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Why Are Children's Food Allergies on the Rise?

By Sue Russell | Posted April 24 2012

allergies, Children, Food Allergies

Some 12 million Americans, almost half of them children, are believed to suffer from one or more potentially life-threatening food allergies. But research is underway on many fronts to try stop the alarming food allergy increase in its tracks.



When someone is food allergic, it affects not only his or her own quality of life but that of the person's family, friends, and everyone else around them. "Imagine thinking about every meal and snack, every party and social event," says Scott Sicherer M.D., a pediatrics professor and

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researcher at the Jaffe Food Allergy Institute at Mount Sinai in New York. "It's like living life

in the field of landmines, constantly vigilant to avoid a reaction. Some patients have to carry medications such as epinephrine for self injection should a serious reaction occur."

In 2010, Dr. Sicherer's study of 13,534 people indicated that peanut allergies in children more than tripled between 1997 and 2008. Peanuts, which are legumes, are the main allergy culprit, with milk and shellfish next in line. Allergies to tree nuts like almonds, walnuts, pistachios and cashews, etc. rose from 0.2 percent to 1.1 percent. And a first look at sesame found allergies in 0.1 percent of children and adults.

A study in Pediatrics led by Ruchi Gupta, M.D., Assistant Professor of Pediatrics at Northwestern University Feinberg School of Medicine, that surveyed 38,480 children further reinforces the statistical rise. Of the 8 percent surveyed suffering from food allergies, 25.2 percent couldn't tolerate peanut, 21.1 percent milk, and 17.2 percent shellfish. 38.7 percent of the group experienced severe reactions, and 30.4 percent were allergic to multiple foods.

"An allergy happens when the immune system, the part of the body that protects us from germs, becomes misdirected and attacks harmless proteins," says Dr. Sicherer, who is the author of Understanding and Managing Your Child's Food Allergies.

The sudden and potentially life-threatening allergic reaction anaphylaxis can occur in response not only to food allergies but to antibiotics, latex, and insect bites and stings, for example. It all sounds very scary but experts want parents and children to know that with education, preparation, communication and vigilance, life really can be relatively normal.

The most common reaction to food allergies is a skin rash, "which occurs in over 80%



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of children," says allergist/immunologist Ronald M. Ferdman, M.D., assistant professor of pediatrics at Children's Hospital Los Angeles. Other common reactions can include itching, redness, hives and swelling. "Children may especially complain of itching of their neck and throat, and start scratching the outside of their necks. Very common and often overlooked are gastrointestinal symptoms including stomach pain and especially vomiting. Any symptom involving the respiratory tract is potentially serious and needs to be recognized immediately."

Diagnosis is made with blood or skin tests. During skin tests, a drop of a purified extract of the suspect food is introduced into the skin's superficial layers. If the test is positive for an allergy, a small red bump usually appears within 10 to 15 minutes. Blood tests look for the presence of the allergic antibody IgE. Neither is foolproof. A medicallysupervised food "challenge," in which a child is given multiple tiny amounts of the suspect food then monitored for reactions, is the most accurate.

Steven Rubinstein, M.D., a pediatric allergist and immunologist at the Palo Alto Medical Foundation and also affiliated with Lucile Packard Children's Hospital at Stanford, conducts "challenges" daily in his practice. If a patient tolerates tiny amounts, he builds up very slowly. Monitoring may continue for months.

Dr. Sicherer says there are multiple studies underway attempting to treat or cure food allergies: "For example, at Mount Sinai, we are looking at a variety of forms of immunotherapy for peanuts, tree nuts, seafood, milk and egg allergies among others."

At Lucile Packard and other hospitals, some patients are undergoing desensitization with "rush immunotherapy," a treatment in which multiple allergy shots are given over many hours or days. "They will give a kid like a thousandth of a peanut then 20 minutes later a little bit more, and more and more," says Dr. Rubinstein. However, allergic reactions to these shots are very common. In Europe, the massive EuroPrevall research project, with 24 participating countries and funding from the European Commission, is looking at the prevalence, cost and basis for food allergy.

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But the big question remains – why the great rise? One possible explanation is the "hygiene hypothesis." Dr. Sicherer explains the theory behind it: "Since the immune system causes allergies, it is very possible that our germ-protected manner of living with smaller families, cleanliness, widespread use of antibiotics, vaccination, and other means to protect ourselves from germs, has left our immune system more likely to attack things that are innocent, such as harmless proteins in foods, pollens, animal dander, etc. These theories apply to all sorts of illnesses where the immune system has gone a bit haywire, such as autoimmune [body attacking itself] diseases as well."

"I think that the 'hygiene hypothesis' may have some validity in terms of environmental allergies," says Dr. Ferdman, "but I'm not so sure how much it is involved in food allergies." Some experts suspect changes in the modern diet and in cooking methods – roasted peanuts may be more allergenic. Others suspect that less sunlight exposure, thus less vitamin D, may increase allergy risk. A study published in May by Albert Einstein College of Medicine researchers at Yeshiva University, using data from blood tests from 6,000 children and adults, linked pediatric allergies, including food allergies, to vitamin D deficiency. But the same connection was not seen in adults. More research is needed.

Another theory: introducing potentially allergenic foods into infants' diets "too late" or "too early" may be causing problems. "Breast-feeding is one of the only factors for which there is [near] universal agreement that it can decrease the baby's chance of developing food allergies," says Dr. Ferdman, who advises parents to discuss the best strategies to prevent food allergies with their child's pediatrician.

CONNECT THE DOTS

For more information: National Institute of Allergy and Infectious Diseases, Guidelines for the Diagnosis and Management of Food Allergy in the United States and the American Academy of Allergy, Asthma and Immunology.

- The Health Care Blog
- KevinMD
- Cooking Light Eating Smart
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