

# Reducing peanut allergy risks in children—The Nurse Practitioner presents update

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New prevention and treatment approaches can reduce serious health risks due to peanut allergy in children, according to an article in the

March issue of *The Nurse Practitioner*.

Early introduction of peanuts into the diet can prevent the development of [peanut](#) allergy in high-risk infants, according to the article by Jaime Hopper, MSN, FNP-C, and Courtney Hopp, MSN, FNP-C, of Indiana University Health Methodist Center, Indianapolis; and Jessica Durbin, DNP-FNP-BC, of Indiana State University, Terre Haute. The authors also discuss the emerging role of oral immunotherapy and other desensitization approaches to reduce serious reactions in [peanut-allergic children](#).

## **What's New in Peanut Allergy? Update for Nurse Practitioners**

With the rising prevalence of peanut and other food allergies, nurse practitioners and other providers must be prepared to care for children with peanut allergy. "Peanut allergies are a significant public health issue and are the primary reason for food-related anaphylactic reactions that result in death," the authors write. Rates of peanut allergy in the United States have been estimated between 1.6 and 2.7 percent.

Children who have siblings or parents with known peanut allergy are at increased risk of developing peanut allergy, as well as other food allergies, asthma, or atopic dermatitis. Until recently, the American Academy of Pediatrics (AAP) recommended avoiding peanuts in high-risk children until age three.

However, a 2015 study (the LEAP trial) found that early introduction of peanuts into the diet led to a "compelling reduction" in the risk of peanut allergy in high-risk children. The [updated AAP recommendations](#) define a three-tiered exposure level, including introducing peanuts at about four to six months of age in high-risk children with severe eczema and/or [egg](#)

[allergy](#), with a recommendation for allergy testing. Other recommendations apply to children with mild to moderate eczema, and to those with no eczema or any food allergy.

For children who have developed peanut allergy, a technique called oral immunotherapy (OIT) is a promising approach to allergen desensitization. In one trial, OIT increased the threshold amount of peanut children could ingest before experiencing a [reaction](#) by at least 25 times.

"With desensitization for known [peanut allergies](#), clinicians may be able to reduce the incidence and other severe reactions in the future for children by making the reactions less severe," Hopper and coauthors write. "Although OIT has not been shown to be 100 percent effective, it offers the potential for an increased quality of life for severe [food-allergy](#) sufferers."

Further studies will be needed to establish the short- and long-term safety and effectiveness of OIT. Sublingual and epicutaneous approaches to peanut immunotherapy are being studied as well.

The authors discuss the implications for evaluation and management of children receiving immunotherapy for peanut [allergy](#), including assessment of asthma and other forms of allergic disease. Patients need ongoing education in recognition and emergency treatment of life-threatening allergic reactions, including the use of an epinephrine auto-injector.

The theory that early introduction of highly allergic foods could desensitize patients and lead to fewer adverse reactions could lead to major changes in the management of food allergies. "While currently utilized by clinicians in specialty settings and still experimental in nature, the potential exists for administration of OIT into other clinical sites,"

the article notes. "This would further advance the availability of lifesaving therapies to the most vulnerable individuals in our population."

**More information:** Jaime Hopper et al. Peanut allergy reduction in high-risk pediatric patients, *The Nurse Practitioner* (2018). [DOI: 10.1097/01.NPR.0000530210.24654.36](https://doi.org/10.1097/01.NPR.0000530210.24654.36)

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