

Report offers guidance on diagnosing, managing food allergies

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A new report from The National Academies of Sciences, Engineering and Medicine provides a roadmap to improve the care of those with food allergies.

Titled *Finding a Path to Safety in Food Allergy: Assessment of the Global Burden, Causes, Prevention, Management, and Public Policy*, the report includes recommendations on food allergy diagnostics, prevention, education of various stakeholders, emergency and daily management, allergen labeling and development of policy guidelines for a variety of settings to improve safety.

Supported by three federal and eight nonfederal sponsors, the guidance is the product of a study by a committee of 15 international experts considering a vast array of issues in the field.

Most of the recommendations directly or indirectly affect pediatricians in their management of food allergy. For example, current allergen food labeling practices can be confusing for families. Allergens such as sesame are not included in current laws, foods such as lychee are considered nuts (it is a fruit) and advisory labeling (i.e., “may contain”) is ambiguous and unregulated.

The report calls for action to improve labeling based on a scientific standard. It also identifies numerous areas that require further research, especially on prevalence, diagnostics, quality-of-life issues and treatments.

Of note, the committee recommended that various stakeholders, including the American Academy of Pediatrics, update guidelines on diagnosis, prevention and management of food allergy. Following is a summary of some of the areas in the report that are pertinent to pediatrics, along with how the AAP has been and will continue to be involved in these issues.

Diagnosis

The report recommends that physicians use evidence-based, standardized procedures as the basis for food allergy diagnosis and avoid unproven procedures (e.g., applied kinesiology, immunoglobulin G panels, electrodermal testing).

The AAP clinical report *Allergy Testing in Childhood: Using Allergen-Specific IgE Tests* is related to this topic.

Prevention

The report recommends that clinical practice guidelines provide clear evidence regarding the timing of introduction of allergens related to prevention strategies.

The Academy had representation on a recent expert panel describing early introduction of peanut as a modality of peanut allergy prevention (Togias A, et al. *J Allergy Clin Immunol.* 2017;139:29-44). The Academy also is updating a [2008 clinical report on atopy prevention](#).

Training

The report encourages training of various stakeholders such as medical students, residents and other health care providers on food allergy and anaphylaxis management, including through professional organizations.

Of note, the AAP National Conference & Exhibition, various online programming and other educational initiatives have included and will continue to include food allergy.

Anaphylaxis management

The committee recommended that health care providers and others use intramuscular epinephrine in all infants, children and adults as a first line of emergency management for episodes of food allergy-induced anaphylaxis. It also recommended that the Food and Drug Administration evaluate the need for, and, if indicated, industry should develop an auto-injector with 0.075 milligrams of epinephrine specifically designed for use in infants.

In a [2007 clinical report](#) and two clinical reports coming in 2017, the Academy provides guidance to clinicians regarding the indications of using and prescribing self-injectable epinephrine and for dosing, including recognizing that fixed-dose auto-injectors are lacking for infants who weigh 7.5 kilograms or less.

Safety in various settings

The committee recommended that stakeholders, including advocates such as the Academy, participate in a task force to address emergency management and prevention strategies for venues such as schools, early care centers and transportation such as airplanes.

The Academy has been committed to these issues, and recently resolutions were submitted at the Annual Leadership Forum regarding availability of epinephrine on airplanes. In addition, the Academy produced a [clinical report on food allergy management in schools](#) and provided input on the Centers for Disease Control and Prevention's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*.

In summary, this landmark report provides numerous avenues for pediatricians to bring the recommendations to bear to improve health and safety for their patients.

Disclaimer: The author is responsible for the content of this article, which does not necessarily represent the views of the National Academies of Sciences, Engineering, and Medicine, their committees, or convening bodies.

Dr. Sicherer is past chair of the AAP Section on Allergy and Immunology Executive Committee.