

Study identifies causes for high rates of allergic reactions in children with food allergies

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A team of researchers from Mount Sinai School of Medicine and four other institutions have found that young children with documented or likely allergies to milk and/or eggs, whose families were instructed on how to avoid these and other foods, still experienced allergic reactions at a rate of almost once per year. Of severe cases, less than a third received epinephrine, a medication used to counter anaphylaxis, a life-threatening allergic condition.

The findings are from an ongoing Consortium of Food Allergy Research (CoFAR) study that has been following more than 500 [children](#) with food allergies since infancy. The results of the three-year study appear online in the June 25 issue of [Pediatrics](#).

Nearly 72 percent of the participants experienced a reaction, with 1,171 allergic reactions in total. [Allergic reactions](#) were attributed to such factors as a lack of close supervision, misreading ingredient labels, cross-contamination, or errors in food preparation. Participating families had been given written and verbal food avoidance instruction, and written prescriptions for self-injectable epinephrine, beforehand.

"This study reinforces the importance of educating parents and other caregivers of children with food allergy about avoiding allergenic foods and using epinephrine to treat severe food-allergic reactions," said Scott Sicherer, MD, Professor of Pediatrics and Chief of the Division of

Allergy and Immunology at Mount Sinai School of Medicine. "We must work harder to thoroughly educate parents about the details of avoidance and when and how to correctly use epinephrine to manage this life-threatening condition."

Approximately 11 percent of the children experienced [anaphylaxis](#), which can include symptoms such as swelling in the throat, asthma, sudden drop in blood pressure, [dizziness](#) or fainting. The children's parents or caregivers administered epinephrine in only 30 percent of the cases of children having severe reactions to food. Investigators found children did not receive epinephrine because either the drug was not available, or parents and caregivers were too afraid to administer the drug, or they did not recognize the reaction as severe and waited to see more symptoms.

"We found a significant number of young children received [allergenic foods](#) from caregivers other than their parents," said Hugh Sampson, MD, Dean for Translational Biomedical Sciences, Professor of Pediatrics, and Director of the Jaffe Food Allergy Institute at Mount Sinai School of Medicine. "This underscores the need to educate everyone who is responsible for the child, including grandparents, older siblings and teachers."

Dr. Sampson is the lead investigator for COFAR, which is also performing numerous [food allergy](#) treatment trials.

The study is taking place at The Mount Sinai Medical Center as well as research hospitals in Baltimore, MD; Denver, CO; Durham, NC; and Little Rock, Ark., with support from The National Institutes of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health. NIAID conducts and supports research—at NIH, throughout the United States, and worldwide—to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing,

diagnosing and treating these illnesses.

Provided by The Mount Sinai Hospital

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