Recommendations impact atopic dermatitis

Food allergens:
- characteristic symptoms


Facts and Fallacies

Guidelines of Care for the Diagnosis and Management of Food Allergy
- NIH/NIAID project
- Multi-specialty input
- Published in JACI, JAAD and Other journals
- Evidence-based review and Expert Panel process; Oversight committee and public comment period
- Recommendations impact atopic dermatitis patients

Guidelines for the Diagnosis and Management of Food Allergy in the US. JACI 2010; December 126(6 Suppl):S1-58

ATOPIC DERMATITIS-RELEVANT HIGHLIGHTS FROM THE US GUIDELINES


Derm-Relevant Highlights from the US Guidelines
- Food allergy food ≠ intolerance
- **Food allergy** is defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food


Derm-Relevant Highlights from the US Guidelines
- **Food allergens**: specific components of food or ingredients within food (typically proteins, but sometimes also chemical haptens) that are recognized by allergen-specific immune cells and elicit specific immunologic reactions, resulting in characteristic symptoms

Derm-Relevant Highlights from the US Guidelines

- Family history and AD are risk factors for sensitization and food allergy
- Medical history and Physical Exam are important in diagnosis of food allergy


Derm-Relevant Highlights from the US Guidelines

- Individuals can develop allergic sensitization (as evidenced by the presence of allergen-specific IgE [sIgE]) to food allergens without having clinical symptoms on exposure to those foods
- Sensitization alone is not sufficient to define FA


Derm-Relevant Highlights from the US Guidelines

- Skin Prick Tests and Serum IgE tests are recommended to assist in identification of foods that may be provoking IgE-mediated food reactions, but are NOT DiAGNOSTIC of food allergy


Derm-Relevant Highlights from the US Guidelines

- Nonstandardized tests (Basophil histamine release, gastric juice analysis, hair analysis, kinesiology, electrodermal tests, etc.) NOT RECOMMENDED!!

How common are food allergies in milder atopic dermatitis patients?

- LARGE, PROSPECTIVE STUDY
- 1065 Infants (3-18 mths) with at least mild AD, at least one parent/sibling with a history of atopy, and no known food allergies
- 36-month, randomized, double-blind (DB) (pimecrolimus vs vehicle, TS-rescue: followed by open-label (OL) extension up to 33 months
- sIgE for cow’s milk, egg white, peanut, wheat, fish mix, and soybean: ImmunoCAP assay at baseline, end DB, and OL phases

How common are food allergies in milder atopic dermatitis patients?

- 15.9% of infants with AD developed at least 1 food allergy over 36 months
  - Lower than 30-40% rates quoted in other studies in mostly moderate to severe AD
  - 6.6% peanut
  - 4.3% cow’s milk
  - 3.9% egg white
  - Seafood, Soy, Wheat: RARE (0.3 to 0.5%)

Spergel J et al. Poster AAAAI 2010

How Predictive are Positive Tests in AD?

- Children with positive sIgE’s at baseline had more chance of developing those allergies
  - BUT VERY LOW RATES
  - POSITIVE PREDICTIVE VALUES: POOR!
    - 0.26-0.3 for Cow’s Milk to 0.01 and 0.02 for wheat and soy
- GOOD NEWS: Negative tests are good at predictors of non-allergy

Spergel J et al. Poster AAAAI 2010

You should say... the child

A. will need to avoid the food for the rest of his life
B. should get retested to see if the IgE has gone down. If it has, it’s okay
C. should try all the foods, mixed up together, fed at the same time.....when you’re not at home
D. might need food oral food challenges in a controlled setting
E. You’re not really a neighbor; you’re just visiting

Food Avoidance and Getting the Foods Back!

- 125 children: 1-19 yrs (median: 4 yrs); National Jewish Medical Center
- Jan 2007- Aug 2008 evaluated for IgE-mediated food allergy Retrospective chart review
- History, prick skin tests, and serum-specific IgE test results were obtained
- Underwent oral food challenges

Food Avoidance and Getting the Foods Back!

- 100% Negative food challenges to (n=34)
  - Meat, Egg, Oat, Shellfish, Vegetables
- Positive challenges
  - 23% wheat; 20% fruit; 14% peanut; 10% egg
- 93% of food challenges overall were negative!
- Depending on the reason for avoidance, 84%-93% of the foods being avoided were returned to the diet after an oral food challenge,


Derm-Relevant Highlights from the US Guidelines

- Patients with FA and caregivers should be informed on FA avoidance and emergency management


Positive challenges

Insufficient evidence for EoE

Treatment for food-induced anaphylaxis: Prompt and rapid treatment after onset of symptoms

Intramuscular (IM) epinephrine: first-line therapy

Derm-Relevant Highlights from the US Guidelines

- If food allergic: avoid the food!
- If food allergic and has AD, asthma, EoE: Avoid the food!
- In individuals without documented or proven FA, EP doesn’t recommend food avoidance to manage AD, asthma or EE


Food Allergy Action Plan

Food Allergy and Anaphylaxis Network

www.foodallergy.org/page/food-allergy-action-plan1

Derm-Relevant Highlights from the US Guidelines

- Insufficient evidence to recommend routine FA testing prior to introduction of allergenic foods to children at high risk of reacting

Educate, reassure and care!
www.eczemacenter.org