

REPLY

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Editor,

The relationship between infant feeding patterns and the later development of atopic diseases has been the focus of much debate and research over the last years. A series of observations have led to the concept of the 'window of vulnerability' in the first weeks of life as the crucial period in which interventions may be targeted. Moreover, numerous strategies aimed at reducing the incidence of allergic diseases have focused on environmental and nutritional factors that exist during pregnancy and neonatal age. Most studies considered five main areas: maternal diet (before delivery and during lactation), breastfeeding (both duration and exclusivity), use of cow's milk hydrolysate infant formulas, timing of the introduction of solid foods and, more recently, dietary factors with immunomodulatory properties (1, 2). The first caregivers in contact with subjects at high risk of developing allergies are neonatologists, thus the aim of our study was to assess their awareness of and adherence to recommendations regarding dietary management for the prevention of atopic diseases. Our results show that in neonatology clinical practice the identification of newborns at a high-risk of developing allergy is routinely performed in only a minority of cases, and that the knowledge and adherence to dietary recommendations for primary prevention of atopic diseases is scarce (3). In his letter Dr. Moral draws attention to the costs of the use of hydrolyzed formula in neonates at risk of developing allergic diseases, and indicates the need for a cost/benefit analysis. This is an important point, also considering the current economic scenario in many countries. A first approach to this issue could be to consider the increasing incidence of atopic dermatitis worldwide, and the particularly steep trend in rates observed in developed countries. It is estimated that 20% of infants and young children in the USA may experience symptoms of atopic dermatitis (4). Preventing atopic dermatitis is of great public health importance because this disease is associated with infant discomfort, sleep disturbance, irregular feeding, familial stress, development of mental health prob-

lems and absence from work, an increased number of physician visits, and an economic burden for families and the health care system (4, 5). Indeed it has been projected that US health insurance companies may spend more than 1 billion dollars/year on atopic dermatitis (4). Our results showed that only about one-third of neonatologists recommend dietary restriction for lactating women as recommended in a policy statement issued in 2004 by the American Academy of Pediatrics (6). However current evidence indicates that maternal dietary restrictions during lactation do not play a major role in the development of allergy in infants, and that strict elimination and/or delayed introduction of certain foods may have more disadvantages than advantages (1, 7). Our results also show that neonatologists are not well informed about the definition of the high-risk of developing allergy newborn and the identification of these infants. We believe that these results could reflect a suboptimal awareness of atopic disorders by neonatologists, and suggests that measures should be taken to rectify this situation. Otherwise all the current and future perspectives of preventive measures against allergic diseases will be of little practical effect. Lastly, preventive measures should be viewed also considering the potential of new interventions using specific nutrients, including, pre- and probiotics, anti-oxidants, polyunsaturated fatty acids, folate, and vitamins.

A. Passariello^{1,2}, G. Terrin³, M.E. Baldassarre⁴, M. Bisceglia⁵, S. Ruotolo¹ & R. Berni Canani^{1,6}

¹Department of Pediatrics University of Naples 'Federico II', Naples, Italy, ²Neonatology Intensive Care Unit, 'V. Monaldi' Hospital, ³Department of Women Health and Perinatal Medicine, University of Rome 'La Sapienza', Rome, Italy, ⁴Department of Evolutive Age Biomedicine, University of Bari, Bari, Italy, ⁵Neonatology Intensive Care Unit, 'S. Giovanni di Dio' Hospital, Crotone, Italy, ⁶European Laboratory for the Investigation of Food Induced Diseases, University of Naples 'Federico II', Naples, Italy

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