



Food allergies in children: common but overlooked

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How big is the food allergy problem in New Zealand, and what should we be doing about it? These are the questions at the heart of the article by Christine Crooks et al.¹ They state, “We have commenced studies to determine the burden of adverse reactions to food and food allergy in New Zealand.” This pilot study documents parental/caregiver reported adverse reactions to food, experienced by children under five years of age, who were attending child-health nurse clinics.

Their main findings were: adverse food reactions are reported by a large number of parents (40%); that a wide variety of foods and a wide spectrum of symptoms are implicated; and that almost none (3%) of these children with suspected food reactions had been investigated or had any medical management help.

The motivating factors to document this problem are that more and more children are now suffering from food allergy/intolerances, which is a world-wide phenomenon;² that there is burgeoning scientific knowledge about food allergy;³ but despite this, strong medical scepticism persists about the existence of illness caused by food allergy.⁴ They wrote: “Some medical practitioners remain sceptical about the role of food allergies in a number of clinical syndromes, such as atopic dermatitis, colic and gastro-oesophageal reflux in infancy, despite an increasing body of evidence that food allergy can contribute to these conditions.”

Consequently, patients and caregivers who bring up the subject of food allergy during a medical consultation are more often than not, brushed off. Perhaps this is due to a lack of confidence or knowledge about what to do. So, when parental experiences of caring for a child with medically diagnosed severe food allergies were investigated,⁵ the authors found, “The general lack of support experienced by these families from healthcare professionals is a significant concern both for primary and tertiary health care providers. Multidisciplinary support is required for these families, and currently there is a lack of healthcare professionals with the knowledge to support these families.”

This has also been my experience. I was the first paediatrician to conduct double-blind studies with children who were suspected as having food allergy.⁶ This was done in an academic environment of cynicism. Disappointingly, over the last 30 years, food allergy remains poorly recognised and managed. So why does this attitude persist, globally?

The problem could stem from Louis Pasteur, the French chemist and microbiologist, the instigator of the germ theory of disease. After over a century of tackling infectious diseases, it is a difficult transition to acknowledge that what we are eating can cause a similar spectrum of symptoms. Food allergic/intolerance reactions are responsible for a variety of symptoms involving the skin, gastrointestinal tract, and respiratory tract and may be due to IgE-mediated and non-IgE-mediated mechanisms.^{2,7} But it is all

too easy to dismiss these common food allergy symptoms as “it’s just a virus” or “you’ll grow out of it”.

In addition, it is the common foods (cow’s milk, egg, peanuts, soy, wheat and gluten) that cause most of the adverse reactions. As these are the core-foods in our diets, that someone could react to them seems implausible. Moreover, that food allergens can pass through a mother’s breast milk and can cause both immediate and delayed reactions, could appear beyond belief—but they do.³ Finally, to add to the clinical pot, gluten has recently been discovered to cause a lot more clinical harm beyond coeliac disease.^{8–10}

But food allergy/intolerance indeed does affect around one-in-ten children, some with life-threatening reactions. Surveys show that 2% of children react to cow’s milk,³ 2% to egg,¹¹ 3.3% to peanut and 3.8 to any nut,¹² that 1% have coeliac disease and up to 10% of people suffer from a gluten-sensitivity.^{8,10}

Patients are demanding to be heard. The authors¹ want to create a much better and bigger awareness of the food allergy issues. The Allergy New Zealand organisation (www.allergy.org.nz) is doing a wonderful job advocating for improved diagnostic and management services, and safe healthy food for people with food allergy/intolerance. My initiative has been to set up an “eClinic” (www.DrRodneyFord.co.nz) to help lay and medical people work through the food allergy/ intolerance pathway.

There is still a big job ahead: to help clinicians understand the principles of diagnosis and management of food allergy/intolerance in childhood. Measuring the burden of adverse reactions to food and food allergy in New Zealand is a good start. When a child presents with an ongoing illness, perhaps think more about foods and less about bugs.

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