

What you should know about allergies

NEW YORK (Reuters Health) Sep 18 - Nearly 1 in 10 American adults report food allergies, but many of them regularly eat what they say they are allergic to, according to data from the National Health and Nutrition Examination Survey (NHANES).

"Physicians should be aware that this is a common concern in their patients and should evaluate it," Dr. Corinne A. Keet told Reuters Health. "People who are avoiding foods because of suspected food allergies should have those food allergies evaluated to make sure that avoidance is necessary." "We commonly skin test and if found to be negative we may challenge the individual to the suspected foods to prevent unnecessary avoidance and the development of anxiety prone events." reflected Dr. Bielory, Allergist at Robert Wood Johnson University Hospital with an office in Springfield, NJ.

Although information on specific food allergies is collected by the NHANES questionnaire, this is the first report of the overall prevalence of food allergy, the prevalence of specific food allergies, and information on the characteristics of children and adults reporting food allergies.

The findings, based on NHANES 2007-2008 and 2009-2010, appear online September 3 as a letter to the editor in the Journal of Allergy and Clinical Immunology.

Overall, 8.96% of individuals, including 6.53% of children and 9.72% of adults, self-reported food allergy, report Dr. Keet and Dr. Emily C. McGowan from Johns Hopkins University School of Medicine in Baltimore. The prevalence among adults decreased to 3.51% when the analysis was limited to those reporting allergy to peanuts, tree nuts, fish, and shellfish, which are more likely to persist into adulthood.

"Other," milk, peanut, and shellfish were the most common self-reported allergies in both adults and children.

Among people self-reporting food allergy, 34.4% of those with milk allergy and 24.6% of those with shellfish allergy said they had consumed the offending food within the previous month. Only 4.8% of those with peanut allergy reported peanut consumption, but the question was limited to the previous 24 hours (rather than the previous month).

Even after excluding respondents who consumed the food they claimed allergy to, the prevalence of food allergy remained 7.64%.

Self-reported food allergy in adults was more common in women, in those with a higher household education level, and in those of non-Hispanic black race/ethnicity. Food allergy was also reported more often by children of non-Hispanic black race/ethnicity, but there were no significant differences in prevalence in children by gender or household education.

"Although it's well known that significant racial/ethnic disparities exist in other allergic diseases (i.e., asthma and allergic sensitization), this aspect of food allergy has been less well appreciated," Dr. Keet said. "This study adds to the literature showing higher rates of food allergy in blacks."

Food allergy was more common in both adults and children with asthma or allergic rhinitis than in other respondents, and increasing asthma severity was associated with higher prevalence of self-reported food allergy.

"We know that self-reported data significantly over-estimate the true rate of food allergy," Dr. Keet cautioned. "Other studies have shown that many people diagnosed with food allergy can actually eat the 'allergenic' food without symptoms, and in this study we found that many people who reported milk, shellfish and fish allergy actually reported eating those foods regularly."

"That being said, self-reported data are what we have available to estimate prevalence in the U.S., and this study can provide a useful benchmark," Dr. Keet concluded. "Hopefully in the future we can come up with combinations of questionnaires and laboratory measures that will give us a more accurate estimate of prevalence."

Two other researchers with experience in food allergy offered comments.

"There is a good correlation between self-reported food allergy and actual food allergy; food allergy is less but is always the same percentage in comparison," said Dr. Wesley Burks from The University of North Carolina, Chapel Hill.

"A limited number of foods cause most of the food allergy reactions," he told Reuters Health by email. "This means that you do not have to do diagnostic testing on a large number of foods if you are investigating what is causing a possible reaction."

Dr. Isabel Skypala from Royal Brompton & Harefield NHS Foundation Trust in London told Reuters Health, "I am surprised that the reported prevalence is lower than others have reported in Europe. Our data from the UK showed a rate of 15.5% prevalence of reported reactions to foods. The main issue with these data is that they did not ask about symptom type or speed of onset/duration, which are often used by practitioners to discriminate between allergic and non-allergic symptoms, rather than the foods themselves."

"These results show the importance of taking a formal dietary history from all those reporting allergies to foods and subsequent exclusion of those foods," Dr. Skypala said in an email. "Clearly many are still eating these foods. This does not always suggest (as the authors propose) that the foods are not provoking symptoms, but possibly that in some cases it is the form of food that is important or the dose. For example, apples might cause symptoms in pollen-food syndrome sufferers when raw but they can consume them perfectly well when cooked. Some people are allergic to one type of prawn but not to all shellfish."