

ASTHMA AND FOOD ALLERGY
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ASTHMA

- Very common: 10-15% of children
- Symptoms vary from only coughing to shortness-of-breath and wheezing
- Most common triggers are: colds, exercise, allergens (pollens, molds, animals, dust mites), inhaled irritants (cigarette smoke, smog, strong perfumes, etc.)
- More likely in children who have: eczema, nasal allergies, parent(s) with asthma; allergic asthmatics (most common) are much less likely to “outgrow” asthma
- Treatment based on avoidance of triggers, healthy lifestyle, medications
- Medications based on severity and type of symptoms and triggers
 - Rescue or relief inhaled medications used as needed and prior to exercise
 - Once symptoms occur regularly (>2-3X/week), preventive medications are used, singly or in combination (inhaled steroids with/without long-acting bronchodilators and Singulair are most common)
 - Oral steroids are used sparingly for more acute and serious symptoms
- Allergy vaccines (allergen immunotherapy or “allergy shots”) can decrease the patient’s sensitivity to allergens that aggravate the asthma as well as help allergic nasal symptoms

FOOD ALLERGY

- Estimates vary between 1.5-4% of children with food allergy
- Most common allergens are: milk, egg, peanut, tree nuts, soy, finned fish and shellfish; also starting to see more cases with sesame and mustard seed
- Symptoms can range from mild (few hives, mouth itching) to more severe:
 - Throat swelling
 - Airway (larynx or voice box) swelling
 - Wheezing, or worsening asthma
 - Widespread hives and swelling
 - Abdominal cramps, vomiting, delayed diarrhea
 - Drop in blood pressure (less common in children)
- Why so much more common than decades ago, especially peanut allergy???
 - May be due to changes in food processing and genetic modifications, delayed introduction of solids or being “too clean”
- Diagnosis should be made with a good history combined with testing (skin or blood)
 - Either testing method can have false positives
 - Oral challenge is the only definite way to diagnose unless strong history
 - Re-testing done to assess if outgrowing the allergy (less likely with peanut, nuts)
- Prevention not clear, but earlier introduction of egg, milk, peanut being explored
- Treatment is avoidance of offending foods, unless a reaction occurs, then...
 - Injected epinephrine (adrenaline) is the drug of choice for severe symptoms; Benadryl is useful for mild symptoms, but takes time to work
 - “If in doubt, use it”; very little harm can come from epinephrine if not needed; delay in giving it can be fatal
- On-going research includes oral desensitization, early (infancy) introduction
- Safeguards: reading labels; teaching child and others about being safe; addressing bullying, medical alert jewelry

