



# Infant Nutrition Council

Industry supporting both Breastfeeding & Infant Formula

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## Is the outlook brighter for food allergy?

Of all the afflictions of young children, one of the worst has to be food allergies. Some families have a genetic predisposition to allergies of a variety of kinds, the commonest in infants and toddlers being to milk proteins, and gluten (celiac disease), but a large number of foods can be potentially allergenic.

While allergy to cow milk protein in young infants can be very troublesome, it is rarely fatal. But allergic reactions can be rapidly fatal and the food by far the most often causing such anaphylactic reactions is peanut. Just precisely why peanuts provoke such a violent reaction in some people is unknown. Other related legumes such as peas and beans are not usually troublesome. To date the only accepted way of dealing with the problem was meticulous avoidance of any food which might contain even traces of peanuts, and carrying an epinephrine "pen" for self injection should a reaction strike anyway.

Desensitisation has been used in other allergies, but not previously for peanuts because of the potential for such severe reactions. However a team in the UK has recently undertaken a trial of very slow desensitisation which has apparently been successful and had no side effects.

The English team<sup>1</sup> gave four children aged between 9 and 13 years an initial dose of 5mg of peanut flour mixed with yoghurt daily. Over the next six weeks the dose was slowly increased. No problems were encountered, and it was found that whereas even a single peanut originally provoked a reaction [one anaphylactic], after desensitisation the children could tolerate 10 peanuts at a time without incident. It was assumed that it will be necessary to keep a small peanut intake to maintain tolerance, but those studies have not yet been performed.

This study seems to be confirmed by another just reported from the USA. Work at Duke University<sup>2</sup> has found that long term tolerance can be established, accompanied by changes in blood levels of antibodies. This is good news as initially people were skeptical about the claims and fearful that severe reactions might occur. It looks as if this may become a routine method of management. Whether it will become possible to use a similar method in infants with for example cow milk protein allergy cannot yet be predicted.

1 Clark AT, Islam S, King Y, Deighton J, Anagnostou K, Ewan PW: Successful oral tolerance induction in severe peanut allergy. Allergy. 2009 Feb 17. [Epub ahead of print].

2 Burks W et al: Paper at Meeting of American Academy of Asthma and Immunology, Washington DC.

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