerance is due to temporary bowel injury, tolerance may improve as the bowel heals.

How do I know if it is intolerance or milk allergy?

Intolerance mainly causes bloating, wind, pain, and diarrhoea. Allergy may cause hives, swelling, wheezing, vomiting, or delayed digestive and skin symptoms. Medical assessment and, when appropriate, allergy testing or a supervised food challenge can clarify the cause.

Sources

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