Management of Childhood Food Allergy

BACKGROUND

- 6-8% of preschool children have food allergy.
- A personal or family history of atopy is the most significant predictor of allergy. Ask about history of the reaction, including timing and likely precipitants. Include eczema, asthma, history of Gastroesophageal reflux & family history of allergy or atopy
- Note that the absence of signs or symptoms does not exclude a food allergy
- There are 2 types of allergic reactions – Immediate (IgE mediated) & delayed (non-IgE mediated)

Suspected food allergy

Immediate reactions (IgE mediated)

- Occur within 2 hours of contact or ingestion
- Symptoms are consistent and reproducible and include rashes, itching, wheeze, GI symptoms, angioedema and anaphylaxis

Skin prick tests (or blood tests for specific IgE antibodies to allergens/likely co-allergens) can help diagnosis

Delayed reactions (Non-IgE mediated)

- Occur > 2hrs after ingestion but within 2-3 days
- Often difficult to reproduce and symptoms less specific
- May present with eczema, colic, reflux, loose stools, constipation
- No tests help diagnosis

Treatment is 2-6 week trial of exclusion of the suspected food followed by reintroductionIf cows milk protein allergy suspected – see GOR guideline

Does it need referral to allergy clinic?

Referral is required when a child:

- has had an anaphylactic reaction
- had one or more severe delayed reactions
- has immediate or delayed allergic reactions to multiple allergens or food groups, especially if there is faltering growth
- has had acute allergic reaction with coexisting asthma
- moderate – severe eczema where cross reactive or multiple food allergies suspected
- has not responded to a single –allergen elimination diet

Or:

- There is strong clinical suspicion of Ig E-mediated food allergy but allergy test results are negative

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TOP TIPS

- ❖ All children who are excluding multiple foods should be referred to a paediatric dietician
- ❖ Most cases of urticaria lasting over several days are associated with a viral infection and do not represent a food allergy
- ❖ Do not use serum-specific IgE testing to diagnose delayed food allergy
- ❖ Children who have had anaphylaxis or who have food allergy and asthma should be prescribed adrenaline autoinjection devices
- ❖ Families should be provided with training on how to use the device. Adrenaline autoinjection devices go out of date approximately every 12 months – check dates
- ❖ Children who need adrenaline autoinjection devices should have 2 for school/nursery and 2 for home
- ❖ Allergy UK : www.allergyuk.org/ has excellent advice sheets for families and clinicians