

Peanut allergy: Experts call for urgent review of public health advice

Allergy New Zealand and allergy specialists are calling for the Ministry of Health to urgently review infant feeding guidelines, to try and stem the tide of peanut allergy in New Zealand children.

This is in the wake of the much anticipated findings from a landmark study on peanut allergy released this week. The study, led by Professor Gideon Lack at King's College London, didn't disappoint.

Learning Early About Peanut (LEAP) study offers proof that early introduction of peanuts may protect against the development of peanut allergies.

Professor Hugh Sampson, a leading clinician and researcher, and Director of the Jaffe Food Allergy Institute with the Icahn School of Medicine at Mount Sinai, says "The results from this trial are so compelling, and the problem of the increasing prevalence of peanut allergy so alarming that new guidelines should be forthcoming very soon."

Essentially the study discovered that early introduction of peanut (between 4mths and 11 months) dramatically decreases the risk of developing a peanut allergy by a staggering 70-80%.

"Early consumption is effective not only in high-risk infants who show no sensitivity to peanuts early on, but it is also effective in infants who already demonstrate peanut sensitivity," first author George Du Toit, MB, BCh, also from Kings College London, explained.

While additional questions remain, researchers now wonder if the LEAP study should prompt a change in food allergy guidelines.

"There appears to be a narrow window of opportunity to prevent peanut allergy," says Lack. "As soon as infants develop the first signs of eczema or egg allergy in the first months of life, they should receive skin testing to peanut and then eat peanut products either at home if the test is negative or first under clinical supervision if the test is positive. Infants without such symptoms should be fed peanut products from four months of life."

Lack added that this advice applies to children in countries where peanut allergy is a problem and cautions that infants should not be fed whole peanuts because of the risk of choking.

New Zealand paediatric allergy specialist Dr Jan Sinclair, Starship Children's Hospital, attended the annual meeting of the American Academy of Allergy, Asthma and Immunology (AAAAI) meeting where the study was released, agrees with her colleagues, indicating the Ministry of Health have been informed of the study and the urgent need for new guidelines.

Mark Dixon, CEO of Allergy New Zealand, says previous public health advice to pregnant and breastfeeding mothers in many countries including New Zealand, was to avoid peanuts and delay introduction in infants until 3-5 years of age, in order to prevent the development of peanut allergy.

"However, subsequent reviews indicated this was incorrect and may have contributed to the rise in peanut allergy. Although the advice was withdrawn a few years ago, until now we have not had evidence that the early introduction of peanut into infants' diets will significantly reduce the risk of developing peanut allergy," he says.

"Given that recent studies indicate peanut allergy may be as high as 3% in infants at 12 months of age, that it tends to be a life-long condition with a risk of life-threatening reactions, and high financial, social and psychological cost to individuals and their families, the recommendations from this study, and the clinicians involved, should be considered as soon as possible."

"However, there is advice that must be given on how to do this safely, and to ensure that high risk infants – with severe eczema or egg allergy – are referred for testing for peanut allergy test prior to the introduction," says Mark.

The "Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy" was published in The New England Journal of Medicine and presented at a Keynote address for the American Academy of Allergy, Asthma & Immunology (AAAAI) Annual Meeting in Houston. Funding for the LEAP study was provided by the National Institute of Allergy and Infectious Diseases (NIAID) and Food Allergy Research & Education (FARE).

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