

Kids with food allergies can fall through the cracks

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More can be done to properly manage the care of American children with food allergies, especially when it comes to diagnostic testing and recognizing non-visual symptoms of severe allergic reactions, according to a new Northwestern Medicine study.

"Every child with a [food allergy](#) should be diagnosed by a physician, have access to life-saving medication such as an epinephrine autoinjector and receive [confirmation](#) of the disease through [diagnostic testing](#)," said lead author Ruchi Gupta, M.D., an associate professor of [pediatrics](#) at Northwestern University Feinberg School of Medicine and a physician at the Ann & Robert H. Lurie [Children's](#) Hospital of Chicago. "Not all children are receiving this kind of care."

The study was published online in the *Journal of Allergy and Clinical Immunology*, the official publication of the American Academy of Allergy, Asthma and Immunology.

Data in this study is from a randomized online survey of U.S. households with children with symptoms consistent with a mild-to-severe [food](#) allergy. It's the first paper of its kind to offer insight on how pediatric food allergies are typically diagnosed and what can be done to streamline the management of the disease and keep affected children safe.

Here are key findings from the study:

- 70 percent report receiving a physician's diagnosis for their child's food allergy
- Lower income and minority households were more likely to have a child with an undiagnosed food allergy.
- Of the physician-diagnosed children, 32 percent did not receive diagnostic testing — such as a blood, skin or oral food challenge test.
- A skin test was the most popular diagnostic test with 46 percent. A blood test was second with 39 percent.
- Only 1 in 5 of reported that their child received an oral food challenge test — the gold standard of food allergy diagnoses.

"An oral [food challenge](#) might be scary for parents because their child is being fed the allergenic food," Gupta said. "Some physicians think the risks outweigh the benefits, but it is the best tool we have to diagnose a food allergy."

Here are key findings on the kind of reactions children had to the top nine food allergies, which are: egg, finfish, milk, peanut, sesame, shellfish, soy, tree nut and wheat:

- Cutaneous symptoms, such as hives, puffy eyes or lips, and eczema occurred in 80 percent of food-induced anaphylactic reactions.
- During severe, life-threatening reactions, hives only occurred in 40 percent of the cases and puffy eyes or lips in 34 percent of the cases.

"Not all food allergy reactions start with swelling or a rash," Gupta said. "If you suspect your child has eaten something they're allergic to and you don't see a visible sign of a reaction, you need to think about what might be going on internally."

Here are some questions to ask a child after a suspected accidental ingestion of an allergenic food:

- Does your throat feel tight?
- Are you having trouble breathing?
- Do you feel dizzy or faint?
- Does your stomach hurt?

"This study shows why it's vital that children receive an accurate diagnosis, and that parents and other caregivers know the signs of a severe reaction and are equipped to respond immediately," said Mary Jane Marchisotto, executive director of the Food Allergy Initiative (FAI), which provided financial support for the study. "We urge families to visit www.faiusa.org, where they will find the information and tools they need to understand and cope with food allergies."

Provided by Northwestern University

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