

Parents

HEALTH GUIDE

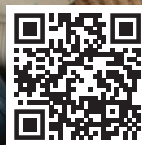
THE LATEST GUIDELINES
ON INTRODUCING FOOD
ALLERGENS TO YOUR BABY

9 TIPS FOR USING EPINEPHRINE
AUTO-INJECTORS
SAFELY AND EFFECTIVELY

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Provides reassuring delivery confirmation

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Prompts you to seek immediate medical attention



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Common side effects include fast, irregular or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, or breathing problems. These side effects usually go away quickly, especially if you rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

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Parents Health Guide: Navigating Severe Allergies in Kids

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FROM THE EDITOR

Welcome to *Parents Health Guide*, a special issue from the editors at *Parents*. In this edition, we're looking at a condition that affects 1 in 13 children: severe allergies. We'll dig into how to navigate this life-threatening condition safely with every milestone—from your child's diagnosis through their teen years. We learned a lot from the experts in this issue about what the signs and symptoms of anaphylaxis in children look like (p. 4) and how to empower your tweens and teens to make safe food-allergy choices (p. 26). We even got some great advice from our cover star, Brittany Mahomes, on the importance of advocating for our kids, especially when it comes to their safety.

We put a great deal of care into reporting the articles in this issue because we know how difficult it can be to find reliable, up-to-date information when it comes to your child's health. Our goal is to provide caregivers with knowledge that is comprehensive and easy to understand so that they can confidently keep their children healthy. We hope you enjoy this special issue of *Parents Health Guide*.

GRACE BASTIDAS,
EDITOR-IN-CHIEF





The Signs & Symptoms of Anaphylaxis

Anaphylaxis can be frightening for allergy sufferers and their parents, but a lot can be done to mitigate the condition, starting in infancy.

By **HANNAH NWOKO**

ANAPHYLAXIS IS A SEVERE REACTION TO AN ALLERGEN

that can be life-threatening. It is a term used when multiple organ systems are being affected or a combination of symptoms are being experienced after exposure to a known or unknown allergen.

Research shows that around 5% of the U.S. population has suffered anaphylaxis, with fatal anaphylaxis accounting for less than 1%. Despite the relatively stable mortality rate, in recent decades, an increase in anaphylaxis cases has been observed, mainly in terms of hospitalization.

There are several common triggers in children, but food is the most common, according to Tonia L. Farmer, M.D., a board-certified ENT surgeon. "The group of foods that are most common to trigger an anaphylactic reaction are milk, eggs, wheat, and soy. This group of foods is referred to as

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Patient portrayal.

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MEWS (milk, eggs, wheat, and soy). However, the most potent type of food reaction that we more commonly know of are peanuts and fish,” she says.

Ruchi S. Gupta, M.D., M.P.H and Director of the Institute for Public Health and Medicine, agrees, adding that “mounting evidence shows that early introduction of peanut and egg, followed by regular inclusion in the diet, is an effective strategy to prevent these food allergies from developing.”

The American Academy of Pediatrics says you can start introducing nutrient-dense, single-ingredient foods like fruits and vegetables between 4 and 6 months. “First look for signs that your baby is ready, such as being able to control their head and neck, bringing objects to their mouth, and sitting up alone or with support,” advises Dr. Gupta.

“Every child is different, so talk to your pediatrician before starting your child on solids. Also, make sure to discuss possible risk factors for severe allergies, such as severe eczema in your baby,” she continues.

She also recommends that parents introduce peanut-containing foods soon after babies start eating solids

RUCHI S. GUPTA, M.D., M.P.H

3

ways to introduce peanut-containing foods to young children

MIXING WITH BREAST MILK OR FORMULA

Mix 2 teaspoons of peanut butter with 2-3 teaspoons of hot liquid. Cool before serving.

MIXING WITH PUREED FOOD

Combine 2 teaspoons peanut powder with 2-3 teaspoons of a previously well-tolerated food, like pureed fruit, pureed veggies, or baby cereal.

SNACKS

Parents can feed toddlers snacks containing allergens, like peanut puffs.

between the age of 4 and 6 months. Parents can also introduce foods like milk in the form of yogurt, wheat, soy, other tree nuts, and common allergens. As guidance, she explains that whenever giving children solids, carefully check the food’s texture and consistency before offering it to your baby to avoid a choking hazard.

Aside from food, other causes of potential anaphylactic reactions in children include insect stings, latex, and medications like antibiotics. “Children can also have an allergy to environmental allergens such as pollens, mold, dust mites, and pets. These types of allergies don’t usually cause anaphylaxis, but it’s possible,” highlights Dr. Farmer.

EVERY CHILD IS DIFFERENT — HERE’S WHAT TO LOOK OUT FOR

Anaphylaxis generally occurs rapidly, within 30 minutes to one hour, though there are instances in which symptoms develop hours after the initial exposure. The main signs and symptoms of anaphylaxis include swelling of the face, throat, tongue, and soft palate;

wheezing or stridor sounds; trouble breathing; difficulty swallowing; hives or rash on the skin; itching of the skin; agitation/irritability; stomach ache; nausea/vomiting; low blood pressure; dizziness; paleness or cyanosis (turning blue); and loss of consciousness.

Keep in mind that symptoms will present differently in different children for various reasons. Skin conditions such as hives that can be seen during an anaphylactic reaction typically look raised, red, and itchy on pale skin, but will look different on Black and brown skin. This is essential to note as a recent Centers for Disease Control report revealed that an estimated 1 in 17 children, or 5.8%, were diagnosed with a food allergy in the U.S. in 2021. The largest percentage of allergies was found amongst Black children.

“On melanated skin, this type of rash can be the same color as the surrounding skin. The appearance will look more uniform,” Dr. Farmer says. “On the other hand, the hive of an allergic rash on Black or brown skin can also appear darker than the surrounding skin. Sometimes, it can take on a purplish hue and could be confused for other skin conditions.”

Dr. Farmer says that it’s important to also be aware of signs of anaphylaxis in non-verbal children. A 2018 study from the University of Iowa found that children with autism are twice as likely to be diagnosed with a food allergy. “Of course, babies and non-verbal children can’t tell you that they can’t breathe or that they feel like their throat is tight, but they can still present with the classic symptoms of skin rash/hives, itching, wheezing, vomiting, and diarrhea.”

As noted in a 2021 study in the *Journal of Asthma and Allergy*, nonverbal children may also present with non-classic symptoms such as ear pulling, tongue thrusting, fussiness, and an increase in clinginess.

“As an ENT specialist, I know how easy it can be to confuse these types of symptoms for other things, such as an ear infection or teething,” Dr. Farmer empathizes. “Recognizing signs and symptoms early is important. Being aware of the child’s behavior changes and physical being, especially after potential exposures to new foods, medications, or being outside, is crucial.”

She explains that certain children are going to be at a higher risk of having an anaphylactic reaction. Those with a known history of allergies, asthma, family history of anaphylaxis, or prior history of this type of reaction should raise a parent’s level of suspicion. “The child’s pediatrician or allergist may have even provided a plan of action in the case of an anaphylactic reaction. Follow that plan,” Dr. Farmer says.

“As a pediatrician, I meet worried



**Parents
can introduce
peanut-containing
foods soon after
babies start eating
solids between
4 and 6 months.**

families every day who feel overwhelmed with a new diagnosis for severe food allergies,” Dr. Gupta adds. “It’s important to remember that you are not alone and that there are steps you can take to help be prepared and protect your child. It’s also important to share this information with your child’s school and other caregivers. Parents of children with food allergies can also learn more about how to be prepared at foodallergygameplan.com.”

TAKING ACTION

Dr. Farmer stresses that an anaphylactic reaction is a medical emergency and must be treated as such. “The first thing to do is make sure the child is in a comfortable position, either lying down or sitting up if breathing is difficult. In addition, make sure the child remains calm and doesn’t run around. If your child is stressed and anxious, this can cause mast cells in the immune system to release more chemicals. This can circulate the allergen more and cause the reaction to progress faster.”

“Symptoms can progress to a critical level within seconds to minutes, so time is crucial. If the child has known allergies to a particular thing, more than likely they’ve been prescribed an epinephrine auto-injector,” she continues.

Dr. Gupta agrees, specifying that children must be treated immediately with an epinephrine auto-injector like AUVI-Q—the gold standard for treating anaphylaxis. “Anaphylaxis can be very stressful for caregivers, especially if it’s one of the first times a child is experiencing it.”

“What’s great about AUVI-Q is that all doses provide calm voice instructions to guide parents and caregivers through the epinephrine administration process,” she continues. “AUVI-Q is easy to use, with no experience required, so you can be confident that anyone who cares for your child can administer it. It is the only FDA-approved epinephrine auto-injector for infants and toddlers 16.5 pounds to 33 pounds.”

Unlike antihistamines, epinephrine acts quickly to treat all symptoms of a severe allergic reaction. After injecting epinephrine, call 911. It’s important to seek medical help for your child as some allergic reactions are so severe they require additional treatment.

When anaphylaxis occurs, it’s important that the child immediately be taken to an emergency room, not urgent care, in order to receive the best care. Knowing that the child has allergies to a certain thing, such as food, pets, insects, or medications, will better help to avoid exposure that can potentially lead to anaphylaxis.

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The Lowdown: The Latest on Introducing Foods to Baby

Recommendations on when to introduce allergens to first-time eaters have changed. Here's what to know.

By **WENDY WISNER, IBCLC**

INTRODUCING SOLID FOODS TO YOUR

baby is an exciting milestone but it often comes with many questions. Which foods should you introduce first, and in what order? What about introducing foods that may cause allergic reactions in babies, such as peanuts, eggs, and dairy?

There's a lot of confusion out there about the best way to introduce allergens to babies and this is partly because guidelines have changed over the years. Advice is constantly changing and the guidance your pediatrician gave you about your oldest child may even differ from current recommendations. No worries—we've got you covered. Here, we'll highlight

the most recent research and recommendations about introducing solids to babies and the best ways to avoid allergies.

WHAT WERE THE PAST RECOMMENDATIONS ON INTRODUCING SOLIDS?

The advice on when and how to introduce solids to babies has undergone some noteworthy changes over the past two decades. In 2000, the Academy of American Pediatrics (AAP) recommended that parents delay the introduction of common allergens. For example, it recommended that allergens like cow's milk be delayed until the baby is 12 months old. If a baby had a high risk of developing a food allergy, the recommendation was to wait until the age of 3 to introduce foods like seafood and peanuts.

But in the years that followed, it became clear that there was no benefit to delaying the introduction of solid foods. "This recommendation did not have firm evidence behind it and, interestingly, food allergy rates began rising as more and more parents delayed allergen introduction," says Katie Marks-Cogan, M.D., pediatric allergist and cofounder and chief allergist of *Ready. Set. Food!*

Indeed, as the CDC notes, between 1997 and 2007, occurrences of food allergies among children under the age of 18 increased 18%.

THE LATEST GUIDELINES AND RESEARCH

The latest AAP guidelines for introducing solids state that high-risk foods should be introduced much earlier than before, at around 6 months. The AAP suggests that you start your baby on less allergenic foods like cereals for a few weeks. Then, add in one new food at a time—including allergens. The AAP recommends waiting about three days between each food before starting another.

The latest research on introducing allergens takes things a step further, emphasizing that allergens be introduced as early as possible and with increased frequency. "We are now shifting away from exposing infants to common food allergens at 6 or more months of age and in an orderly fashion," says Anthony Hudson, M.D., a pediatrician at Children's Hospital New Orleans LCMC Health.

As Dr. Marks-Cogan notes, there were two main studies that influenced this new recommendation of "early and often." The first was the Learning Early About Peanuts (LEAP) study from 2015. This study was "the first to show conclusively that avoiding peanuts during infancy and toddlerhood could increase the risk of developing food allergies," Dr. Marks-Cogan says.

Secondly, the Enquiring About Tolerance (EAT) study, published around the same time, showed that "to reduce the risk of a food allergy, parents needed to feed the food



SANJEEV JAIN, M.D.

The Big 9

Here's a quick look at the most common food allergens to look out for.

There are no clear correlations between a specific food allergy and a set age when that allergy might develop, says Sanjeev Jain, M.D., board-certified allergist and immunologist at Columbia Allergy. Additionally, he notes, allergies don't manifest the first time your child tries a food.

Keep a close eye when introducing your child to these foods.

ACCORDING TO THE AMERICAN ACADEMY OF PEDIATRICS (AAP), 9 FOODS CAUSE ABOUT 90% OF ALLERGIES IN CHILDREN.



milk



eggs



peanuts



soy



shellfish



wheat



tree nuts



sesame



fish

often and in sufficient quantity," Dr. Marks-Cogan says, nothing that babies who ate these allergens less regularly did not show a reduction in food allergies.

The Canadian Society for Allergy and Clinical Immunology (CSACI) published a 2023 position paper in *Allergy, Asthma & Clinical Immunology* based on the latest research on allergies. Its recommendations state:

- Early introduction of solids is the best way to protect against food allergies.
- Rather than relying on single or only occasional exposures to a specific allergen, babies should be introduced to allergens frequently.
- While it's not precisely clear how often babies should be fed allergens, they recommend doing so several times per month, or about once per week.

INTRODUCING SOLIDS WHEN YOU HAVE A FAMILY HISTORY OF FOOD ALLERGIES

Families who have a history of food allergies may feel hesitant to introduce allergens early. "It is pertinent that these families know how important it is to introduce allergens early and often," Dr. Marks-Cogan says. "They have the potential to reduce their baby's risk of developing food allergies by doing this."

It's always a good idea to introduce allergens during times that your baby's pediatrician's office is open, so you can call them if your baby has an allergic reaction. In babies, this usually looks like hives and vomiting, which will occur within minutes—but no more than about two hours—after eating the food, Dr. Marks-Cogan says. If your baby is having a severe reaction, don't wait to call your pediatrician— seek emergency care immediately.

WHAT ELSE TO KEEP IN MIND WHEN INTRODUCING SOLIDS

Besides introducing solids early and frequently to prevent allergies, there are a few other tips that experts recommend you keep in mind when introducing solids to your wee one.

"I like to emphasize the importance of routine when approaching meals," says Dr. Hudson. "Establishing a routine where an infant is fed at the same time daily is important." He also recommends that you prepare your baby's food at home, when possible, rather than relying on processed and packaged foods.

Wan-Yin Chan, M.D., a pediatric allergist and medical director of allergy and immunology at Children's Hospital of Orange County, supports the most updated guidelines of introducing solids as early as possible and with steady frequency. But she says that when it comes to peanuts, you have to keep in mind that nuts are a top choking hazard, so you should avoid giving whole nuts to your baby before the age of 3. "I recommend giving nuts in butter or puff form until then," says Dr. Chan.

Above all, remember that all babies are different. Don't hesitate to reach out to your pediatrician about the safest and healthiest ways to introduce solids to your little one.

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Brittany Mahomes Is the Ultimate Advocate for Her Kids

Find out how Brittany Mahomes, the founding co-owner of the Kansas City Current, and her husband, Patrick Mahomes, navigate their kids' allergies when they're on the road.

By ANNA HALKIDIS

BRITTANY MAHOMES AND HER HUSBAND, NFL quarterback Patrick Mahomes, experienced their first allergy scare with their children when their daughter, Sterling Skye Mahomes, was introduced to formula for the first time.

"She had a reaction," recalls Brittany. "She was vomiting; she was sneezing; she had red, itchy eyes."

Although it wasn't a life-threatening allergic reaction, the concerned parents took Sterling to their pediatrician and then to an allergist. Ultimately, Sterling, now 3, was fine, but it made them wary about how to approach food introductions with their second born, their son named Patrick "Bronze" Lavon Mahomes III.







"I was a little intimidated going into things with him just because of what I had been through with my daughter," explains Brittany, a retired soccer player and founding co-owner of the Kansas City Current, an American professional women's soccer team.

To be proactive, the couple followed the latest food introduction guidance and began introducing Bronze to foods early on. They tried peanuts, a move which the American Academy of Pediatrics (AAP) recommends. According to the AAP, introducing babies as early as 6 months to infant-safe forms of peanuts—and as early as 4 months to high-risk infants with severe eczema or an egg allergy—can help lower the risk of developing peanut allergies.

Brittany says they introduced peanuts through a powder added to his bottle and, within 20 minutes, Bronze started getting fussy and inconsolable. Assuming her son was just tired, Brittany decided to start his bath and bedtime a little earlier that day.

About 5.6 million kids—or one in 13—have food allergies. And around 40% of them are allergic to more than one food.

"I took his diaper off, and then I realized he had broken out into hives everywhere under his diaper and his clothes," she says. "Within minutes, it began to grow and grow, and eventually covered his whole body and got up to his face."

It was clear something was wrong, as hives are one of the most common symptoms of food allergies. Other symptoms can include nausea, vomiting, diarrhea, breathing issues,

swelling, eczema, and lightheadedness. These can occur within minutes or up to a few hours after.

While the experience was terrifying, Brittany felt more at ease this time around because they had AUVI-Q in their home, a precaution they took after Sterling's experience. The FDA-approved epinephrine auto-injector is meant for infants and toddlers between 16.5 and 33 pounds.

Patrick and Brittany didn't need to use it during Bronze's allergic reaction, but they did end up taking him to the emergency room. "They ultimately told us, 'He's going to be fine, but you need to wait here for a few hours just to make sure everything's OK,'" she explains.

Both experiences were a total surprise for Brittany and her husband, especially because neither of them suffer from any allergies themselves. But food allergies in children are common and also on the rise, increasing by 50% between 1997 and 2011 in the U.S., according to Food Allergy Research and Education (FARE).

Peanut or tree nut allergies, which can cause a severe reaction called anaphylaxis, have more than tripled for kids from 1997 to 2008. Overall, about 5.6 million kids—or one in 13—have food allergies. And around 40% of them are allergic to more than one food.

It isn't fully clear why some children develop food allergies and others don't. Many kids will outgrow their allergies, but some will go on to have them for their entire lives.

Having a child with any type of allergy can make parenthood feel even more overwhelming. It often requires adjustments to family life and implementing precautions to keep little ones safe. For Brittany and Patrick, this includes making sure everyone who comes in contact with their children is aware of their food allergies, as well as how to use the epinephrine auto-injector in case it's ever needed.

"All our friends, family, anyone who may be around our children knows about our AUVI-Q devices, where to find them, and how to administer epinephrine," she says. "I love that AUVI-Q has a calm voice that walks you through how to use it. This helps ease my mind when my kids are in the care of others or when we're out and





about, and I may not have as much control of the food in our surroundings.”

Being a family that’s often on the road can present additional challenges. Brittany has to be more vigilant when she brings the kids along to support their Kansas City Chiefs quarterback dad, including to Las Vegas for the team’s Super Bowl win in 2024, or back to the couple’s Texas hometown during the offseason. Her pro tip: Always pack your own allergy-free snacks and enough for other kiddos, too.

“This has been the biggest help for me as we’ve learned to adjust to this lifestyle,” she says. “Kids always like to be eating the same things, so if we’re out with other children, it helps to provide enough snacks for everyone that are safe for my kids to eat. This helps when we travel, too, because it provides some sort of consistency and routine and prevents us from having to scramble to find safe foods while we’re on the road.”

Apple sauce packets are always a win for the Mahomes kids. “We also

love bars for a quick game day snack,” says Brittany. “Sterling is really big into Cuties right now and is even learning to peel those on her own.”

Proper precautions like these can allow children with allergies to continue to engage in their hobbies. For the Mahomes kids that, unsurprisingly, means playing sports.

“Sterling is loving to learn how to kick the soccer ball and score goals, while Bronze is throwing balls and dunking on

his basketball goal,” says Brittany, adding that Sterling loves to play soccer with her and golf with her dad. “We think it’s really important to be active as a family and to all enjoy sports together.”

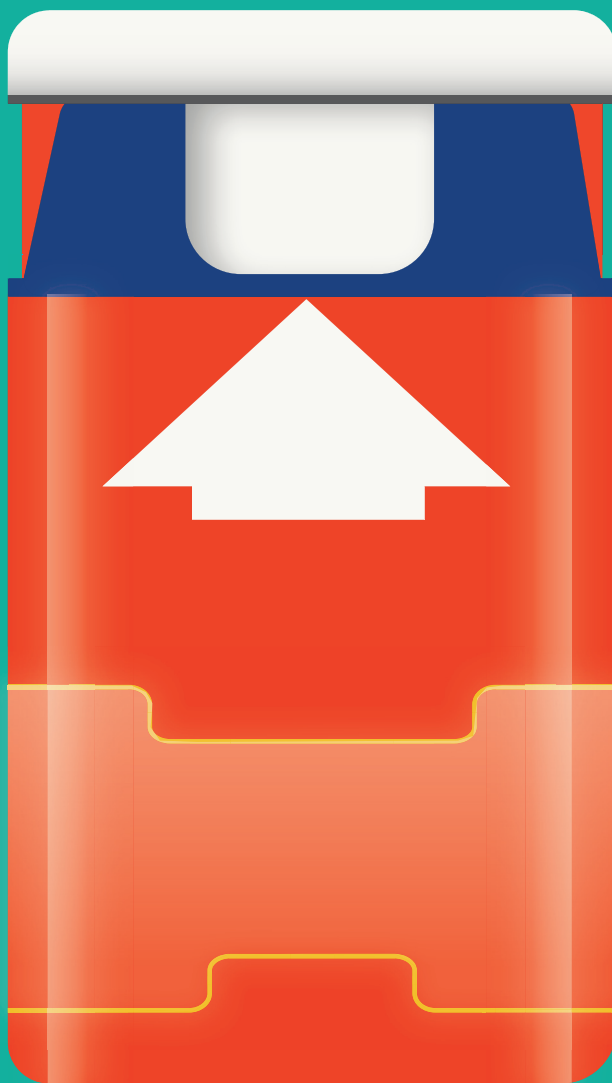
While food allergies can be scary, a lot of attention is being paid to keep spaces and kids safe. For example, schools across the country work with the federally implemented 504 plan, an annual plan created between a school and a family to accommodate a child with any type of disability, including food allergies.

But, even with the availability of accommodations, our kids often need more support. Brittany urges caregivers to shamelessly advocate for their children with food allergies whenever they feel they need to.

“My biggest tip is to just be confident in using your voice and never feel bad about speaking up for your children,” says Brittany. “Ultimately, it’s their lives and safety in your hands; you should never feel bad about advocating for them.”

BRITTANY’S TOP TIP

“My biggest tip is to just be confident in using your voice and never feel bad about speaking up for your children,” she says. “Ultimately, it’s their lives and safety in your hands.”



Pro Tips: Using Epinephrine Auto-Injectors Safely and Effectively

Understanding epinephrine auto-injectors—how to use them and when—will give you the confidence you need to use this vital lifesaving tool.

By **SHERRI GORDON, CLC**

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IF YOUR CHILD HAS RECENTLY

been prescribed an epinephrine auto-injector, it's normal to feel a little nervous about using it. But as anyone with existing allergies to foods or insects knows, epinephrine is the first line of defense against the life-threatening reaction anaphylaxis. Plus, these devices are safe—and essential—lifesaving tools.

With a little insight and preparation, you will soon be a pro at using it too. Here are nine tips to help alleviate your apprehension and empower you with the knowledge and confidence you need to help your child use their epinephrine auto-injector safely and effectively.

1

UNDERSTAND THE PURPOSE OF EPINEPHRINE

Epinephrine, also known as adrenaline, is a chemical made by our bodies to prepare for stressful moments. It can be activated for many reasons, such as our fight-or-flight response, explains David Stukus, M.D., director of the Food Allergy Treatment Center at Nationwide Children's Hospital in Columbus, Ohio.

"When given as a treatment, it works at multiple receptors throughout the body and can reverse any symptom during an allergic reaction, including hives, swelling, wheezing, vomiting, and low blood pressure," Dr. Stukus explains.

2

KNOW HOW TO USE YOUR AUTO-INJECTOR

Although epinephrine auto-injectors are designed to be



easy to use, you should still familiarize yourself with how to use the specific one your child has been prescribed. Ideally, your healthcare provider will run through the steps with you and help you get used to using it. Depending on your child's age, they also should learn how to use it.

Not only can becoming familiar with the device help you both use the device effectively, but it also can save valuable minutes in an emergency. Keep in mind, too, that each type of auto-injector has slightly different instructions, so familiarize yourself with the specifics of your brand.

3

CARRY TWO AUTO-INJECTORS WITH YOU

Most experts recommend carrying two auto-injectors with you at all times. The primary reason for this is that some people have such a strong reaction to a food allergen (or an insect sting) that they need two doses of epinephrine to buy them time to get to the hospital for more care.

"We recommend that [people] at risk for anaphylaxis always

have two epinephrine auto-injectors available at all times,” says Stephanie Leonard, M.D., director of the Food Allergy Center and director of the Food Allergy Immunotherapy Clinic at Rady Children’s Hospital—San Diego. “About one-third of severe allergic reactions may require a second dose. If someone is not getting better or they’re getting worse within five minutes of the first dose of epinephrine, the second dose should be administered in the other thigh.”

4

USE EPINEPHRINE AT FIRST SIGN OF REACTION

If your child accidentally ingests a known food allergen or was stung by a bee, it’s important to use your epinephrine auto-injector right away. Even if their only reaction is hives, it’s still fine to administer epinephrine. In fact, experts often recommend: “If you suspect—always inject.”

“No one will find fault if you give the epinephrine and the symptoms appear minor at the time, since symptoms can worsen quickly without epinephrine,” says Dana Broussard-Perry, M.D., a board-certified allergist at Pediatric ENT in Orlando, Florida.

“Don’t allow your fear of a needle to prevent you from using the injector.”

Using epinephrine immediately also may be the difference between life and death, Dr. Broussard-Perry adds. People who experience anaphylaxis may have only minutes to be treated before their condition worsens. “Studies show that epinephrine administered within 30 minutes reduces the risk of death and a second wave of anaphylaxis called biphasic reaction.”

5

RECOGNIZE THAT EPINEPHRINE AUTO-INJECTORS ARE SAFE

Epinephrine is extremely safe when used in the doses and delivery provided through an auto-injector, Dr. Stukus says. “Many people think it is unsafe because it’s delivered through an injection or that it can cause serious heart problems. Other misconceptions include that people should wait to use it until someone’s throat is swelling shut or they’re on the way to the hospital.”

Neither of these are true. Dr. Stukus says side effects, especially anything involving the heart, are almost always

associated with using epinephrine intravenously, which will only occur in a hospital setting in extreme circumstances. The most your child may experience is a faster heart rate and a little jitteriness—both of which wear off in about 20 to 30 minutes.

6

PRIORITIZE EPINEPHRINE WHEN EXPERIENCING ANAPHYLAXIS

Epinephrine is the gold standard for treating anaphylaxis and should be the first line of defense against a life-threatening reaction. Remember, epinephrine auto-injectors are safe, fast, and effective, says Dr. Leonard. Plus, it’s the only effective treatment for anaphylaxis.

“The two most dangerous symptoms of an allergic reaction are difficulty breathing and a drop in blood pressure—epinephrine opens the lungs and brings up the blood pressure,” she says. “It also does something important that antihistamines don’t do: It halts the allergic reaction by stabilizing the allergy cells so that they don’t continue to release chemicals, such as histamine, which cause the allergic reaction.”

What’s more, many people inaccurately equate anaphylaxis with always causing a life-threatening reaction, says Dr. Stukus. “There is a spectrum of severity, and many people can have mild anaphylaxis such as hives with one episode of vomiting. Severe anaphylaxis absolutely can occur, but fortunately is less common. We want to promote early use of epinephrine because it makes people experiencing an allergic reaction feel better faster and because it is very safe to use.”

“Even if their only reaction is hives, it’s still fine to administer epinephrine. If you suspect—always inject. No one will find fault if you give the epinephrine and the symptoms appear minor at the time.”

DANA BROUSSARD-PERRY, M.D.

7

SEEK EMERGENCY MEDICAL CARE

Many people erroneously believe that they need to go to the emergency room because they used their epinephrine auto-injector. But, in reality, your allergist is likely advising a trip to the ER because of your child's reaction, not because of the epinephrine.

"We advise anyone having a life-threatening reaction to proceed to ER regardless of epinephrine use or not," says Purvi Parikh, M.D., a pediatric allergist and medical adviser for the Allergy & Asthma Network. "Epinephrine, however, will save your [child's] life and buy you time until you can safely reach a hospital to be examined."

Oftentimes one dose of epinephrine gets symptoms under control, but for very severe reactions, your child may need multiple epinephrine injections. They also might require other supportive care like fluids, respiratory support, medical care, and observation that you cannot get at home.

8

UNDERSTAND THE RISKS OF A BIPHASIC REACTION

A biphasic reaction occurs when symptoms of an acute allergic reaction fully resolve with or without treatment but then return again hours later, Dr. Stukus says. "Fortunately, biphasic reactions are extremely rare, occurring in less than 5% of patients."

Allergists can predict who is at higher risk to experience this type of reaction. Patients with a personal history of biphasic reactions may require two or



more doses of epinephrine, he says. Likewise, those who require additional treatment with intravenous fluids or breathing treatments also are at risk.

If your child is at risk for a biphasic reaction, it's essential that they always have two epinephrine auto-injectors with them at all times. Making a trip to the emergency room is also important. This way, they can be monitored for a recurring reaction and receive prompt treatment if one should occur.

9

MAKE SURE OTHER PEOPLE KNOW HOW TO USE THE AUTO-INJECTOR

It's important that other people in your child's life know how to

spot the signs of an allergic reaction—and understanding how to use your child's auto-injector is just as important. In fact, having friends who know about their allergies and watch out for them, teachers who help to make sure they are safe and feel included, and staff who are trained to recognize and treat allergic reactions are key to a positive school experience, Dr. Leonard says.

Also, don't forget to check in with your child about how they are feeling about their food allergy. Knowing that you are there for them and will advocate for them makes a big difference, she says.

"It can be really hard to live with being at risk for anaphylaxis, so our goal should always be to empower people with a good understanding of realistic risk and address the outdated and incorrect assumptions," Dr. Stukus says.





Empowering Your Teens and Tweens to Make Safe Food-Allergy Choices

Being a tween and teen comes with a lot of new responsibilities. But for kids with food allergies, it comes with a lot more risk. Here are ways to help your independent child get through those years safely.

By **SHERRI GORDON, CLC**

THE TWEEN AND TEEN YEARS CAN BE DIFFICULT, BUT IF YOU have a food allergy, navigating middle and high school can be an even greater challenge. Many tweens and teens exhibit impulsive behavior. It is par for the course, due to hormonal changes and changes in and of the brain. Many tweens and teens act differently in an effort to conform or “fit in.” And this may cause young people to ignore their allergies or to make a “risky” choice even though they know how serious their allergies are. Some will even knowingly consume foods that could cause a reaction.

Of course, as a parent, this can be frustrating, especially since you have probably worked tirelessly to instill the significance of allergen avoidance and the importance of carrying epinephrine at all times. While there are a number of reasons why teens might make these bewildering choices,



the simplest answer lies in how the teen brain is wired. Not only are they more prone to taking risks, but they are also known for seeking peer approval.

To find out more about why risky food allergy decisions can emerge during your child's tween and teen years, keep reading. Plus, you will find tips on how to help your foodallergic child stay safe and still have some semblance of a social life.

WHAT'S BEHIND THE DISCONNECT?

Risk-taking behaviors are commonplace in adolescence. In fact, research has shown that a significant number of young people with food allergies admit to engaging in risk-taking behaviors—especially when they are spending time with friends.

For instance, they might leave their epinephrine at home when going to a friend's house or a school event. They might ditch their medication when wearing clothes without pockets or when they are not carrying a bag, and they may even intentionally consume unsafe foods because they do not want

“
Approximately
30% of children and
adolescents with
food allergies have
been bullied at some
point in their lives.
”

DR. DAVID STUKUS

to attract attention or tell their peers about their allergy.

“Pressure to adhere to peer norms, coupled with less parental oversight, are likely the driving factor behind risky food allergy behaviors,” explains Daniel DiGiacomo, M.D., a board-certified allergist and immunologist with K. Hovnanian Children's Hospital at Jersey Shore University Medical Center.

For this reason, it is not surprising that tweens and teens represent the

age group at highest risk for severe life-threatening complications from anaphylaxis, Dr. DiGiacomo says. In fact, as many as 40% of food-allergic kids have had a severe allergic reaction, with the highest risk of anaphylaxis occurring among adolescents.

“Nonadherence is a natural part of being a teenager,” says David Stukus, M.D., the director of the Food Allergy Treatment Center at Nationwide Children's Hospital. “They're busy with school, activities, and friends, and taking care of their health or allergies often falls to the bottom of the list of important things in their life.”

Kids also may take more risks when it comes to their food allergies because they are simply tired of having food allergies and having to avoid the foods their friends are eating, Dr. Stukus says. “[Risk taking] can also come from frustration at living with food allergies and curiosity as to what would happen if they ate just a few bites.”

Research also shows that a lack of support from their social circles or peers could cause negative emotions and reduced quality of life. Combine this with the fact that they are undergoing a number of cognitive changes, and they are unable to appreciate long-term consequences and are more likely to disregard what they have been taught, Dr. Stukus says. “This can negatively impact their ability to avoid exposure to allergens or have medication available if a reaction occurs.”

WHAT NEW CHALLENGES DO THEY FACE?

The tween and teenage years are tough in so many ways. Not only are they dealing with changes to their bodies due to puberty, but they also are trying to navigate their newfound independence. Peer pressure and bullying can increase at this age. And many may be learning to drive—some are even dating. All of these factors can push managing food allergies to the bottom of their list of priorities.

“It can be difficult for tweens and teens to transition from a place where parents were the primary participants

in food allergy management to one with less oversight,” says Dr. DiGiacomo. “Tweens and teens also may feel embarrassed to discuss their food allergies in social settings, or be subject to social exclusion. Food-allergy-related bullying and anxiety also are real issues.”

Approximately 30% of children and adolescents with food allergies have been bullied at some point in their lives, adds Dr. Stukus. “This can be inadvertent, by being left out of activities because it’s deemed ‘unsafe’ for them or through other teens actually making fun of them or waving their allergen near them.”

Certain activities also can put teens at a greater risk for a reaction such as kissing or participating in extracurricular activities, Dr. Stukus says. “[When dating], I recommend discussing food allergies openly and explaining why it may limit certain restaurants they can visit or meals they can eat. I also encourage them to describe what an allergic reaction might look like and what epinephrine does, as well as how to use it.”

It is important for teens to know that if they kiss someone who just ate something they are allergic to, they could have an allergic reaction, he says. “But as long as the other person eats an allergen-free meal before kissing, that’s

almost always enough to remove any residual protein from saliva, and it’s important to know that the person they’re dating doesn’t have to completely avoid their allergen.”

With sports and exercise, teens need to make sure they have epinephrine during these activities in case of accidental ingestion, Dr. Stukus adds. “Exercise also can be a risk factor for reaction severity, and if someone accidentally eats their allergen while exercising or just afterward, their symptoms may be worse.”

WHAT YOU CAN DO TO HELP

When helping your tween or teen transition to the increased responsibility that comes with adolescence, Dr. DiGiacomo emphasizes the importance of good communication and pre-planning around different social situations where a food allergy is relevant. Talk to your child about your expectations of them when it comes to managing their food allergies.

“[Also, keep in mind that] the transition process toward independent self-management takes several years, and I start addressing this when children are 11 or 12 years old,” Dr. Stukus says. “There are different elements of self-management that children are

ready for at various developmental stages, and it takes a long time to practice and reinforce good approaches.”

He also believes it is unreasonable to think someone is instantly ready to manage all aspects of their care just because they turn 18. “The level of cognitive development does not match age for everyone—each teenager develops at their own pace. It can be harmful for parents to have inappropriate expectations.”

Dr. Stukus suggests teens focus on what they can control—reading labels, communicating with food handlers, and having access to epinephrine. “They can learn to control their response to situations that raise anxiety or that are challenging. When people start to ask a thousand what-if questions, in their own mind, that is when anxiety can take over and really decrease quality of life. Most of the what-ifs that bounce around our heads never happen in real life, and spending energy worrying about them can be exhausting.”

Here are some other ways you can help your child stay safe, according to Joanne Moreau, M.D., a board-certified allergist and immunologist who heads up the New York-based clinical team for Latitude Food Allergy Care:

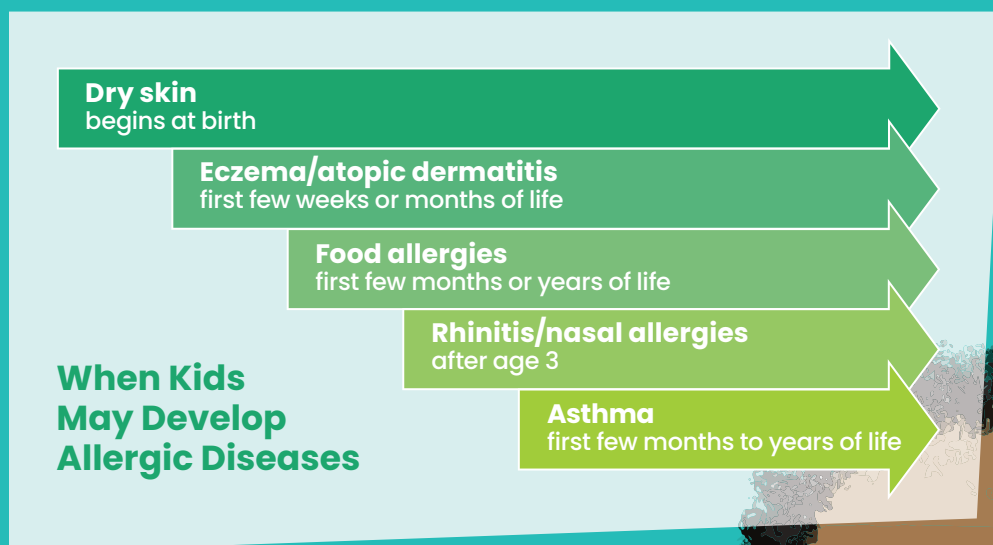
- Have your child carry epinephrine at all times.
- Learn to plan ahead, especially when food is available.
- Empower your child by encouraging them to ask questions at their healthcare provider appointments.
- Encourage them to talk about their allergies with their friends so that they know how to recognize signs of an allergic reaction.
- Connect them with others at school or in the community who also have allergies.

“Take deep breaths and trust them to be OK,” Dr. Stukus says.



Did you know if you have asthma, allergies, or eczema, your child may also develop one or more of these conditions?

Newborn babies who have dry skin may then develop eczema, food allergies, and asthma during the first few years of life.



But, by changing how we introduce foods to babies, the risk of developing food allergies goes down. Babies who start eating a variety of solid foods at around 4 to 6 months old, have a lower rate of food allergy. If your baby has eczema or a sibling with a food allergy, talk with your baby's doctor before starting foods.

Learn more about food allergy prevention, symptoms, and treatment at: kidswithfoodallergies.org



Kids with Food Allergies
Asthma and Allergy Foundation of America