Being Alert About Food Allergies

About 6 to 8 percent of kids in the United States have a food allergy. Parents often over-diagnose food allergies in their children. Nonetheless, food allergies can be a serious problem for the children who have them. That’s why it’s important to know the signs.

**Signs and Symptoms of a Food Allergy**

Food allergies can affect a person’s nose, eyes, skin, mouth, and respiratory and digestive systems. Symptoms include:

- Runny nose
- Itchy skin or rash
- Tingling in the mouth
- Tightness or swelling of the throat
- Hoarse voice
- Wheezing
- Difficulty breathing
- Cough
- Nausea
- Vomiting
- Stomach pain
- Diarrhea

These symptoms can range from mild to severe and usually occur within minutes to hours after a child has eaten, though sometimes a rash may not appear until days later. Congestion symptoms alone are generally not a sign of a food allergy.

In the most serious cases, a food allergy can cause anaphylaxis, in which a person’s cardiovascular system can go into shock. His blood pressure can drop, his breathing tubes can narrow and he can find it difficult to breathe.

Most kids outgrow allergies to milk and eggs as they grow older. But severe allergies to foods like peanuts, certain kinds of fish and shrimp often last a lifetime.

**Food Intolerance vs. Food Allergy**

Being intolerant to a certain food is not the same as being allergic to it. Unlike a food allergy, food intolerance does not involve a reaction by the immune system or cause anaphylaxis. Instead, it generally affects the digestive tract, though it can also cause headaches, irritability and fatigue. Many children, for example, are lactose intolerant. Drinking milk may cause them to have nausea, stomach pains, and diarrhea or vomiting, but they will not experience respiratory or cardiovascular problems. Intolerance occurs when a person is unable to properly digest or breakdown a certain food. Food allergies are caused by a sensitivity to chemical compounds (proteins) in food.

**Common Food Allergies**

Eight foods account for 90 percent of all food allergies. They are:

- Milk
- Eggs
- Peanuts
- Tree nuts (such as walnuts and cashews)
- Fish
- Shellfish
- Soy
- Wheat

If you suspect your child has a food allergy, it may be hard to determine which food is causing the problem. If your child has not had a severe response to a suspect food, consider trying an elimination diet. Remove all suspect foods from your child’s diet for 10-14 days. Gradually reintroduce the foods one a time (one every week) and take note of any reactions. During this time you should avoid restaurants or multiple-ingredient foods (such as packaged food), since you may not be able to determine what is in them. Discuss your findings with your pediatrician. Your doctor may also order a skin test or a RAST (radioallergosorbent test) to look for specific food allergies, though neither test is as reliable as your own observations.

A child with severe allergic reactions should wear a medical alert bracelet to notify others of his condition. The doctor will also have the child carry an epinephrine autoinjector (such as EpiPen, Anapen and Twinject), which delivers a dose of epinephrine (adrenalin) to treat a severe allergic reaction.

**Living with Allergies**

**At the store**

Living with a food allergy can be a challenge, but it doesn’t have to mean giving up the good stuff. There are many food products now that are created for people with allergies (for example, gluten-free and dairy-free products), and the FDA now requires food manufacturers to list the eight most common allergens (listed above) on food labels.

Manufacturers are not required, however, to include warnings about food allergens accidentally introduced during the manufacturing or packaging process. This “cross
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contamination” can cause problems for those who are very sensitive to certain allergens. Many companies voluntarily list the potential offenders (e.g., “made in a factory that also processes nuts”) but the labels aren’t always clear. Though the FDA is working to improve this, it’s best to avoid any product that may potentially contain a food your child is allergic to.

At School

The American Academy of Allergy, Asthma and Immunology recommends these tips for keeping your food-allergic child safe at school:

• Reinforce to your child the importance of knowing his or her potential food allergy triggers and identifying them to teachers or care providers. If possible, provide your child with a medical bracelet or necklace that identifies his or her specific allergy.

• Tour your children’s school or childcare facility before school starts and meet with staff to inquire about policies regarding foods brought into the classroom.

• Provide school staff with information and resources to educate them about your child’s allergy. Have your child’s allergist provide clear, written instructions on recognizing a reaction and administering medication in case of a reaction. Teach staff when and how to properly administer medications such as injectable epinephrine, encouraging them to handle the medication and ask questions. Explain to them that they cannot delay in administering medication to your child, and that they are obligated to assist your child and to include him or her in normal school activities, according to federal laws.

• Do not sign a liability waiver absolving the school of responsibility for administering epinephrine. Several federal laws protect the rights of children in this situation, including those with life-threatening food allergies.

• Let staff know that you want to work with them to keep your child healthy and in school, with little or no disruption to peers or the class schedule.

• Moreover, be sure to stress to your child how to recognize when he is having an allergic reaction and how to communicate that immediately to the teacher or school official. He should also avoid sharing food at lunchtime, wash his hands before and after eating, and know how to say “no” when he is being offered food by someone else.