



Childhood Food Allergies

By Norman Koven, MD

While eating lunch at preschool, the teacher noticed that 3-year-old Matt was starting to rub his mouth and cough. He soon developed hives on his face and vomited. The teacher quickly called for medical attention and treatment for Matt. The child was eventually diagnosed with a food allergy to peanuts.

This is a familiar scenario for many parents since food allergies have risen 18 percent among children and teens in the last decade. According to the U.S. Food and Drug Administration (FDA), about 6 percent of children in the United States under age 3, have food allergies. The overall incidence in children and teens of all ages in the United States is estimated at 4.2 percent. Peanut and tree nut allergies among children have tripled since 1997.

What exactly is a food allergy and what foods are the most common? A food allergy develops when the immune system becomes sensitized to a specific food with the production of antibodies toward the food. With subsequent intake of that food, either by eating, touching or inhaling it, the antibody can trigger a harmful reaction with the release of histamine and other chemicals causing familiar symptoms such as itching, hives, swelling, coughing, wheezing, nausea, vomiting and even fainting.

The most common foods causing allergies in children, accounting for 90 percent of reactions are milk, eggs, peanuts, soy, wheat, tree nuts (such as walnuts and almonds), fish and shellfish (such as shrimp). Fortunately, most kids, about 80 percent, outgrow their food allergies, including those to milk, eggs, soy and wheat. However, only about 20 percent of children allergic to peanuts and 10 percent allergic to tree nuts outgrow these allergies. Fish and shellfish allergies are even more rarely outgrown.

How do you know if your child has a food allergy? It's estimated that about 10 percent of parents believe their children have a "food allergy," but the true incidence is less than half of that, about 4 percent. Therefore, it's important for children to be properly evaluated by an allergist to confirm or rule out a specific food allergy. A combination of selected allergy skin testing and blood testing to look for the presence of the sensitizing antibodies,

known as IgE antibodies, to foods is recommended. Strong reactions to such testing that correlate with the reaction that occurred may be sufficient to make a diagnosis. However, such testing is often inconclusive, and an oral challenge with a food is carried out in the allergist's office. During this procedure, a child is given small, increasing amounts of the suspected food to eat and carefully observed for any symptoms or signs of a reaction. This is the most reliable method of diagnosis since it accurately determines whether a child can tolerate a specific food.

Once diagnosed, how do you treat a food allergy? There is no medication available yet to prevent or cure food allergies. Therefore, the mainstay of treatment continues to be avoidance of the food and foods containing it, and the allergist will provide thorough education and counseling to guide the family. In addition, it's vital for the family and caregivers to have emergency medication available for prompt

treatment and relief should a reaction occur, including injectable Epinephrine and oral Benadryl.

Finally, the future is encouraging since promising research is now underway developing protocols for oral desensitization of allergenic foods. This will enable children to gradually build up tolerance to a food by regularly ingesting small amounts of the food over a prolonged time.

Parents can also help prevent food allergies by breastfeeding for at least four months. This can help reduce the chance of developing cow's milk allergy or asthma in babies with a family history of allergies. Also, avoid giving babies solid foods until 4 to 6 months of age.

In contrast, some older, popular strategies are no longer thought to be helpful, such as pregnant mothers avoiding ingestion of potentially allergenic foods and delaying past six months the introduction of eggs, peanuts and other foods.*

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When Your Kids Don't Have Food Allergies—What Can You Do to Help?

The first thing you can do to help someone who has a food allergy is to become informed. There are many misconceptions about food allergy. Here are just a few facts to keep in mind:

- There is no cure for food allergy.
- Trace amounts of a food protein can cause anaphylaxis, a serious allergic reaction that is rapid in onset and may cause death.
- Constant vigilance with the foods that will be consumed by an individual who has a food allergy is a must. Ingredient labels of every food product must be read carefully.
- Eight foods account for 90 percent of all food-allergic reactions in the U.S.. They are milk, egg, peanut, tree nuts (i.e., walnuts, almonds, pecans, etc.), fish, shellfish, wheat, and soy.

More information about each of the major allergens is available by visiting www.foodal-

www.foodallergy.org. FAAN™ (the Food Allergy & Anaphylaxis Network) has a variety of free materials to help others become involved, including downloadable fact sheets, presentations and age-appropriate activities.

Involve your own children in making posters with food allergy facts, or print out some of the free materials from our Be a PAL: **Protect A Life From Food Allergies**™ peer education program.

Another quick and easy way to do your part is to send a letter to Gov. Chris Christie requesting that he sign a proclamation declaring May 8-14 as Food Allergy Awareness Week. Access to all of these materials, including a link to request a proclamation, are available by visiting www.foodallergy.org/section/food-allergy-awareness-week1.



Does your child suffer from food allergies?

Allergy & Asthma Care can help!



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