**Food Allergies**

Up to 15 million Americans have food allergies. One in every 13 children has a food allergy – that’s about 2 children in every classroom. Food allergy symptoms are more common in babies and children, but they can appear at any age. In fact, it is possible to develop an allergy to foods you have eaten for years with no problems.

The job of the body’s immune system is to identify and destroy germs, such as bacteria or viruses, that make you sick. A food allergy happens when your immune system overreacts to a harmless food protein – an allergen. Food allergy is among the diseases considered to be part of the Atopic March. Also known as the Allergic March, this term refers to the typical progression of allergic diseases in a person’s life, which usually follow this order: eczema, food allergy, allergic rhinitis, and asthma. Family history appears to play a role in whether someone develops a food allergy. Having other kinds of allergic reactions such as eczema or hay fever, puts a person at greater risk of food allergy.

Symptoms may range from very mild to very severe. Symptoms usually develop within a few minutes to 2 hours after eating the offending food. The most common signs and symptoms of a food allergy include: tingling or itching in the mouth, hives or eczema, swelling of the lips, face, tongue and throat or other parts of the body, wheezing, nasal congestion, or trouble breathing.

Some patients may have multiple symptoms, while other patients may have just one or two of these symptoms.

In some people, a food allergy can trigger a severe allergic reaction called anaphylaxis. This can be life threatening and emergency treatment is critical.

The most common foods associated with food allergies in children are peanuts, tree nuts, eggs, cow’s milk, wheat, and soy. The most common foods associated with food allergies in adults are fish and shellfish, peanuts and tree nuts.

Some vegetables and fruits can trigger itchy mouth and itchy throat after ingestion and this is called Oral allergy syndrome or Pollen-Food allergy syndrome. It is most commonly seen in teenagers and young adults.

The incriminating food has to be ingested in order to cause an allergic reaction. Rubbing small amounts of the food allergen on the skin or touching a computer key board that may have contained an allergen may cause some local itching or hives, but it is very unlikely that could cause an allergic reaction.

To diagnose a food allergy, the allergist will ask detailed questions about the patient’s medical history and symptoms surrounding the food of concern. Actual food allergy is due to the development of specific anti-bodies that react to the foods. There are two ways to test for these anti-bodies, either skin-prick testing or blood testing. Testing is most reliable when there is a match between your history of reaction to a food and the allergy test results. Sometimes it can be confusing because the testing can look like there is an allergy, even though there isn’t an allergy. A negative food test helps rule out food allergy.

There is currently no cure for food allergies. Strict avoidance is the safest way to manage your food allergy. Be prepared for food accidents or emergencies. Patients who have risk of anaphylaxis should be prescribed an epinephrine-autoinjector to have available with them at all times. If patients have a food reaction, the best solution is to use the epinephrine autoinjector immediately. Inject it into the thigh and immediately seek medical care. Epinephrine helps to stop additional symptoms. It works fast, it is safe, and it should not be replaced with antihistamines.

There is on-going research underway to see if food allergies can be prevented in infants. There is no evidence that any particular baby formula or whether or not you breast feed will make any difference in preventing food allergies. Some research suggests that waiting to introduce your baby to certain high-risk foods may raise the risk of developing allergies.

Often, parents ask us when they can introduce certain foods to their children. National Food Allergy guidelines were updated in 2017 regarding peanut introduction. It is recommended to introduce peanuts to lower risk infants between 4-12 months of age, without any allergy testing needed. The exception is for high-risk infants. High-risk infants include those with:
severe eczema or egg allergies. For high-risk infants, the guidelines recommend introduction of peanut containing foods as early as 4-6 months, after they have seen an allergist.