

Dear Sir,

In a recent number of *Allergy*, Dr Bever and coworkers (*Allergy* 44, 588-594, 1989) reported their results on double blind challenges with food and food additives in 24 children with severe atopic dermatitis. Each day a dose of active food or food additive and a dose of placebo were given separately. All except one child reacted positively to at least one food/food additive. All 132 placebo challenges were negative. This figure is amazing. Even if the patients were children, a placebo effect is a fact. Some years ago we also made placebo controlled double blind challenges with food additives in chronic urticaria and atopic dermatitis and the most severe reactions came from placebo (Hannuksela, M. & Lahti A., *Int. J. Dermatol.* 25, 178-180, 1986). The number of patients reacting to active substances did not differ from that

reacting to placebo. We have not seen patients with atopic dermatitis whose dermatitis is probably worsened from food additives. Finnish food contains very little food additives, and therefore we did not have any special diet for the patients prior to the challenges. This might have had some influence because we now know that there might be a refractory period after some food additives analogous to that seen in intolerance to acetylsalicylic acid. Whether or not this consumption is true, it does not rule out the fact that placebo effect exists.

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Dear Sir,

We are aware of the problem posed by Dr. Hannuksela on the lack of any placebo effect in our study on severe atopic dermatitis in childhood using double-blind challenges. During our study we sometimes were confronted with difficulties in the interpretation of the results of the challenges. However, our protocol to consider a challenge as positive was based on objective and reproducible criteria. If a challenge induced only subjective criteria or if the symptoms were minor and not reproducible, we considered the challenge as negative. By excluding all doubtful, subjective and unreproducible reactions we found that none of the children reacted towards ingestion of placebo. Further, most of our subjects were young children (< 5 years) unaware of being provoked. However, after administra-

tion of placebo some of the older children told us that they experienced some subjective complaints (headache, abdominal pain, malaise). If these symptoms could not be observed objectively, we decided to readminister the placebo (or food), some days later, using the same double-blind technique (the code was broken after finishing all tests.) In all circumstances of reperforming the placebo challenge, the induced symptoms were not reproducible. Therefore all our placebo challenges were finally scored negative. In the meantime our study has been extended to 24 adults of whom three were undoubtedly positive to placebo, indicating that there might be differences between children and adults in the reactivity to placebo.

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