

Allergies in Children

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8% of the population suffers from food allergies. The prevalence of food allergies doubles every year. No one is sure why but the prevailing hypothesis is called the “hygiene hypothesis”. The underlying idea behind this hypothesis is that we live in a much cleaner environment now than ever before and therefore our immune systems are not exposed to as many substances and antigens as in the past. As a result, when we are exposed to something unusual, our bodies have not been sensitized to the substance and therefore react more aggressively. Even though certain foods aren’t really bad for us, our bodies don’t recognize something in it and tries to fight it.

The most common food allergies are to milk, eggs, wheat, soy, peanuts, tree nuts, fish, and shellfish. These account for 85% allergies in food. Allergies to milk, egg, wheat, and soy have the best prognosis because approximately 60% will outgrow it. Allergies to nuts, tree nuts, fish, and shellfish are usually pervasive.

It is important to differentiate between a food allergy and a food intolerance because treatments for each differ. A food allergy is when the body produces an abnormal immune response (i.e. hives, swelling). A food intolerance occurs when the body lacks an enzyme to break down food, leading to bloating, gas, and diarrhea (i.e. lactose intolerance; body lacks the enzyme to break down lactose in dairy). How can you tell if it is a food allergy? The allergic reaction will occur almost immediately, from 20 minutes to an hour after consumption, not days. It affect 3 systems: skin, respiratory system, and gastrointestinal system. Skin reactions include, hives, itching, flushing, and eczema flare-up. Respiratory reactions include itchy nose and eyes, sneezing, wheezing, and in severe cases, throat swelling. The Gasrointestinal system reacts by vomiting, stomach pain, nausea, and diarrhea. Another hallmark of an allergy is that these reactions occur every time when exposed to the culprit substance. When parents notice any of these happening their next step is usually to go to an allergist. To diagnose a food allergy, the allergist needs to know:

- What food was given
- How long until the reaction
- Did this reaction happen every time
- History of other allergies

There are two ways to test for allergies: skin test and blood work. A skin test is the preferred method and involves applying extract of foods known to cause allergies to the skin and looking for a reaction (usually results are known in 20 minutes).

The next step after diagnosis is treatment. In the past treatment has always been about avoidance, avoidance, avoidance. However, Dallas Allergy Immunology are now providing a course of treatment called Oral Food Desensitization which is showing promising results. The

treatment's philosophy is the same as that of allergy shots; exposing the body to very minute doses of an allergen at regular doses over time can desensitize the body to that substance. Once the body tolerates a certain dose, it is then increased. Dosing increases are always done at the office so that physicians can monitor for reactions. The peanut desensitization program lasts from 14-18 weeks and they are the only local practice currently offering this treatment. This program is only available to children age 5 and over to give children the chance to outgrow the allergy first. For parents of children with food allergies, it is important to carry an epi pen in case of an allergic reaction. An epi pen will treat the symptoms until parents can get to an emergency room. Benedryl will not cure an allergic reaction.