Reaction and action

Food allergies are becoming more common in America, and they need to be taken seriously.

THE SPECIALIST: Dr. Hugh Sampson on food allergies

A pediatric immunologist and the father of three daughters, Sampson has been helping patients manage their food allergies for 27 years. He is the president of the American Academy of Allergy, Asthma and Immunology, and also works to fight inner-city asthma.

Who's at risk:

According to new research, food allergies are on the rise worldwide, but particularly in the U.S., affecting about 4% of the nation’s population.

Young children are the group most likely to be affected. “As many as 8% of children under the age of 3 have food allergies,” says Sampson.

In children, the most common food allergies are to milk, eggs and peanuts. About 2.5% of children under the age of 4 are allergic to milk, while 1.5% are allergic to eggs and 0.8% are allergic to peanuts. Other foods that often cause allergies are wheat, soy and sesame products.

The good news for children suffering from milk and egg allergies is that there’s an 80% chance that they will outgrow the problem by the time they hit their teens. Unfortunately, only 20% of the children with peanut allergy outgrow it.

Adults are most often allergic to peanuts, tree nuts, fish and seafood, especially shellfish. “Those are ones that people tend not to outgrow,” Sampson says. Some immigrant groups are at higher risk, especially Asians and Africans.

These groups are adjusting to a new diet and lifestyle, and the prevalence in immigrants is higher than it would be in their home countries or in native-born populations here.

Scientists still don’t know exactly what causes food allergies, but Sampson thinks “it probably has something to do with our Americanized diet.” Other theories to explain why people in the U.S. are prone to food allergies include the hygiene hypothesis (that we’re not exposed to enough germs or pathogens, which means our immune systems aren’t as developed as they’d be otherwise), that chemicals such as preservatives have made our food very different, and that we’ve changed the fatty-acid content in our diet.

Dr. Hugh Sampson is the director of the Jaffe Food Allergy Institute at the Mount Sinai School of Medicine. ALLISON JOYCE

What you can do:

Have an emergency plan.

Keep a written copy to give to health-care providers. A typical plan would list the symptoms you may experience, then give a series of steps to take. First you usually take a liquid antihistamine like Benadryl or Zyrtec. But you should skip the first step in serious situations, explains Dr. Hugh Sampson. “If you ingest something and begin to feel tightness in your throat or difficulty breathing, take your EpiPen immediately.” Remember, if you use the epinephrine, you need to go to an emergency room as soon as possible.

Involves the school.

Make sure the day-care operator or school knows about your child’s allergy and how to treat it. Provide a written copy of the emergency plan. In day care, since very young kids are so messy, you may need to ensure that no one eats peanut butter; as they get older, a peanut-free table can suffice. “It’s not that you’re worried about the child smelling peanut butter,” says Sampson, “it’s that you don’t want them getting it on their hand and then putting it in their mouth.”

Read labels carefully.

The ingredients in the food we buy aren’t always obvious. “One of the problems is that traces of peanut butter or other food allergens are all over the place,” says Sampson, “not just in things that are visibly peanuts.” Peanut proteins turn up in foods as varied as spaghetti sauce, pie crusts and energy bars.

In their home countries or in native-born populations here.

Food allergies cause over 20,000 emergency room visits a year, and 100-200 deaths.

Statistics from the Food Allergy & Anaphylaxis Network

Traditional treatment:

After diagnosis, the first step is educating yourself and your child on how to avoid the food — and always being vigilant. Avoiding the food entirely is your best protection. Currently, there is no other approved treatment for food allergy. Respiratory allergies, like hay fever or dust allergy, can be treated with shots, but vaccines for food allergies are still in the research stage.

Research breakthroughs:

Sampson is the director of Mount Sinai’s consortium on food-allergy research, which is both looking for better ways to treat allergies and working to improve our understanding of the problem. One study is taking a second look at the old-fashioned way of treating food allergies — oral immunotherapy, in which people are given small, slowly increasing amounts of what they’re allergic to, in the hopes of building a tolerance.

One of the most promising areas of study is aimed at developing a vaccine for peanut allergy. Researchers have isolated the proteins in peanuts that cause the allergy, and made a vaccine that won’t cause an allergic reaction because it involves altered forms of peanut protein.

Another study has developed a preparation of nine herbs, taken in pill form, that shuts off the allergic reaction in mice. “If it works the same way in humans as it does in the animal trial, it could be very promising,” says Sampson.

If you’re interested in joining one of the food-allergy trials at Mount Sinai, call (212) 241-6336.

Questions for your doctor:

If your child has eczema that gets worse after meals, ask if food allergy could be involved. “In children with moderate to severe eczema, 35% to 40% have food allergies,” says Sampson. Typically, the worse the eczema, the more likely food is involved.

Similarly, if your child spits up or vomits a lot after eating, ask if your child should see a specialist. Food allergies may be a sign that your child is at higher risk of developing other health problems. “A specialist is better trained to get you an emergency plan and the proper treatment,” says Sampson.