

Preventing Food Allergies

Adverse reactions to food include intolerance and true food allergy. The best available data suggest approximately 2% of the population has food allergies. The foods most commonly responsible for allergy include eggs, peanuts, other nuts, milk, soy, wheat, fish, and shellfish. Bovine (cow) milk allergy is common in infancy. With the exception of hypersensitivity to peanuts, nuts, fish, and shellfish, most food allergies occur in infancy and are outgrown by early childhood.

Overall, approximately 40% of food allergies in children subside by age 5. Once a food allergen is identified and excluded from the diet, rechallenge after 1 to 2 years is appropriate, as most allergies abate with time. Allergies to nuts, peanuts, and seafood are particularly persistent, and rechallenge at 4 to 8 year intervals is more appropriate when these foods are implicated. Exposure to foods in early infancy may be particularly likely to lead to hypersensitivity (allergy).

The risk of food allergy appears to be reduced by delaying the introduction of solid foods to an infant until after 6 months of age, and by maternal avoidance of such common allergens as bovine

milk, eggs, peanuts, and fish. Infants born to parents with allergies are at increased risk of allergies themselves, and may particularly benefit from delayed weaning and exclusions from the maternal diet. There is no evidence that the substitution of soy-based formulas for milk-based formulas attenuates the risk of allergy. Hypoallergenic formulas are available and are preferred, at least for high-risk infants weaned prior to 6 months. The avoidance of milk, egg, peanuts, peanut butter, and fish for the first 2 to 3 years of life may reduce the risk of food allergy in highly susceptible children. These exclusions are challenging, and of uncertain efficacy, and are therefore appropriate recommendations only when the child is deemed at high risk and the family highly motivated to employ prophylactic measures of possible value.

The most common manifestation of true food allergy involves the skin, and includes the reaction commonly known as "hives." Dietary chemicals with pharmacologic properties often produce intolerance. Caffeine may be poorly tolerated, as may chemicals such as histamine in fermented deli



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meats (sausage) and sauerkraut, and tyramine in cheese, chocolate and red wine. Monosodium glutamate, typically associated with Chinese food, may lead to flushing and palpitations. Sulfites added to wine may be poorly tolerated, as may strong spices and capsaicin. Hypersensitivity may account for some cases of infantile colic (10-15%). Chronic constipation in young children may be a manifestation of allergy to bovine milk proteins. While respiratory manifestations of food allergy are relatively less common, rhinitis and exacerbations of asthma have been convincingly associated with foods in some studies. Food allergy has been implicated in some cases of migraine headache. While there is interest in the possible role of food allergy in inflammatory arthritis, inflammatory bowel disease, painful menstrual periods, chronic fatigue, and a variety of other constitutional symptoms, there is to date limited evidence. Lactose intolerance is distinct from allergy to milk proteins.

For individuals allergic to bovine milk protein, alternative milks may be substituted. However, all milks (cow, goat, sheep) contain lactose. Most individuals with lactose intolerance can tolerate at least 5-15 gm of lactose (contained in a glass of milk) with no symptoms. Food allergy is much more likely when a family history of allergy is present. A diet diary is useful in identifying potential allergens. Diagnostic testing is available from your physician, although the process is not always straightforward. There is little evidence implicating food additives in hypersensitivity reactions. For more information on food allergy, contact the Integrative Medicine Center at 732-1370.

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Preventive Medicine Column

