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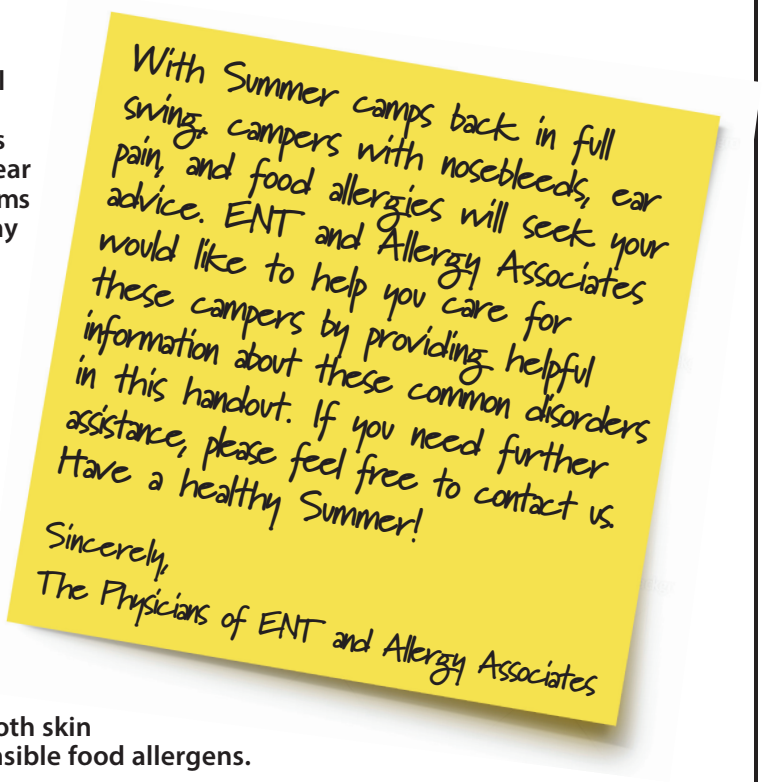
FOOD ALLERGIES

With true food allergies, an individual's immune system will overreact to an ordinarily harmless food. This is caused by an allergic antibody called IgE (Immunoglobulin E), which is found in people with allergies. Food allergy often may appear in someone who has family members with allergies, and symptoms may occur after that allergic individual consumes even a tiny amount of food.

Food intolerance is sometimes confused with food allergy. Food intolerance refers to an abnormal response to a food that is not an allergic reaction. It differs from an allergy in that it does not involve the immune system. A perfect example of this is lactose intolerance. Individuals with this disorder experience uncomfortable abdominal symptoms after consuming dairy products. It is due to the absence of an enzyme which is required for proper digestion of the sugar in milk, called lactose.



The most common food allergens – responsible for up to 90% of all allergic reactions – are the proteins in cow milk, eggs, soy, wheat, fish, shellfish, peanuts and tree nuts. Testing a child or adult for food allergies can be done locally by a board certified allergist/immunologist. Both skin tests and blood tests are accurate in identifying the responsible food allergens.

The most serious type of allergic reaction is called anaphylaxis, and may involve respiratory, gastrointestinal and cardiac symptoms. Respiratory symptoms may include coughing, wheezing and chest tightness, very much like asthma symptoms. There may also be swelling of the upper airway, causing stridor. Gastrointestinal symptoms of food allergies include vomiting, diarrhea and abdominal cramping, which can be severe. These symptoms may occur alone, with no hives or breathing problems, but can signify a serious allergic reaction. One of the most serious reactions that can occur is a fall in blood pressure, or shock. The individual's pulse would increase rapidly to try and compensate for the loss in blood pressure. Symptoms might include sluggishness, pallor, swooning or fainting.

A child with a known food allergy, who has ingested the offending food, should be administered an antihistamine, such as Benadryl. Most mild allergic reactions can be treated with antihistamines alone. For children at risk of a serious allergic reaction, an epinephrine auto-injector is usually prescribed (EpiPen, Twinject). These should be administered as soon as it is clear that a serious reaction is occurring. The effects of the epinephrine wear off after 20 minutes, and sometime further treatment may be necessary. That is why all persons administered an epinephrine for a serious allergic reaction should seek immediate medical attention.

Prevention of allergic food reactions is of paramount importance. This can only be achieved by strict avoidance. In a school lunchroom, provision of a milk-free or a peanut-free table has been found to be successful at preventing unwanted exposure to the food in question. Children with food allergies should sit at the table, and may be joined by any of their friends who do not have that particular food in their lunch box. In the classroom, children should be encouraged to wash their hands after a snack, and desk and table tops should be wiped off, and utensils cleaned or discarded. Useful suggestions for parents and school personnel can be found at the website of the "Food Allergy and Anaphylaxis Network" at www.foodallergy.org.