

Correspondence

Reply

To the Editor:

We thank Dr Miller for his letter¹ in response to our recent Rostrum article in the *Journal*.² We agree that there is a strong body of literature linking advanced glycation end products (AGEs) in the diet and diseases such as atherosclerosis, renal failure, cataracts, and forms of dementia such as Parkinson disease and Alzheimer disease.³⁻⁵ The focus of our article was to point out that increase in dietary AGEs and sugars (particularly fructose), which leads to the formation of AGEs, appears to have epidemiological associations with the rise of severe food allergy and there are laboratory correlates showing that the activation of the receptor for advanced glycation end products (RAGE) has pivotal roles in allergic inflammation.² From a health point of view, beyond possibly implications for allergy, we agree that food labeling indicating the AGE content would be desirable. For those who would like a guide now, Uribarri et al⁶ have published a list of common foods and their AGE content. In addition, we take this opportunity to stress that RAGE—the ligand for AGEs—increases with lack of exercise, obesity, and hyperglycemia.^{7,8} Exercise and vitamin D increase the production of a soluble form of RAGE,^{9,10} which acts as a decoy and higher levels of soluble RAGE have been shown to be of benefit in asthma.¹¹ Awareness of AGEs and modifying diet and lifestyle would appear to have benefits well beyond those we hypothesize for risk of food allergy.

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