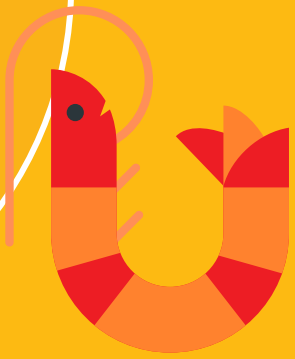
IFAN IRISH FOODALLERGY NETWORK

IRISH SKIN FOUNDATION

20 questions about allergy & eczema

answered by the experts at IFAN



About us

The Irish Food Allergy Network (IFAN) was established in 2011. The website was launched in June 2013 and is intended as a guide to assist those who, through their work, encounter children and families affected by food allergy. IFAN does not receive any funding or financial support from industry, pharma or commercial enterprises. Our officers' and members' independence of judgement is the basis of our advocacy and educational roles.

For more information about food allergy, please visit IFAN's website www.ifan.ie

The Irish Skin Foundation (ISF) was formed in 2011. Following our launch in 2013, we moved operations to UCD's Charles Institute of Dermatology, where we are based today. We are a national charity dedicated to improving quality of life for people living with skin conditions. We promote skin health, better management of skin disease, and work to prevent skin cancer by offering support, independent information, engaging in advocacy, and raising awareness.

For more information about eczema, or other skin conditions, please visit the ISF's website www.irishskin.ie

About this booklet

Parents and carers today have many questions about food allergy. It can be difficult to avoid misinformation when looking for answers. Misinformation can cause parents to worry without cause and to remove foods from their child's diet unnecessarily. The aim of this booklet is to provide families with bite-size pieces of practical, evidence based, reassuring information about food allergy.

This booklet has been written in the form of common questions, put to senior members of IFAN, by parents attending their allergy clinics. The booklet is not intended to replace a clinic visit and full evaluation with a paediatrician with an expertise in food allergy.

We hope you find this booklet about allergy and eczema helpful and informative.

Disclaimer

The contents of this booklet are intended for information purposes only. Always seek the advice of your doctor or other qualified healthcare practitioner with any questions you may have regarding a medical condition. The information provided is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Never disregard or delay seeking professional medical advice because of something you have read in this booklet.

Neither Irish Food Allergy Network (IFAN) nor Irish Skin Foundation (ISF) recommend or endorse any specific tests, doctors, products, procedures, opinions, or other information, even if mentioned in this booklet. If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 112 or 999 immediately.

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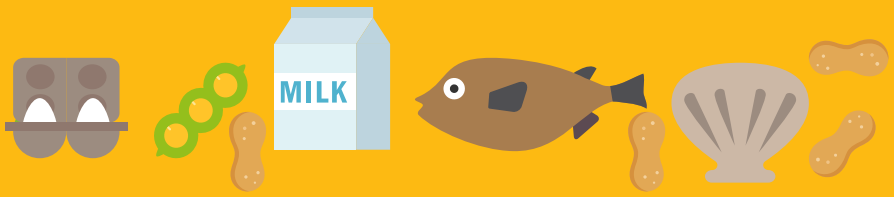


1. What is food allergy?

Infants and children can develop **immediate** or **delayed** food allergy.

Immediate food allergy symptoms begin within 2 hours of eating the food, commonly in as quickly as 15 to 20 minutes.

Symptoms include hives (nettle sting type rash), swelling, sudden sneezing and nasal blockage, eye symptoms such as itch, redness and watering.

There may also be abdominal symptoms such as pain and vomiting but these are rare without other symptoms.

In some cases, more severe symptoms such as breathing difficulties or collapse can develop. This is known as anaphylaxis.

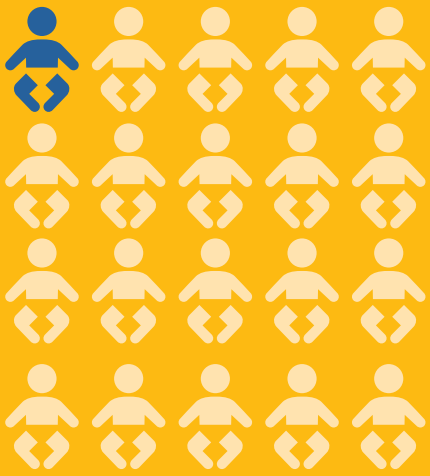
Delayed food allergy symptoms can occur between 2 and 24 hours after ingestion (eating/drinking).

Symptoms include vomiting, diarrhoea, blood in stool, tummy bloating, reflux. Complications can include poor weight gain and dehydration. Eczema is not a symptom of delayed allergy (please see questions no. 4 and 5).

There is not a risk of anaphylaxis with delayed food allergy.

2. Is food allergy common in Ireland?

Yes, almost 1 in every 20 infants in Ireland have immediate-type food allergy.



3. What are the most common causes of immediate food allergy?

There are regional differences driven by cultural and dietary choices.

In Ireland, egg is the most common cause of food allergy, followed by milk and peanut. Tree nut allergy (cashew, pistachio, hazelnut, walnut etc.), sesame seed allergy and kiwi allergy are also relatively common. Immediate allergy to wheat and soya are very uncommon in Ireland.

4. Is there an association between eczema and food allergy?

Yes, infants and children with eczema, particularly those with eczema that appeared before 6 months, are much more likely to develop immediate food allergy than those without eczema.

5. But does food allergy cause eczema?

No, eczema is not caused by food allergy. Eczema is a problem of a faulty skin barrier, often caused by genetic abnormalities. There is no quick fix to cure eczema.

Food should not be removed from infant's diets to control their eczema as this is ineffective and can affect nutrition. It can also increase the risk of developing immediate food allergy, especially in infants, as the immune system may lose tolerance to the excluded food.

6. I breastfeed my baby. I was advised to remove cow's milk from my diet to treat my baby's eczema. What should I do?

Breast milk does not cause eczema. Eczema is a genetic skin condition that needs regular bathing, emollients and topical steroids.

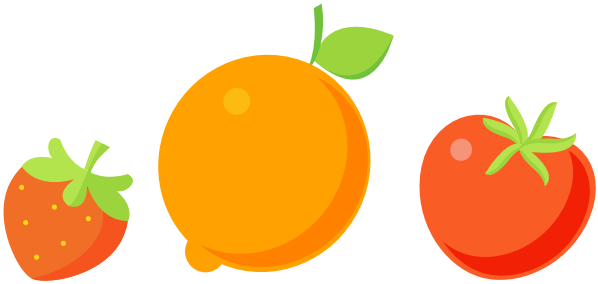
Please see the Irish Skin Foundation's website irishskin.ie for more information about eczema, including the 'What you need to know about Eczema booklet'.

7. How do I know if my child has a food allergy?

You can be certain that your child does not have immediate allergy to a food if they can eat it without immediately developing nettle sting type rash and swelling.

If you think that your infant is developing sudden rashes after eating a common food allergen (dairy, egg, peanut) then it is best to discuss with your doctor before feeding it to them again.

However, rashes around the mouth, triggered by tomato-based foods, strawberries, oranges, and some vegetables are only an irritant response and are rarely a medical concern.



8. What is the difference between allergy tests and intolerance tests?

Allergy tests are used to help identify whether a person has had an immediate allergic reaction to a food. There are only two forms of allergy testing that should be performed:

1. Skin prick tests
2. Blood test for specific IgE (this used to be known as a “RAST” test).

Intolerance tests are commonly advertised as being able to identify underlying food triggers for abdominal pain and bloating, eczema, migraine, arthritis etc. There is no scientific basis for these claims and no lifestyle or diet changes should be made on the basis of such tests.

9. Can allergy tests diagnose food allergy?

Yes, but the basis of an allergy diagnosis is a medical professional asking key questions like "what happened when they ate the food?" Without such a conversation, available allergy tests have a very limited role in the diagnosis of food allergy.

A negative test generally means that there is currently no allergy.

A positive allergy test means that a child is "sensitised" to that food. This is not the same as having a food allergy. Many children can tolerate foods that they are sensitised to. Doing allergy tests before introducing allergenic foods into infant's diets often delays introduction, which increases not decreases the risk of allergy to that food.

First introduction of foods with positive allergy tests may need to be done under observation (Oral Food Challenge). If your child is already tolerating a food to which you then find they are sensitised, then they should continue to eat it.

10. How is delayed food allergy diagnosed?

Allergy tests do not diagnose delayed food allergy.

A 2-4-week trial of excluding the food is generally recommended. Symptoms will subside during the exclusion and will restart again when the food is reintroduced after 2-4 weeks. This is the only way delayed food allergy is diagnosed.

Removing or excluding food for longer or without good reason can affect nutrition. Long-term exclusion of foods should be supported by a registered dietician.

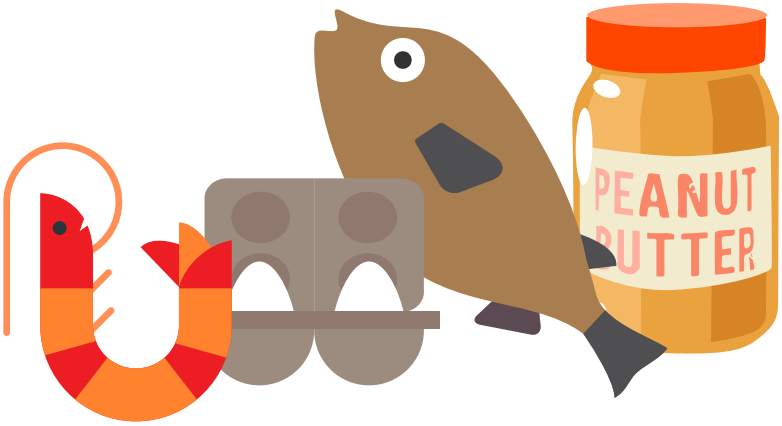
11. What can I do to try and prevent my child developing a food allergy?

Infants become tolerant to foods by eating them regularly. It is now well known that delaying introduction of allergic foods, beyond 1 year of age, increases the risk of developing food allergy. Infants with eczema are at greater risk of developing food allergy.

All allergenic food should be introduced as soon as weaning begins (around 6 months of age). Allergy testing is generally not recommended before introducing any of these foods during early weaning.

Introducing smooth peanut butter regularly (3 times a week) into infant's diets as soon as they begin to wean will significantly reduce their risk of developing peanut allergy. Egg should be introduced as mashed hard-boiled egg. Current international advice also says other allergenic foods (e.g. egg, fish, sesame, shrimp, tree nuts) – should be introduced without delay as soon as possible after 6 months of age.

This is new advice and may be unfamiliar to family members or friends and who had babies before 2015. **All nuts should be in safe spreadable forms, or very finely chopped and then mixed into a paste with other foods.**



12. My 7-month-old infant developed hives on her face after trying scrambled egg. Should I avoid all foods containing egg?

No, most infants with egg allergy can tolerate egg in baked foods such as buns, pancakes and egg pasta.

If your infant is already tolerating any of these, then they should be kept in their diet because this will help them grow out of the allergy. If not already eating them, then you should start introducing egg using the IFAN Egg Ladder*.

All infants with immediate egg allergy should be seen by a doctor with expertise in allergy. In only exceptional cases of anaphylaxis, an allergy specialist should be consulted before commencing the IFAN Egg Ladder.

**Please see information about the IFAN Egg Ladder on pages 14 and 15 of this booklet, and on IFAN's website ifan.ie, available at: https://www.ifan.ie/egg/egg-classification-ladder/*

13. My 6-month-old infant developed hives and a rash on her face after eating yogurt. Should I avoid all foods containing dairy?

No, most infants with milk allergy can tolerate milk in baked foods such as biscuits, buns, pancakes.

It is important not to withhold any baked goods containing milk that your infant can tolerate. If not already eaten, then you should start introducing baked milk (steps 1 - 4) in accordance with IFAN recommendations†.

All infants with immediate milk allergy should be seen by a paediatrician with expertise in allergy. However, you do not need to withhold baked milk until seeing them, unless your infant has experienced anaphylactic reactions to dairy.

† Please see information about the Milk Ladder on pages 16 and 17 of this booklet, and on IFAN's website ifan.ie, available at: https://www.ifan.ie/milk/milk-classification-ladder/

14. My son has peanut allergy. Will allergy testing tell me how bad his reactions will be?

No, allergy testing does not predict how severe any future food allergy reaction will be. The severity of an allergic reaction is determined by numerous unpredictable factors.

It is often said that reactions get worse with each successive one. This is not the case. Children who have had an anaphylactic reaction in the past can go on to have subsequent milder reactions.

Good control of any asthma symptoms is important in reducing the risk of a severe allergic reaction. Remember, accidental reactions happen even with the most careful avoidance.

Nut allergic children must always carry their adrenaline autoinjectors.

15. Should all children with food allergy need to carry adrenaline pens?

No, most young children with milk and egg allergy do not need such kits. It is, however, very important to start the IFAN Egg Ladder and/or MAP Milk Ladder as early as possible, so as to promote your infant's development of tolerance (please see questions no. 12 and 13).

In contrast, most peanut and tree nut allergic children do need adrenaline pens, eventually, especially when of school age.

Adrenaline autoinjectors are always safe to administer.
Remember ***"if in doubt deliver adrenaline"***. Please see IFAN's website ifan.ie for information about managing an allergic reaction, available at:

https://www.ifan.ie/food-allergy-in-summary/managing-an-allergic-reaction-sample-emergency-plan/

*Please find our video link for **Managing Your Child's Allergic Reaction.** You can access our video by holding your smart phone camera over the QR image and it will take you to our link on **Managing Your Child's Allergic Reaction** on https://vimeo.com/566761958/82f145555a*

16. Why is peanut allergy often called the most dangerous allergy?

It is a fact that peanut causes more cases of anaphylaxis than any other food, but the reasons are complex. It is better to be aware that any non-resolving IgE related immediate food allergy can potentially trigger a severe allergic reaction.

17. Should all nuts be removed from home/school/sport/ activities now that my child has peanut or tree nut allergy?

No. It is generally not recommended to remove all nuts from the environment. Nut allergic children are safe to be in the presence of the nut that they are allergic to.

Nut free environments are unnecessary and do not generally reduce the risk of accidental allergic reactions. Reactions are more likely to occur when a child eats the nut that they are allergic to.

18. My child has peanut allergy. I am worried about taking him on a plane?

Plane journeys are very safe for food allergic people. Some airlines make announcements to ask other passengers not to eat nuts when a nut allergic person is aboard. There is no medical evidence that this decreases risk, which is already extremely low because nut allergens are not airborne. It is important to follow a few simple rules.

Your GP or clinic can give you a letter to show airport and airline staff that you have to carry adrenaline pens in carry-on cabin luggage.

Always carry 2 adrenaline pens together at all times in carry-on luggage. Checked-in baggage carried in the aircraft hold is off limits during the flight and is too cold for them, so they may not work after the flight.

It is best to prepare food at home for your food allergic child to eat on the plane.

If possible, avoid buying food in airport shops, restaurants.

Let the cabin crew know that your child has an allergy.

Make sure to clean the arm rests, tray tables and the seat belts before sitting down.

Do not buy them any food on the plane.

19. What is the likelihood of my child's food allergy resolving?

Most children will outgrow their milk and egg allergy. This is helped by early introduction of baked egg and baked milk (please see questions no. 11-13).

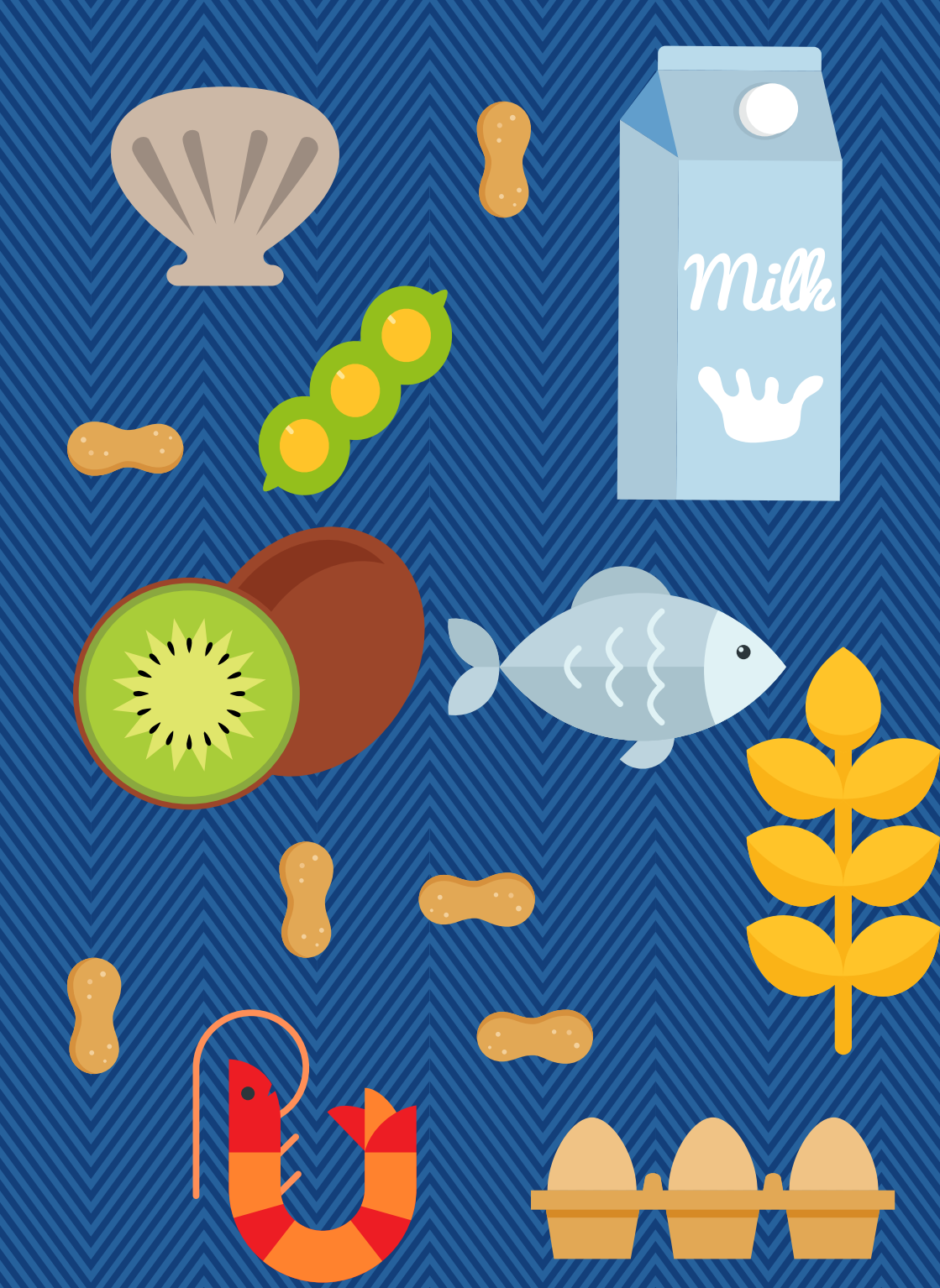
However, peanut, tree nut and fish allergies commonly persist with approximately only 1 in 5 cases resolving. Allergy management by a Paediatric Allergy Specialist will usually involve testing at intervals of 1-2 years which can help identify children whose allergy has resolved. They may need to have a medically supervised food challenge to prove they have become tolerant.

20. What is Food Allergy Immunotherapy?

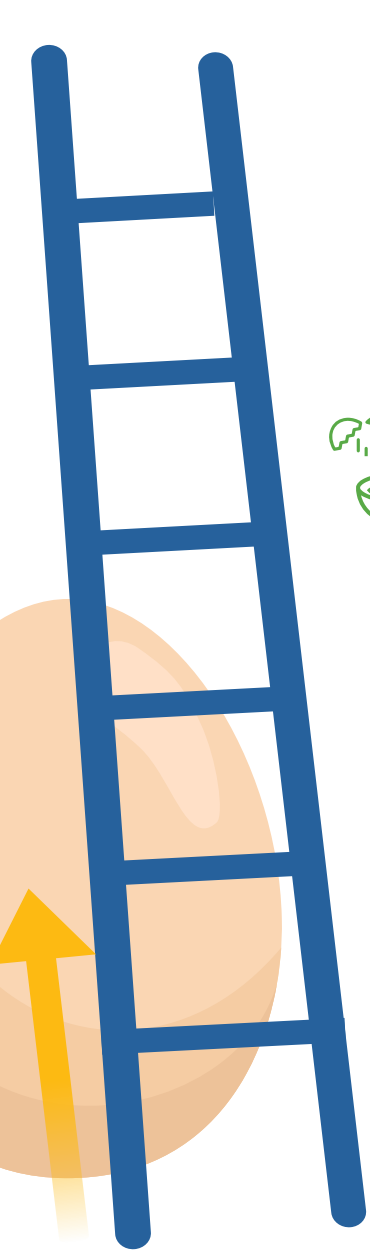
Food Allergy Immunotherapy refers to treatments that improve a person's tolerance for the food to which they are allergic. All immunotherapy treatment should take place under the supervision of a specialist.

Current immunotherapy programs for non-resolving food allergies do not completely turn off or "cure" food allergy. Food allergy immunotherapy requires that food allergen is gradually reintroduced in order to turn down or "desensitise" the immune system. Oral food immunotherapy involves eating the food allergen every day. Amounts have to be very exact initially. Sometimes after a long period of treatment, the natural food product can be used instead but either way, treatment must continue indefinitely.

Studies continue into other routes for immunotherapy including skin patches and under the tongue therapy and nasal sprays. No form of immunotherapy is widely available at this time.


Milk

THE IFAN EGG LADDER



Cracked eggshell
Utensils with raw cake mixture or raw egg

- Processed meat/burger/sausage
- Teacakes™ Milky Way™ Mars™ Snickers™
- Creme Egg™ Chewits™
- Hollandaise, Horseradish & Tartar sauces
- Royal™ icing
- Sorbet & Mousse
- Mayonnaise/salad cream
- Marshmallow with egg (check label)
- Meringue/fresh ice-cream
- Crème caramel & Crème Brulée
- Scrambled egg

STEP 3 ALMOST RAW

- Omelette
- French Toast
- Quiche
- Yorkshire pudding with egg (check label)
- Fried/hard-boiled egg
- Cooked batter/tempura/breadcrumb
- Fresh egg pasta & fresh egg noodle

STEP 2 LIGHTLY COOKED

- Pancake
- Dried egg pasta
- Waffle biscuit
- Boudoir™ & Lady's finger™ biscuits
- Baked sponge/muffin/cake/biscuit

STEP 1 WELL COOKED

This ladder is a 2-page guide intended as an educational aid and is designed with the aim of working towards inducing tolerance in those who are egg allergic. Please consult both pages. www.ifan.ie

IFAN 2018

Egg ladder

A health care professional (HCP) should support you until the ladder has been successfully climbed. This may be a dietician, nurse or doctor.
Before starting this ladder and ***before*** progressing up a step:

1. Please ensure that your child is well and their "usual self".
Any asthma, eczema and /or gastrointestinal symptoms should be settled.

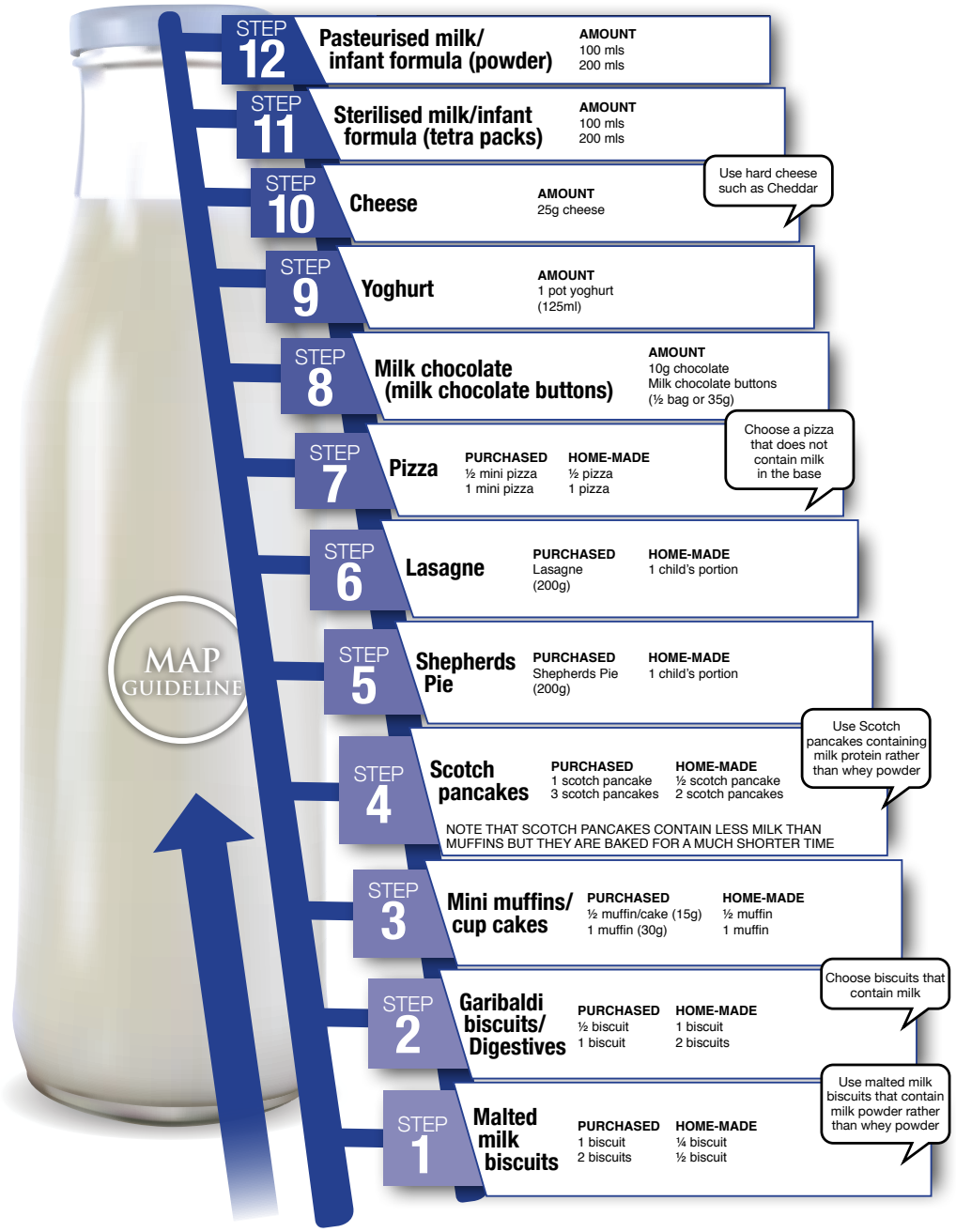
2. If your child cannot or will not eat any of the foods suggested on a particular step 1, 2 or 3, do not progress any further up the ladder from step 1-2 or from step 2-3 without first discussing with your HCP.

Practical pointers

- The ladder has 3 big steps, starting at the bottom moving to the top. Each big step contains a number of smaller steps or rungs representing food examples to be taken in a certain order.
- You need to be advised which step of the ladder you should start on. The time spent on each step will vary from one child to another (e.g. 1 day or 1 month) and should be discussed and agreed with you.
- There are no amounts given as a guide - this should be discussed and agreed with your HCP.
- If the food on any step of the ladder is tolerated, your child should continue to consume this (as well as all the foods in the previous steps) at least 3 days a week and then try the next food suggested.
- If your child does not tolerate the food in a particular step, just drop back one small step/rung to the previous one. **DO NOT** just go back to the bottom of the ladder.
- Contact your HCP for advice on when to retry the next step again.

THE MILK LADDER

THE MAP GUIDELINE
MILK ALLERGY IN PRIMARY CARE



Oct 2013 UK Version

Reproduced with the kind permission of Dr Carina Venter and Dr Rosan Meyer

Practical Pointers on using the MAP 'MILK LADDER' for Parents

The following 'Pointers' should make it easier for you to understand how best to use this Ladder. We advise that you are supported by a Health Care Professional (HCP) until the Ladder has been successfully climbed. This may be your doctor, nurse or ideally your dietitian.

- Before starting the Ladder and progressing to each further Step, please ensure that your child is well at the time and also that any gastrointestinal symptoms or eczema are settled.

- Most children will start on Step 1. Some may already eat one or more of the foods on the Ladder. If that is the case, you need to be advised which Step of the Ladder you should start on.

- The Ladder has 12 Steps, but your HCP may adjust the number of Steps to suit your child best.

- The time spent on each Step will vary from one child to another (e.g. one day or 1 week) and this should also be discussed and agreed with you.

- The amounts in the Ladder are given as a guide - occasionally smaller or larger amounts may be recommended.

- The Ladder includes commercially available and home-made options.
  Recipe ideas are available at:
  http://www.ctajournal.com/imedia/1795283721029345/supp3.docx
  Each of the recipes has an egg and wheat free option (they are all soya free) to make the Ladder suitable for those children who may have other co-existing allergies.

- If the food on any Step of the Ladder is tolerated, your child should continue to consume this (as well as all the foods in the previous Steps) and then try the food suggested on the next agreed Step.

- If your child does not tolerate the food in a particular Step, simply go back to the previous one. You should then be advised when that next Step can be tried again.

In a few of the more severe cases of CMA a more cautious start to the Milk Ladder may be recommended, beginning with smaller amounts in Step 1, e.g. a ¼ or ½ of a malted milk biscuit.

Carina Venter, Trevor Brown, Neil Shah, Joanne Walsh, Adam T. Fox
Clin Transl Allergy. DOI 10. 1186/2045-7022-3-23 (additional file 1 and 3)

Oct 2013

We hope you have found this booklet helpful and informative.

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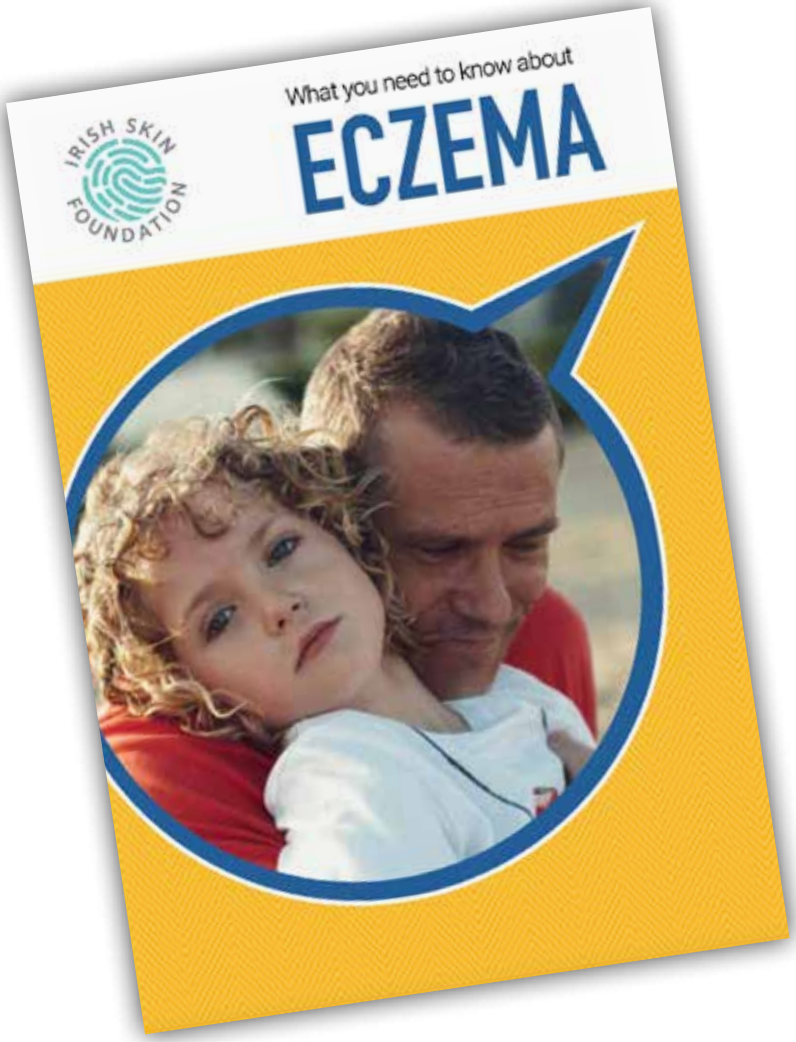
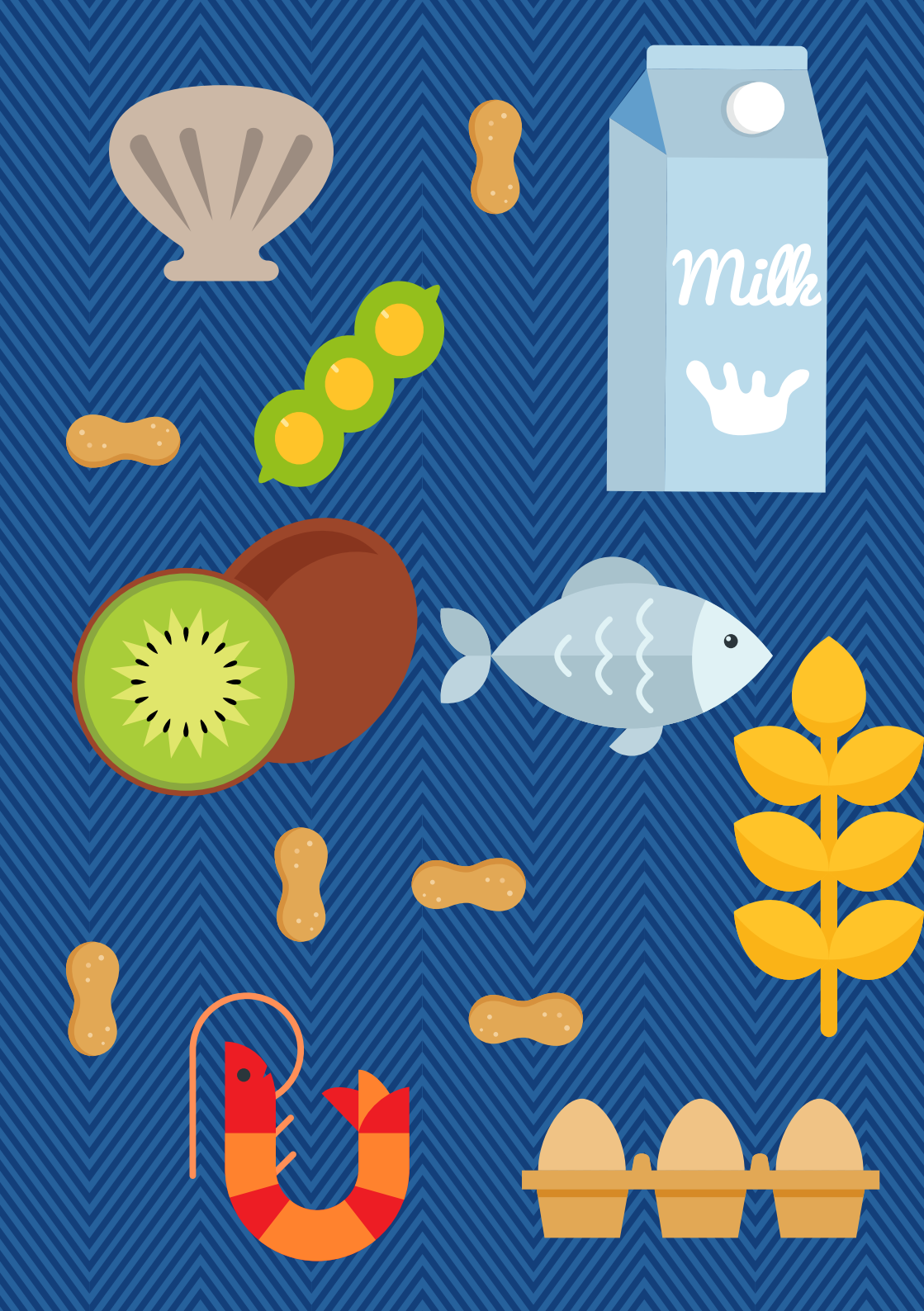
For more information about eczema, or other skin conditions, please visit **www.irishskin.ie**

Other materials available include:




Milk

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For more information about food allergy, please visit www.ifan.ie
For more information about eczema, please visit www.irishskin.ie

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