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Early introduction of allergenic foods may prevent food allergy in children

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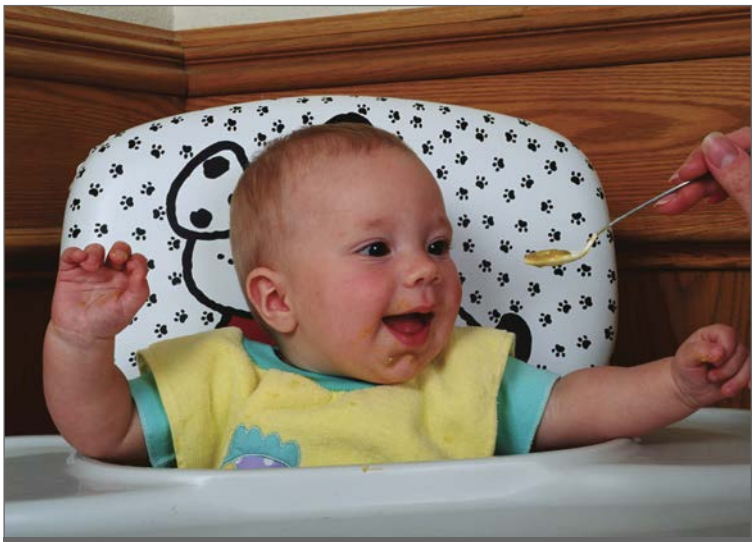
Primary prevention of allergy, which refers to blocking initial immunologic sensitization, may help reduce the burden of the rising prevalence of allergic diseases, including food allergy, asthma and atopic dermatitis.

In the inaugural issue of the *Journal of Allergy and Clinical Immunology: In Practice*, recommendations based on current literature and expert opinion are presented for the primary prevention of allergic disease through nutritional interventions (Fleischer DM, et al. 2013;1:29-36, www.jaci-inpractice.org/article/ S2213-2198(12)00014-1/fulltext).

For the first time, specific guidelines are outlined for how and when to introduce highly allergenic foods, including cow's milk, egg, soy, wheat, peanut, tree nuts, fish and shellfish. In addition, detailed reasons to consider allergy consultation for development of a personalized plan for complementary food introduction are offered. These recommendations are intended for high-risk infants, which generally refer to infants with a first-degree relative (parent or sibling) with an atopic disease.



Guidelines outline how and when to introduce highly allergenic foods, including cow's milk, egg, soy, wheat, peanut, tree nuts, fish and shellfish, to help infants avoid food allergy.

Primary prevention of allergy

The following are evidence-based recommendations for primary prevention of allergy:

- Avoidance diets during pregnancy and lactation are not recommended at this time. However, more research is needed, especially regarding avoidance of peanut, since current studies are contradictory.
- Exclusive breastfeeding for at least 4 and up to 6 months of age is endorsed. For infants who cannot be exclusively breastfed, hydrolyzed formula appears to offer advantages to prevent allergic disease and cow's milk allergy.
- Complementary foods can be introduced between 4 and 6 months of age.

Introduction of highly allergenic foods as complementary foods

AAP recommendations published in 2000 advised delayed introduction of the following highly allergenic foods in high-risk infants to prevent the development of allergy: cow's milk until age 1 year; egg until age 2 years; and peanuts, tree nuts and fish until age 3 years.

After review of the available literature, the AAP Committee on Nutrition and Section on Allergy and Immunology published an updated clinical report in 2008 that determined there was no convincing evidence for delaying the introduction of specific highly allergenic foods. This report, however, did not provide guidelines on how and when to introduce the highly allergenic foods.

Emerging data suggest that delayed introduction of complementary foods may increase the risk of food allergy, and the early introduction of allergenic foods may prevent food allergy in infants/children. Therefore, Fleischer, et al. state that highly allergenic foods can be introduced as complementary foods starting at 4 to 6 months of age once a few other typical complementary foods have been introduced and tolerated (e.g., cereals, fruits or vegetables).

The initial introduction of highly allergenic foods should occur at home rather than at a child care facility or restaurant. Whole cow's milk should be avoided until 1 year of age (for reasons unrelated to allergy), but other milk-based products such as cheese and yogurt

are safe before age 1. Shelled peanuts and tree nuts carry aspiration risks, but peanut and tree nut butters are safe at younger ages.

In certain clinical scenarios, patients should be referred to an allergist for evaluation and possible testing prior to the introduction of highly allergenic foods. These scenarios include, but are not limited to, patients with moderate to severe atopic dermatitis that is difficult to control despite adequate medical management; patients with a history of an immediate allergic reaction to a food; and patients with one or more diagnosed food allergies. All these patients are at higher risk for food allergy or additional food allergies.

For other situations warranting referral to an allergist, see the article in the *Journal of Allergy and Clinical Immunology: In Practice*.

Dr. Fleischer *is a member of the AAP Section on Allergy and Immunology.*

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