

Study shows children with private insurance more likely to outgrow food allergies

November 9 2023



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Some children will outgrow a food allergy, but how this happens is not well understood. A new study being presented at the American College of Allergy, Asthma and Immunology ([ACAAI](#)) Annual Scientific

Meeting in Anaheim, Calif. shows that children with private insurance are more likely to outgrow food allergies than children who use public insurance.

"We reviewed a cohort of [food](#) allergy patients enrolled in the FORWARD (Food Allergy Management and Outcomes Related to Racial/Ethnic Differences from Infancy through Adolescence) study to try to determine which had outgrown their food allergies," said allergist Arabelle Abellard, MD, MSc., ACAAI member and lead author on the study.

"Milk and egg allergy were the most frequently outgrown allergies. And children with public insurance (12%) compared to children with [private insurance](#) (29%) were significantly less likely to report outgrowing food allergy."

The cohort at the study site included 188 children consisting of 62% male, 51% Black, 32% White and 16% Latinx participants. 21% of the children outgrew at least one food allergy, with a total of 72 food allergies outgrown. The mean age at which food was outgrown was five years. The foods that were most frequently outgrown were milk followed by egg, then tree nuts, soy and peanut.

"This study provides additional information to our growing body of research on how and why children outgrow food allergies, specifically studying, for the first time, children from various racial groups," says allergist Amal Assa'ad, MD, ACAAI member and co-author of the study. "As food allergies cause social, emotional and physical burdens on [children](#) and their families, [food allergy](#) researchers seek data to assist in our search for cures."

An additional study being presented—a medically challenging case titled, "Successful Egg Reintroduction in Adolescent Patient with

Recalcitrant Egg Allergy" shows the importance of baked egg oral food challenges in adolescent patients who previously had anaphylaxis to egg products.

In the case, a 15-year-old patient came to an [allergy](#) clinic with a diagnosis of multiple food allergies, including severe anaphylactic reactions to scrambled eggs. One year later, the clinic performed skin testing and the results were not clear regarding the severity of her [egg allergy](#). Because of the vague results, an oral food challenge was attempted, and she was able to tolerate baked egg muffins. She can now eat eggs in baked form which has improved her quality of life significantly despite past elevation in blood tests and recent anaphylaxis.

The authors note that increasing exposure to baked eggs in patients with a history of anaphylaxis to eggs, and continued re-evaluation of adolescents with egg allergies is helpful. This case demonstrates the importance of baked egg oral food challenges in adolescent patients who previously had anaphylaxis to egg products even as recently as one year prior.

Provided by American College of Allergy, Asthma, and Immunology

Citation: Study shows children with private insurance more likely to outgrow food allergies (2023, November 9) retrieved 3 May 2024 from <https://medicalxpress.com/news/2023-11-children-private-outgrow-food-allergies.html>

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