

Food allergy: epidemic or exaggerated?

Every day we are asked, “Is it just media frenzy, or are food allergies really everywhere?” The truth is this: food allergy is on the rise. Here are some interesting facts:

- In 2007, approximately **3 million children** under the age of 18 were reported to have a food or digestive allergy in the previous 12 months.¹
- The prevalence of food allergy among children under the age of 18 **increased 18%** from 1997 to 2007.¹
- In North America, the prevalence of peanut allergy increased from 1.34% from 2000-2002 to **1.62%** in 2005-2007.²
- Kids with a food allergy are **two to four times more likely** to have conditions such as asthma and other allergies.¹

Not all food-related symptoms are considered true “allergies”. For example, lactose intolerance and gluten sensitivity (or “celiac disease”) cause very real abdominal symptoms, but thankfully these typically do not lead to sudden, potentially life-threatening reactions. On the other hand, true food allergy causes dangerous symptoms of “anaphylaxis”, such as hives, skin swelling, difficulty breathing, and dropping blood pressure. The most common foods causing these reactions are dairy, eggs, wheat, soy, peanuts, tree nuts, and seafood. We also know that food allergies contribute to other chronic disorders, such as eczema and eosinophilic esophagitis. Although many food allergy reactions are mild, fatal and near-fatal reactions continue to occur in the United States.

The diagnosis of food allergy can dramatically change the lives of children as well as their families and friends. The most important element for the diagnosis of food allergy is taking a detailed history of the symptoms and the situation surrounding them. Because an association between food exposure and symptoms often is not clear, allergy testing can be very informative and helpful. The most common and often most accurate way to confirm or to rule-out food allergy is performing skin tests at the allergist’s office. Sometimes blood tests are required as well, as the combined results of skin and blood testing can give more helpful information than either test alone. Using the patient’s history and the test results, an allergist can clarify how important it is to avoid the suspected food or if it may be allowed in the diet, either by providing a “food challenge” in the doctor’s office or by eating it at home. Unfortunately, living with a food allergy demands life-altering changes and puts the family in anxiety-provoking situations. A good allergist provides the education necessary to reduce the risk of accidental food allergy exposure and to know what to do if an allergic reaction occurs, lending encouragement and support in the meantime.

Having a parent or a sibling with allergies raises the risk of a child also developing allergy symptoms. Many parents ask, “What can I do to prevent food allergy, asthma, or other allergy problems in my child?” If there is anything good about the increase in food allergy cases worldwide, it is that research efforts are expanding to find out what causes allergies and how to prevent or to treat them. For example, you may have heard that it is prudent to avoid high-risk allergy foods, such as nuts and shellfish, in your child’s diet until he or she is three years old. Now newer evidence is challenging this common practice. Pediatric food introduction guidelines

are changing, and new procedures are being developed to see if we can create “tolerance” in children with food allergy. Promising therapies are emerging, such as Chinese herbal remedies and probiotics, which may improve a child’s chance of remaining allergy-free. An allergist can keep you informed of the latest news as it breaks on the research scene.

1. Branum AM, Lukacs SL. Food allergy among U.S. children: Trends in prevalence and hospitalizations. NCHS data brief, no 10. Hyattsville, MD: National Center for Health Statistics. 2008.
2. Ben-Shoshan M, Kagan RS, Alizadehfard R, Joseph L, Turnbull E, St Pierre Y, Clarke AE. Is the prevalence of peanut allergy increasing? A 5-year follow-up study in children in Montreal. *J Allergy Clin Immunol.* 2009 Apr;123(4):783-8.

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