

# Food Allergy: An Overdiagnosed but Underappreciated Problem

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Food allergy, an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food, is a common clinical problem and has had much attention in the lay press recently. The National Institutes of Health just released a landmark publication on food allergy: "The Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel."<sup>1</sup> This comprehensive document discusses the definition and epidemiology of food allergy and provides recommendations on diagnosis and management. Food allergy is self-reported in 12–13% of Americans, but is confirmed by food challenge in only 3% of the population.<sup>1</sup> This overdiagnosis can lead to a lack of awareness of the impact of food allergy in both physicians and the general population.

In this issue, Dr. Zuber Mulla<sup>2</sup> reminds us of the potentially life-threatening reactions seen with food allergy. They report on hospitalizations due to peanut allergy in children and young adults over a three-year period in Texas. Thirty-four patients were identified, of whom 6 required mechanical ventilation. The average cost per admission was \$10,353.50. The risk of intubation was almost 16 times higher for asthmatics versus nonasthmatics. This is consistent with older studies in which the two main risk factors for fatal reactions in food allergic patients were asthma and a delay in the administration of epinephrine.<sup>3,4</sup> In these same studies fatal reactions occurred more commonly in adolescents and young adults. In this study the hospitalization rate was highest in children younger than 5 years old but we do not know if these reactions were as severe as those in older patients.

This study gives us further reason to take food allergy seriously. All cases of possible IgE-mediated food allergy should be confirmed with a combination of skin-prick testing and/or specific IgE determination and possibly oral challenges. Patients with food allergy and asthma, severe reactions to any food, or allergy to peanuts, nuts, or seafood should be given self-injectable epinephrine and information on food avoidance.<sup>1</sup> More than 80% of fatal food reactions occur in patients already aware of their food allergy.<sup>4</sup> This highlights the need for increased vigilance and education. The Food Allergy Network ([www.foodallergy.org](http://www.foodallergy.org)) is an excellent source of patient information. Some physicians believe that young children do not require self-injectable epinephrine due to milder self-limited reactions, but this study supports its provision regardless of age, even in infants.

Although the majority of children outgrow milk and egg allergies,<sup>5</sup> unfortunately peanut allergy is only outgrown in 20% of patients.<sup>6</sup> There is promising work under way with oral peanut desensitization, but currently the only therapy for peanut allergy is food avoidance and preparation for management of acute reactions. Although all patients with food allergy-induced anaphylaxis should see an allergist, before patients leave the hospital or emergency room they should already have received self-injectable epinephrine and early education.

## References

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Accepted February 9, 2011.

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0038-4348/0-2000/104-308

DOI: 10.1097/SMJ.0b013e318214f7dd