

# Food Allergies



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## KEYWORDS

- Food allergies • Anaphylaxis • Desensitization • Oral immunotherapy
- Food challenge • Peanuts • Milk

## KEY POINTS

- Food allergies are prevalent, especially among children of all ages, requiring identification and treatment or prevention with medication and education to parents, teachers, and other community leaders.
- Nut and milk allergies are the most common food allergies, thus warranting special attention within the childhood population as well as enhanced safeguards within typical community gathering places (schools, amusement parks, camps, and so forth).
- Food challenge and oral immunotherapy are at the heart of identification and potentially reversing food allergies among affected individuals. Undertaking these therapies requires appropriate preparation and caution.

## INTRODUCTION

Food allergies are common. Recent statistics show an increasing prevalence of reported food allergies worldwide.<sup>1–3</sup> Food allergies affect people of all ages, ethnicities and heritage. Varying estimates of prevalence have been reported, however. Food allergies affect approximately 5% of adults and 8% of children.<sup>1,4</sup> Among children ages 0 to 17 years, the prevalence of food allergies increased from 3.4% in 1997 to 1999 to 5.1% in 2009 to 2011.<sup>3</sup>

### *What Are Food Allergies?*

Food allergy “occurs when the body has a specific and reproducible immune response to certain foods.”<sup>5</sup> Whether the response is mild, moderate, or severe (anaphylaxis), food allergy is usually an adverse health outcome and should be thoroughly evaluated and addressed by medical professionals.<sup>5</sup> Allergic reactions to foods have become the most common cause of anaphylaxis in community health settings.<sup>6</sup>

Food allergy is often mistaken for food intolerance. When a food product causes irritation or digestive upset anywhere along the gastrointestinal tract, this is labelled an intolerance. Symptoms of food intolerance may include the following:

- Flatulence
- Abdominal cramps

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- Bloating
- Heartburn
- Irritability
- General malaise
- Headaches

Lactose and food additives are the most commonly reported food intolerance.<sup>7</sup>

There are numerous risk factors for food allergies. **Box 1** presents the most common risk factors.

## PREVENTION

There is currently no cure for food allergies. Strict avoidance of the food allergen is the only way to prevent a reaction.<sup>15</sup> In 2013, the Centers for Disease Control and Prevention published “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs,” which delineates a broad, preventative approach to minimizing allergic reactions among school-aged children.<sup>16</sup> **Fig. 1** outlines a checklist for school officials to use as a template for minimizing food allergy–induced outcomes among children.<sup>16</sup>

The 2008 official statement from the American Academy of Pediatrics regarding allergy prevention states<sup>17</sup>

1. At the present time, there is lack of evidence that maternal dietary restrictions during pregnancy play a significant role in the prevention of atopic disease in infants. Similarly, antigen avoidance during lactation does not prevent atopic disease, with the possible exception of atopic eczema, although more data are needed to substantiate this conclusion.
2. For infants at high risk of developing atopic disease, there is evidence that exclusive breastfeeding for at least 4 months compared with feeding intact cow milk protein formula decreases the cumulative incidence of atopic dermatitis and cow milk allergy (CMA) in the first 2 years of life.

### Box 1

#### Risk factors for food allergies

- Antacid overuse
- Atopy (comorbid atopic dermatitis)
- Dietary fat (reduced consumption of omega-3 polyunsaturated fatty acids)
- Genetics (familial associations, HLA, and specific genes)
- Increased hygiene
- Northern climate
- Obesity (being an inflammatory state)
- Race/ethnicity (increased among Asian and black children compared with white children)
- Reduced consumption of antioxidants
- Season of birth
- Gender (male gender in children)
- Timing and route of exposure to foods (increased risk for delaying allergens with possible environmental sensitization)
- Vitamin D insufficiency<sup>8–14</sup>

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