



Q&A: Peanut Allergies

An Interview with Dr. Michael C. Young



Michael C. Young, M.D. graduated from Harvard University and Yale Medical School and trained in pediatrics and allergy and clinical immunology at Children's Hospital Boston. Currently, he is Assistant Clinical Professor of Pediatrics at Harvard Medical School and practices at Children's Hospital.

Dr. Young is the author of *The Peanut Allergy Answer Book*. As a member of the Massachusetts Department of Education Task Force on Anaphylaxis, he helped develop the first guidelines for schools in the management of food allergies. He has been honored by the Asthma and Allergy Foundation of America as well as The Food Allergy & Anaphylaxis Network.

We asked Dr. Young some questions about peanut allergies. Here are his answers. If you suspect your child has food allergies or have questions about this subject, be sure to consult with your own pediatrician.



I. When I was a kid, no one seemed to have food allergies. Why are there so many kids with peanut allergies now?

The number of kids with peanut allergies has been increasing over the last ten to fifteen years. In the past five years, the number has doubled. No one knows with certainty why this is happening, but there are a number of theories. One contributing factor may be that very young children, as well as pregnant women and nursing mothers, are eating greater amounts of peanuts these days, particularly in the form of peanut butter.

In fact, all allergic diseases in children—including foods allergies (most commonly peanuts, milk, egg, wheat, soy, tree nuts, fish and shellfish), environmental allergies, asthma, and eczema—have been increasing at similar rates over the last decade. One theory for this is the Hygiene Hypothesis, which suggests that because children now have fewer infections (due to improved hygiene), their immune systems are more likely to target other things such as items in the environment and diet, resulting in allergies.



2. If a person is allergic to peanuts, does that mean the person is also allergic to tree nuts such as walnuts and almonds?

Not necessarily. There is a 35% chance that a peanut-allergic person will also be allergic to tree nuts.

3. Will peanut-allergic children outgrow their allergy?

Recent studies have indicated that approximately 20% of children will outgrow their peanut allergy by age six. The majority will continue to be allergic throughout their lives. With young children, it is worth repeating the allergy tests as the children grow older to see if there is any change in the status of their peanut allergy.

4. How can I tell if a child is having an allergic reaction? What should I do?

The most common reaction is a feeling of itchiness and a red rash, particularly around the mouth where the food comes in contact with the skin. If the rash and itchiness are self-limited and not associated with other symptoms, your doctor may recommend treatment with an antihistamine such as Benadryl®. If the rash is widespread and other symptoms emerge, the reaction is considered systemic or anaphylactic. Swelling of the tongue and throat, difficulty breathing, abdominal pain, vomiting, and a change in the level of alertness are all danger signs of possible life-threatening anaphylaxis. A child displaying these symptoms needs immediate medical attention. If the child has a prescribed EpiPen®, it should be used promptly. Once the EpiPen® is used, the child must be brought to the nearest medical facility for observation as there is the possibility that a delayed reaction (up to 4 to 6 hours later) may occur, requiring additional treatment.

5. Can someone allergic to eating peanuts also have a reaction by touching or smelling peanuts?

A study from Mt. Sinai Medical Center in 2003 specifically examined those questions. Thirty children with severe peanut allergies were exposed to both skin contact and the smell of peanut butter. The study reached the following conclusions:

- A rash may occur where the skin is touched by peanut butter but a dangerous reaction will not result unless the peanut butter enters the mouth, nose, or eyes.
- The rash will get better when washed with soap and water, and when Benadryl® is given.
- Just smelling peanut butter will not cause an allergic reaction because there is no peanut protein in an odor.

6. Is a child with a peanut allergy safe playing in my home? What do I need to do to keep that child safe?

The first step is to make sure that no food containing peanuts or any peanut product is served to the peanut-allergic child. Remember that food can be easily contaminated. If a knife that has been used to spread peanut butter is then dipped in a jar of jelly, that jelly is no longer safe for a peanut-allergic child. If your family has eaten peanut butter or peanuts recently, clean tabletops and counters with soap and water. If you have young children who may have wandered around the house with peanut butter on their hands, clean their toys and other surfaces they may have touched. Be sure to ask the peanut-allergic child's parents for specific instructions and any prescribed medicines in case of an accidental exposure and reaction.

7. What can a school do to make peanut-allergic students safe?

Schools should approach this problem on a case-by-case basis, applying several important principles. The school must identify each student with food allergies and have a written action plan, signed by the child's doctor, in place for each student. If prescribed, each allergic student must have an EpiPen® in the school, easily accessible in case of a reaction. Depending on the age of the student, strategies to avoid peanut exposure may include:

- no peanut products in the classroom (not only in terms of eating, but also in terms of classroom science and art projects)
- peanut-free zones in the cafeteria
- no food sharing
- washing hands before and after eating

Guidelines for schools can be found on The Food Allergy & Anaphylaxis Network Web site (www.foodallergy.org) and in the booklet, "Managing Life Threatening Food Allergies in Schools," available on the Web site of the Massachusetts Department of Education (www.doe.mass.edu/cnp).

8. If I can't bring in foods for school parties that "may contain nuts," what can I bring?

School parties don't necessarily have to involve food. Non-food items and prizes can be just as fun and entertaining. If you must bring a food, make sure you read the ingredient label carefully to make sure the food does not have peanuts or nuts in it. The Food Allergy & Anaphylaxis Network (www.foodallergy.org) has great information on how to read food labels.

9. My child is inviting friends to a birthday party at a restaurant. Can children with peanut allergies eat in restaurants? What should I do to make sure the food is safe for them?

Restaurants can be safe as long as precautions are followed. Accidental exposures are most common in desserts and in buffets and salad bars, where cross-contamination can easily occur. Cross-contamination can also be difficult to avoid in food preparation, particularly in a busy kitchen.

Because certain cuisines (such as Chinese, Japanese, Thai, Vietnamese, Ethiopian and some others) use peanut products as staples in their cooking, it may be easier just to avoid those restaurants. Again, it is vital to have the allergic child's emergency medications on hand and an emergency plan in place in case there is a problem. It is prudent to call in advance and speak to the restaurant manager in order to plan the menu and to prepare the wait staff and kitchen for your party. This should ensure a safe and enjoyable experience for everyone.

