

The Allergy & Asthma Clinic

www.TheAllergyClinic.com

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Newsletter

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Allergies and Genetics

According to the Asthma and Allergy Foundation of America, in 2018, 5.2 million of children had hay fever, 9.2 million children had skin allergies and 5.6 million had food allergies. With the rise in the prevalence of allergies, prevention has been key to help manage these conditions. Children who have allergies often frequently follow a pattern, progressing through a series of allergic conditions, known as the “allergic march”. For example, some children may initially develop eczema or food allergies and although these conditions may improve over time, the child then often develops hay fever and sometimes, asthma.

It is estimated that more than half of children born into those families with an allergic condition will likely develop allergic disease themselves. However, the incidence of children developing an allergic condition with no family history is much less. In addition, the risk is even higher when both parents are affected by an allergic condition. In a study titled *The Impact of Family History of Allergy on Risk of Food Allergy: A Population-Based Study of Infants*, “there was evidence that food allergy was more common among those with two or more allergic family members compared to only one allergic family member. This pattern was consistent when egg allergy was examined as a separate outcome, but differed for peanut allergy. For peanut allergy, having a single family member with a history of allergic disease was not associated with an increased risk of peanut allergy, while having two or more family members with a history of allergic disease significantly increased the risk of peanut allergy in the child. There was modest evidence that peanut allergy was more common among those with two or more allergic family members compared to only one allergic family member”.

Despite these findings, it is important to note that children do not always develop the same allergic condition as other members of the family. In other words, a child may inherit the susceptibility to an allergy, rather than inherit a specific allergic condition.

Not surprising, there are other factors which can contribute to the development of allergies and there are many cases when children develop allergies even when there is no family history of allergies.

Other factors that have been linked to the development of allergies include the exposure to smoke, exposure to animal dander, daycare attendance, viral infections, air pollution, medications and diet.

Allergy Prevention

Food Allergy- According to the Academy of Allergy, Asthma and Immunology “single-ingredient infant foods may be introduced, typically including fruits (apples, pears and bananas), vegetables (green vegetables, sweet potatoes, squash and carrots) and cereal grains (rice or oat cereal) one at a time between four to six months of age”. Ideally these foods should be introduced a week or two apart, giving parents and caregivers time to identify foods which may be associated with an adverse reaction. Age appropriate foods with egg, dairy, peanut, tree nuts, fish and shellfish can also be independently and gradually introduced, but only after less allergenic foods have been introduced and tolerated. In fact, many studies have shown that delaying the introduction of these foods may increase your baby’s risk of developing allergies.

Environmental allergy- As noted, environmental substances, especially dust mite, can cause allergy or asthma symptoms, and reducing exposure to dust mite and other environmental allergens early in life may delay or even prevent some allergic conditions.

Tobacco Smoke

Simply put, do not expose your children to tobacco smoke before or after birth. Exposing children to secondhand smoke has been shown to increase the likelihood of developing asthma and other chronic respiratory illnesses.

In observance of the Memorial Day Holiday, we will be closed on

Monday, May 30.