

Students with food allergies often not prepared

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Niko Michos, 3, doesn't miss out on tasty food because of his food allergies. Here, he makes quick work of a dish of chocolate soy pudding. Photo by Martin Vloet, University of Michigan Photo Services

College students with food allergies aren't avoiding the foods they know they shouldn't eat. Students of all ages are not treated with potentially life-saving epinephrine as often as they should be. And instructors, roommates and friends often are not aware of what to do if a food-allergic student has a reaction.

These are some of the findings of recent studies at the University of Michigan Health System. The research suggests that many college students with food allergies aren't taking the threat of a reaction seriously enough, or are regularly in environments where they could not be properly treated during an emergency. In addition, grade-school students are often in school environments where there is no food allergy policy, and where instructors are not trained how to treat an emergency food allergy reaction.

In four related studies about food allergies, the researchers found a common theme: "Food-allergic individuals need to increase the awareness of their food allergy among the people around them," says lead researcher Matt Greenhawt, M.D., MBA, who conducted the research while he was a fellow in the Division of Allergy and Immunology at the U-M Health System and now is an associate at the Allergy & Asthma Center, LLC in the Atlanta metro area.

"This would include not only telling them that they are food allergic but also showing them how to treat them and how to recognize signs of an ongoing reaction," Greenhawt notes.

The most common food allergens are peanuts, tree nuts, milk, eggs, fish, shellfish, soy and wheat. Food allergies can lead to death; a life-threatening reaction caused by allergies is called anaphylaxis. Food allergy occurs in 6 to 8 percent of children 4 years old or under, and in 3.7 percent of adults, according to the National Institute of Allergy and Infectious Diseases.

Among college students, researchers found that only 50 percent of the students who identified themselves as having an allergy to a food said they always avoided the food.

About two-thirds could verify that somebody close to them on campus

was aware that they were food-allergic. About 60 percent could verify that either a roommate, house mate or suite mate was aware of his or her food allergy.

The findings that cause the most concern, says Marc S. McMorris, M.D., is that only 43 percent who identified themselves as food-allergic could verify that they had in their possession an emergency medication to treat a reaction, and only about 20 percent had self-injectable epinephrine – the recommended treatment – available to treat a reaction.

"These students are taking unnecessary risks," says McMorris, medical director of Food Allergy Service at the U-M Health System. "There are serious issues that need to be addressed in terms of educating these young adults that it is of utmost importance to not only maintain emergency medication but to have it with you at all times."

At schools and child-care facilities, researchers found that 43 percent of food-allergic children have had at least one reaction at school, and nearly two-thirds of these occurred in children in kindergarten or younger. The finding suggests that that these individuals might be at more risk than older children, McMorris says.

Only one in five of the schools these children attended had a peanut or tree nut free policy. Less than half of these facilities had staff that were trained to recognize an ongoing allergic reaction or were trained to treat a reaction, though the rate was much higher among schools with full-time nurses on staff.

Like on college campuses, the use of self-injectable epinephrine to treat a reaction was irregular. While nearly three-quarters of the food-allergic children had epinephrine available, less than one-third received the treatment. Among the group that received it, one-third received it at a delay of 15 minutes or greater, which also poses a risk to the children

because treatment should occur immediately.

"Until all students who display symptoms of a severe reaction are receiving epinephrine, I would say that there's a significant gap that needs to be closed," Greenhawt says.

Source: University of Michigan

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