

Food Allergy: New Treatment Options

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Food allergies affect many people, including 4-6% of children under the age of 18. Children with food allergies are also more likely to have other allergic conditions or asthma. Children at high risk of food allergies are those with a strong family history of allergic conditions or those with eczema and egg allergies. There are over 170 known food allergies, with eight major ones that account for 90% of the food allergies in the United States. These include; milk, egg, peanut, tree nuts, soy, wheat, fish and shellfish. Food allergies send many people to the emergency room every year. While some children do outgrow their food allergies, being prepared for a reaction can save a life.

WHAT TO WATCH FOR:

Symptoms of an allergic reaction can involve many parts of the body. The lungs, stomach and skin are just a few. Symptoms can present in one or more of the following ways:

- Vomiting and/or stomach cramps
- Hives
- Shortness of breath, wheezing, cough
- Low blood pressure and weak pulse
- Tight throat, hoarse voice, trouble swallowing
- Swelling of the tongue, affecting the ability to talk or breathe
- Pale or blue coloring of skin
- Dizziness or feeling faint
- Anaphylaxis, a potentially life-threatening reaction that can impair breathing and send the body into shock; reactions may simultaneously affect different parts of the body (for example, a stomachache accompanied by a rash)

TREATMENT OPTIONS:

- Epinephrine (adrenaline) auto-injectors are the first-line treatment for anaphylaxis reactions. People with food allergies should always keep one of these with them at all times. If you use this treatment, you should seek medical treatment immediately for further evaluation.
- Once a food allergy is diagnosed, avoiding that food is typically the best treatment. This includes careful checking of food labels and asking about prepared food while eating at restaurants.
- Antihistamines and corticosteroids can also play a role in the treatment of more mild reactions but should not replace the role of epinephrine.

PREVENTION & MANAGEMENT

Children can typically outgrow allergies to milk, eggs, and wheat, but not always. It is important to see your osteopathic family physician to determine if further testing should be performed.

With regard to peanut allergies, there are some new changes recommended. The most current recommendation from the National Institute for Allergy and Infectious Disease (NIAID) is to introduce peanut-containing foods early, around 4-6 months. **You should never give whole peanuts at this age, as they are a choking hazard.**

If you have any symptoms of the food allergies listed, you should seek medical treatment immediately. Bad reactions can occur with any exposure to a food allergen, even if you have not had reactions in the past. In case of any emergency, you should call your doctor or 911 right away.

SOURCE(S): American College of Allergy, Asthma & Immunology. (2017). *Food Allergy*.

Centers for Disease Control and Prevention. (2017). *Food Allergies in Schools*. National Institute of Allergy and Infectious Diseases (NIAID). (2017). *Guidelines for the Diagnosis and Management of Food Allergy Frequently Asked Questions*.

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