

Food Allergies

Many babies and older children have allergies to foods, such as milk, eggs, and peanuts. If your child has had severe reactions to foods, you need to be careful to avoid repeated exposure to that food. Rarely, allergic reactions to foods may be life-threatening, requiring immediate emergency care.

What are food allergies?

Food allergies occur when your child becomes hypersensitive to specific foods. They affect about 6% of children from birth to age 3. Many children “outgrow” food allergies, but others remain allergic throughout their lives.

Reactions occur within minutes to hours after your child eats the food to which he or she is allergic. The reactions can sometimes be serious, sometimes even life-threatening. If your child has serious reactions to specific foods, you must be very careful to avoid those foods.

Not all reactions to food are allergic reactions. For example, some people cannot tolerate milk because of lactose intolerance, but they are not allergic to milk.

What do they look like?

Food allergies may cause several different types of reactions:

- **Gastrointestinal reactions.** These may include vomiting, diarrhea, and bloody stools (most common in infants who are allergic to cow’s milk–based or soy-based baby formulas). Older children may experience itching, tingling, and swelling of the lips, mouth, and throat.
- **Skin reactions.** These may include an itchy rash (eczema, atopic dermatitis) or hives and swelling (urticaria and angioedema).
- **Respiratory reactions.** These range from mild to severe:
 - Typical symptoms of hay fever, such as stuffy nose and sneezing (allergic rhinitis). These usually occur with other allergic symptoms, such as hives.
 - Wheezing (high-pitched sounds coming from the lungs), difficulty breathing, tightness of the throat.
- Symptoms of **anaphylaxis**. This is a severe allergic reaction that includes difficulty breathing, chest and throat tightness, hives, and fainting.

What causes food allergies?

Food allergies are caused by specific foods to which your child has become allergic. The following allergens (things you are allergic to), along with wheat and fish, account for about 90% of food allergies in infants, children, and teenagers:

- **Cow’s milk or soy milk.** These allergies usually develop in infants fed baby formula. Milk allergy almost always appears before the child is 1 year old.
- **Egg.** Usually appears by age 18 months.
- **Peanut.** Usually develops after infancy.
- **Cross-reactive allergens.** If your child reacts to one type of allergen, he or she may also react to certain related food allergens. For example, a child who has hay fever caused by birch pollen may also be allergic to fruit from plants in the birch family, such as apples or cherries.

How are food allergies diagnosed?

It can be difficult to tell what food your child is allergic to, or if he or she has any allergy at all. Other types of reactions to foods are possible, such as various types of food intolerance. Options for identifying the cause of food allergy include:

- Keeping detailed information about what types of foods your child has eaten before reactions occur. For example, has he or she had similar reactions previously when eating the same food? Avoiding the suspected food for a while and then trying it again may provide useful information but should be done under a doctor’s orders.
- Skin tests may be helpful. However, sometimes the results will suggest that your child is allergic to a type of food that does not cause reactions.
- Special blood tests (RAST) or other tests are sometimes performed. Some children may need to see an allergist/immunologist (a specialist in treating allergic diseases) to make the diagnosis. It’s important to make sure you have identified the true source of the allergy before making major changes to your family’s diet and lifestyle.

What are some possible complications?

- Serious, life-threatening reactions can occur, although rarely.
- Children with food allergies often have other types of allergic reactions as well.
- Trying to avoid common foods that are served frequently can be very difficult and stressful for your family, so it’s important to find out exactly what food your child is allergic to.

What puts your child at risk for food allergies?

- If your child has had allergic reactions to a certain type of food, he or she may be at risk for more serious

reactions if exposed again. The risk is higher if your child has had more severe allergic reactions in the past.

- If your child has other allergic conditions—such as eczema, asthma, or hay fever—he or she may be at increased risk of food allergies.

Can food allergies be prevented?

- It is unknown whether food allergies can be prevented. Some experts think that if allergies run in your family, delaying introduction of allergenic foods until your baby is older may help to reduce the risk of food allergies. However, this theory is unproven.
- Breast-feeding for the first several months may help to reduce the risk of allergies.

How are food allergies treated?

- The best way to manage your child's food allergies is to avoid the foods that cause reactions.

- ! ● If your child has had *anaphylaxis* and other serious reactions to foods, you should keep an emergency kit containing self-injectable epinephrine (EpiPen) handy at all times. You will be taught how to inject this medication to interrupt severe reactions. Older children can learn how to do this themselves.

- Make sure to tell those who care for your child—such as day-care providers and camp counselors—about your child's food allergy. They must also know how and when to use the EpiPen. They should call 911 or another emergency number if your child has trouble breathing or any symptoms of anaphylaxis.

- ! ● If your child develops a large area of hives or swelling or develops wheezing or difficulty breathing, call our office or go to the emergency room.

- Various medications may be used to treat the symptoms of allergic reactions to foods:

- Beta-agonist drugs, such as albuterol, to open up blocked breathing tubes. This medication is inhaled (breathed in) and is often used to treat asthma attacks.
- Epinephrine and other emergency treatments for anaphylaxis and other serious reactions.
- Antihistamines.

Many children eventually “outgrow” their food allergies. This is most likely if your child is allergic to milk, soy, or eggs. It is also more likely if the allergy develops early and the food is eliminated from the diet. If your child is allergic to peanuts or fish or if the allergy develops later, he or she is less likely to outgrow it.

When should I call your office?

Call our office if:

- Your child has any symptoms of a serious allergic reaction to foods (red splotches, intense itching and swelling). !
- Your child develops wheezing or difficulty breathing. Use the EpiPen, if available. Then go to the emergency room or call 911 or another emergency number. *This is an emergency!* !

Where can I get more information on food allergies?

The Food Allergy and Anaphylaxis Network provides excellent information to help in dealing with the practical and emotional issues surrounding food allergies. Visit www.foodallergy.org or phone 1-800-929-4040.