



ARE YOU NUTS?

ALLERGY NO MORE



ON CALL

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We grew up being told that peanuts are to be avoided so as not develop allergies. Peanuts for children are taboo. This has been a long held notion that to be told otherwise now is met with disbelief. Rapid discoveries in science and in the field of medicine in particular, can challenge long standing health and feeding practices. And we know that it takes years to even apply what we know scientifically and change what we do. A significant barrier to this are our firmly held beliefs and attitudes.

WHAT IS ALLERGY?

It is when our immune system overreacts to our environment that is usually harmless to most individuals. If a number of family members share this vulnerability, then it is called atopy. When one is exposed to an allergen, an allergic reaction ensues and an antibody response is triggered. These antibodies get attracted to special cells, mast cells, which then release certain substances, like histamine, that makes the blood vessels porous and unable to hold blood within. This causes swelling. What really matters is to know and avoid the severe allergic reaction called anaphylaxis as this can develop very rapidly may can cause death. More common sources that cause these include: Food- eggs, peanut, soy, wheat, fish and shellfish Insect bites: wasp, bee, fire ants, yellow

jackets Latex: gloves, balloons, rubber bands Medications: penicillin, sulfa, dyes (used in imaging like CT scans, MRIs)

WHAT ARE THE SYMPTOMS OF ANAPHYLAXIS?

Symptoms involve the whole body and involve itching, skin rashes or even lesions covering large parts of the body (urticaria), teary and itchy eyes, nose drips, swelling of lips, tongue and throat (compromising breathing seen as wheezing — literally closing of the throat), vomiting, and diarrhea. And because the blood vessels are unable to retain fluid and the fluid gets out, there is swelling and low blood pressure is unable to support body organs. All these cause failure of multiple organs leading to death.

HOW DO WE TREAT IT?

Epinephrine is the medication used to treat anaphylaxis. It helps the blood vessels to reverse being porous and lessen or avoid further swelling. It comes in auto injectors that can readily be administered. As a parent, and working with your school nurse, this can be made readily available. It is also available in adult form. It is highly unlikely that individuals with a history of anaphylaxis and have been prescribed epinephrine do not carry them in their person. Constant psychoeducation is key. It is important to emphasize that EpiPen is like having a wallet to be carried with them ALL the time. As there is a second phase of anaphylaxis (resurgence), even though epinephrine was given, EMS still need to be called so that the individual can be observed in the ER.

WHAT OTHER THINGS CAN BE DONE?

KEY is always prevention and in the avoidance of exposure to known agents!



1. ALWAYS bring your EpiPen with you!
2. Read food labels and avoid exposure
3. When outdoors, wear pants and long sleeves to cover yourself and consider use of insect repellants; avoid colognes that can attract insects
4. Always discuss with your physician about any allergies.

THEN WHAT ABOUT PEANUTS NOW?

This pendulum of belief to give or not give any allergenic foods in infants, which include peanuts to overcome an increase in food allergies, have swayed back and forth. Results of recent studies providing the most evidence (randomized controlled trials) published only in December 2016 as endorsed by a consensus panel in the field have provided doctors, allergists and immunologists the confidence to make recommendations for allergenic foods to include eggs and peanuts, to be introduced in a small and graduated manner to infants, when developmentally ready, to stave off growing food allergies later on in life. This seems counterintuitive but the underlying thinking is that with exposure to small amounts of these allergens, that the body can

mount a response but too little to cause a full picture of allergic response and that over time, the body instead gets desensitized to the allergen. I remember that my nephew has started feeding his now 12 month old daughter with small amounts of vegetables interspersed with small feedings flavored with eggs and peanuts! It also helps that his wife is a nutritionist. The report provides recommendations as to when and how to introduce peanut containing foods in the office and at home with various risks of peanut allergy.

(Note: The above is informational only. What is medically appropriate for you and your child is best discussed with your physician.)

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