



Clinical, Social, and Family Management of Food Allergies

Ruchi S. Gupta, MD, MPH

Childhood food allergy is a condition of public health importance and affects an estimated 8% of the population.¹ Until a viable treatment or cure is readily available, improving management practices in clinical, social, and community settings remains essential.

In this issue — the second issue dedicated to childhood food allergy this year — we explore the multifaceted nature of the disease through the following content domains: 1) clinical management of the condition including how to best differentiate food allergy from related disease states; 2) social management through better understanding how food allergy affects the afflicted child's quality of life; and 3) family management of food allergy and its impact on the life of a child.

To ensure children receive comprehensive care from his or her pediatrician, **Claudia H. Lau, BA**, and myself (see page 280) describe best practices distilled from the 2010 National Institute of Allergy and Infectious Diseases guidelines in food allergy management, including 1) documentation of a diagnosis based on reaction history; 2) appropriate diagnostic testing and test interpretation; 3) prescription of potentially life-saving medications; 4) counseling and educating patients' families on prevention and treatment; and 5) referral to an allergist. Pediatricians remain integral in caring for food-allergic children and are often the first, and sometimes only, physician managing a child's food allergy.

Matthew J. Greenhawt, MD, MBA, MSc (see page 281) details the development of evidence-informed recommendations for

egg-allergic children to safely receive the trivalent influenza vaccine. Although the trivalent influenza vaccine has been previously contraindicated due to growing the vaccine in chick embryos that contain residual egg protein (ovalbumin), current data demonstrates that providing egg-allergic children with the vaccine is just as safe as when compared to non-egg-allergic controls.

To further enhance pediatricians' understanding of food allergy and related disease states, **Carla M. Davis, MD** (see page 282) provides the definition and practical management recommendations for eosinophilic esophagitis (EoE). Similar to food allergy, EoE is an immune/antigen-mediated disease; yet, it is a disease characterized clinically by chronic symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation.

The clinical management portion of this issue begins with an article by **Stephanie A. Leonard, MD**, and **Anna Nowak-Wegrzyn, MD** (see page 283) that describes food protein-induced enterocolitis syndrome (FPIES). Unlike immunoglobulin E (IgE)-mediated food allergy, FPIES is a non-IgE-mediated gastrointestinal food allergy that primarily affects infants and toddlers. Similar to IgE-mediated food allergy, the mainstay of managing FPIES is avoiding the offending food(s), which can lead to similar quality-of-life issues that food-allergic children face.

Once the reader can identify the similarities and differences between food allergies, EoE, and FPIES, **Liane R. Bacal, MD** (see page 284) reviews how food al-

lergies affect the quality of life of a child. Food allergy has been known to have a significant psychosocial effect on children and their caretakers due to bullying, inability to cope with the obstacles of daily living, and lack of overall awareness of the seriousness of food allergy by the general public. ■

doi: 10.3928/00904481-20130619-07

REFERENCE

1. Gupta RS, Springston EE, Warrier MR, et al. The prevalence, severity, and distribution of childhood food allergy in the United States. *Pediatrics*. 2011;128(1):e9-17.

About the Guest Editor

Ruchi S. Gupta, MD, MPH, is an associate professor and Director of the Program in Maternal and Child Healthcare at Northwestern University's Center for Healthcare Studies. Dr. Gupta is a pediatric attending at the Ann & Robert H. Lurie Children's Hospital of Chicago. She is also on the Board of Directors of the Chicago Asthma Consortium and the Alliance for Research in Chicagoland Communities. Her primary research areas include childhood food allergy and asthma. Dr. Gupta holds an MD from the University of Louisville, an MPH from the Harvard School of Public Health, and completed her residency training at the University of Washington and fellowship at Boston Children's Hospital and Harvard Medical School.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.