

Food Allergies. Just hearing those words can make any parent very anxious. No wonder because food allergies affect up to 8% of young children. Several decades ago it was rare to know anyone with a food allergy. Now most people have a relative or know someone with a food allergy. Between 1997 and 2007, the prevalence of cases of childhood food allergies rose to 18 percent (Centers for Disease Control and Prevention).

What is a food allergy vs. food intolerance? Although people use these two terms interchangeably, they have very different meanings. A food allergy is an immune system response to a food. IgE antibodies release histamines. Typical allergic responses include hives, rash, breathing difficulties, asthma and of course the most life threatening and scary: anaphylactic response. There is no immune system response to food intolerance. Food intolerances are not life threatening, however they can cause challenges often including migraines and gastrointestinal responses such as abdominal cramping, bloating, and diarrhea.

Why the increase? Of course no one really knows the answer to this question; however, medical data suggests that the increase in food allergies could be related to a phenomenon called the hygiene hypothesis. Julia Bradsher, CEO of the Food Allergy and Anaphylaxis Network states "Because children in our culture are exposed to fewer germs than their bodies are used to dealing with, the immune system is deprived of the full-time germ-fighting job they have to do, and their immune systems misidentify foods as harmful."

Can food allergies and intolerances interfere with typical feeding development? Yes. Many children with feeding and swallowing disorders also have food allergies or intolerances. They may also present with gastroesophageal reflux (GER or GERD). The literature suggests that up to 47-50% of infants (under 12 months of age) that reflux have a cow's milk protein allergy. Please refer to www.feeding.com if you are concerned about your infant or child's feeding or swallowing development.

What are the most allergic risk foods? Egg, milk, soy, wheat, peanut, and tree nuts account for 90% of all food allergies in children.

Who is at risk for allergies? 0-5 year olds have the highest rate of food allergies, which is evenly dispersed between boys and girls.

When is the best time to introduce high-allergic risk foods? This question is the subject of current research and debate. The standard medical advice is to hold off the introduction of peanuts—which can cause such severe allergic reactions—until children are at least 3 years old. Recent research suggests that earlier introduction to peanuts may allow a child's immune system to develop tolerance to peanuts. Some experts recommend that nursing mothers should avoid eating milk, eggs, peanuts, nuts, fish, and shellfish during the first three months if there is a family history of allergies, food allergies, eczema, or asthma.

Will my child outgrow their allergy? Most children with allergies to milk, eggs, wheat, or soy outgrow their allergies by the time they are 5 years old. That number is reduced to 20% for people with peanut allergy and about 10% of kids with tree nut allergy. A milk allergy is a risk factor for developing other food allergies.

What should I do if I suspect that my child has food allergies? If you are concerned that your child has an allergy, you should consult with your medical doctor or a board-certified allergist. It would be helpful to start a food diary of what your child eats, any symptoms that follow and how long it takes for those symptoms to show up. If allergy testing confirms an allergy, you will most likely, under the guidance of a nutritionist and your allergist, need to initiate an elimination diet. Although quite intimidating, once you become accustomed to the change, it will be worth it as your child will feel so much better.

Recommendations for parents of children with food allergies: Ask your allergist for support groups and surf the Internet for excellent resources. Parents need to educate themselves about their child's allergy to ensure the safest feeding environment. Always read labels every time you purchase food as manufactures frequently change the ingredients without notice. Food allergies are the only acceptable reason to "short order cook" or to bring your own food to parties and gatherings. Make sure that you always have an EpiPen® (Epinephrine Auto-Injectors) available. Using age appropriate language, educate your child about their allergy to reduce any risks. Make sure that all adults are aware of your child's allergies. Because of the ever-increasing incidence of food allergies, there are many excellent resources on the Internet. Take advantage of the information available.

Please feel free to call us with any questions or concerns at 919-877-9800.