



## **Kids Health Matters Transcript** **Episode 11: Food Allergies – food for thought**

The Child and Adolescent Health Services respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids' Health Matters – a podcast where we meet experts from the \Child and Adolescent Health Service, which includes Perth Children's Hospital.

In each episode we will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

### **Host Dani Shuey (DS)**

Hello and welcome to Kids' Health Matters. I'm Dani Shuey, broadcaster and mum of two, and today we're diving right into the world of allergies. Believe it or not, Australia has the highest rates of allergy in the world, and that, of course, being food allergies, they're the most common type affecting around one in 10 babies and one in 20 teenagers.

It's a large and complex issue which can cause enormous stress for parents and caregivers to manage.

Today, we're joined in studio by my co-host, Dr. Adelaide Withers. Adelaide, you've been a respiratory clinician for over 15 years and no doubt you'll be looking to take away insights into the potential link of food allergies and respiratory illnesses in children.

### **Co-host Dr Adelaide Withers (AW)**

Absolutely. I see lots of kids in my clinics who have asthma and food allergies, they're very common so I'm really excited to hear more about food allergies today from some of my friends from PCH.

### **DS**

Today, we are joined by two of the food allergy experts at Perth Children's Hospital, who will guide us through some of the common anxieties, challenges and tips for managing food allergies in



children. Today, we welcome PCH immunologist Dr. Michael O'Sullivan and senior dietitian here at PCH Kath Harrigan. Hello.,

**Guest Dr Michael O'Sullivan (MO)**

Thank you. Good to be with you.

**Guest Kath Harrigan (KH)**

Thank you.

**DS**

So, Michael, we'll start with you. You're one of the leading food allergy researchers in the country, so just how common are food allergies in Australia?

**MO**

We're fortunate to have lots of fantastic food allergy researchers around Australia and I've learned a lot from all of my colleagues over the years. And what we've found through some really good research is that about 10% of infants have a food allergy, which is a really high number when you think about it; almost everyone in a mother's group will have one of the kids in that group who will end up with a food allergy. And by school age, it's about 5% of school aged kids. So, in every classroom, there'll be at least one child with a food allergy, which is probably everyone's experience, I think, of what they've seen around their personal experience at school.

In infants, it's most commonly that kids are allergic to egg and milk, and by school age the most common nut allergies, sorry, the most common food allergies are to nuts and shellfish because a lot of those egg and milk allergies do go away in infancy.

**DS**

Wow, that's a huge number.

Kath, you've worked as a dietitian at Princess Margaret and now Perth Children's Hospital for close to three decades, and the past two years have seen you specialising in the area of allergies. You'll certainly have seen the impact food allergies have on patients and families firsthand.

Can you give us some insight into that?



## **KH**

Well, as you know, we all eat food many times a day so the impacts can be pretty big on the families, including emotional, social, and financial.

Kids going off to day care, going to birthday parties, going to school, is all quite anxiety-provoking for parents needing to think about and manage that compared to kids who don't have allergies.

And I guess, what we try to do in the clinic appointment is give parents practical tips about how they do actually manage day-to-day their lives and for their child to be able to live a full life while managing their food allergy.

## **DS**

So, Kath and Michael, it feels like a distant memory for me now, starting solids with my young children. My youngest is three. When should you start giving those allergy-causing foods to your babies and why is it important to do it by a specific age?

## **MO**

Previously, we made things really complicated for parents by telling them to avoid certain foods because there was research that suggested that maybe starting certain foods at a young age might have actually increased the rates of allergy.

Now much better and more recent research has proven that's not the case, and actually the advice that we'd given in the past, and it's often the advice that parents will hear from their parents, or child health nurses or in the community was to avoid certain things. That advice had turned out to be wrong and it's important in research, that when we get new information, we're willing to update the advice we give.

So, the current advice is to say that we know that giving common food allergens in the first year of life is the best way to help prevent food allergies in infants.

That doesn't mean that we can prevent every food allergy; lots of infants still develop food allergies despite parents doing absolutely everything they're supposed to do according to the guidance, but we don't want parents to avoid foods that the family commonly eat. So, start appropriate forms of foods, so nut pastes, well-cooked eggs in the first year of life when the baby is developmentally ready.



**DS**

We'll probably get to this a little bit later on, as well and those anxieties that parents face when they're giving their child and those allergy foods for the first time. But I remember my little girl breaking out in a rash around her mouth when she first tried egg and, of course, as a parent you worry and you panic and you call the chemist to ask is this normal. I probably shouldn't have called the chemist straight up, but that's what I did, and this is why we're doing this podcast, to educate parents and caregivers.

It ended up going away, so the next time she tried egg it gradually started to disappear, and now she's absolutely fine. Is that common too?

**MO**

Yeah, absolutely. Look, if we think about it, I guess, everything we eat is completely foreign to our body and our immune system. So, the way the body and our immune system learns about things that are safe is by eating them. Everything we eat, other than breast milk, has come from something foreign and that's the way we train the immune system in early life, is by regularly eating things.

Things that come into contact with the skin might be irritants or might be harmful, so the immune system is kind of set up to protect us from things coming in through our skin but tolerate things that we eat. So that sort of contact reaction around the mouth with foods when they're started with foods for the first time is really, really common, but is not a sign of an allergic reaction.

And so, if the baby looks well, they're happy to keep eating the food, it's completely safe and actually really beneficial to keep giving the food, because that'll help the tolerance to build up.

And Dani, exactly as you observed, the reaction goes away, bub continues eating egg and there's no problem with an egg allergy. There's a risk if we avoid that food and wait to come and see a specialist. In the months between the last time you gave the food and when you get some more advice, the immune system's changed, and the baby has an allergic reaction in the future.

**AW**

I understand, being a baby, that's the time food allergies are most common. Is that correct?

**MO**

Yeah, absolutely, we think most food allergies start in babies. It's also important to recognise that it's also the time when we build up most of our tolerance to foods. We do see food allergies start at





any age; we'll see food allergies happen to adults for the first time, but most food allergies start in babies and most food allergic reactions that happen in babies are relatively mild.

It's really scary for the parents. I don't want to diminish the fear that parents understandably have when their baby has a first allergic reaction but it's really important to be aware that even if your baby has an allergic reaction at home, they're going to be okay.

And the best way to prevent them from developing allergies in the future is to start those foods early and keep giving them regularly. So, we know there's a chance of an allergy happening in babies, but it's the best time to try to minimise the number of allergies and prevent allergies from persisting into the future.

**AW**

Another thing that's really common in babies is eczema. Is there actually a link between eczema and food allergies?

**MO**

Yeah, look there is a link, but it's probably the reverse to what most people intuitively think.

So, if your baby has eczema, they're much more likely to develop a food allergy. Food allergies are not causing the eczema, but the eczema is a risk factor for developing food allergy. And importantly, the higher your risk of getting a food allergy, the more important it is to start those foods early. So, if baby's got eczema, control the eczema well and then being in age-appropriate foods, including common food allergens as part of the regular diet.

**AW**

So, what are the signs of allergic reactions should parents be on the alert for?

**MO**

So, look, there's certainly lots of symptoms that can happen around time babies start eating foods, and only some of those are related to a food allergy. And Kath might touch on some of the other common signs and symptoms that parents might notice when their baby starting solids.

But the things that are much more specific or a clearer sign of a true food allergy is if the baby starts getting hives away from where the food has been in contact with the skin. So, that bit of redness or a few dots around the mouth, we're really not too worried about it; if bub's drooled and there's a bit of a red rash down onto the neck, you don't need to worry about that either.



But if they break out in hives all over their body within a few minutes after eating a food, if they start to have any vomiting, coughing, wheeziness, if they've started to look pale and limp and drowsy, those are all potentially signs of a food allergic reaction. And there's some really good information available through the Nip Allergies in the Bub website about recognising allergic reactions and what to do, based on the severity of those symptoms.

**AW**

Thanks so much, Michael. I'm going to throw it over to you Kath, have you got anything to add to that?

**KH**

Yes, I guess, just for parents need to be aware that when they're starting solids with their baby that there are various reactions that they can have. In particular, like Michael mentioned, contact reaction around the mouth which, particularly, we know happens with acidic foods – citrus, strawberries, Vegemite, those sorts of items – so just to be aware of that and we could also get a change in stool colour, consistency, because the baby's not used to having solid foods. They are some things for people to be aware of, but they are very different to actual signs of allergy that Michael mentioned.

**AW**

Okay, and we'll come back to what to do if you're concerned your child has a food allergy, but one big question for me that I want to throw to Kath is, if your baby's already had an allergic reaction to one food, do you continue trying other foods? I've met a lot of parents have been really anxious that they might have another allergic reaction.

**KH**

Yes, parents are obviously very anxious, and it depends on the type of severity of the reaction that their child's had, but what we say to parents is that they need to continue to introduce all of those top allergens to their baby, despite the fact that they've had a reaction to one food.

So, if it was an allergic reaction with those signs that we talked about, then they should obviously stop feeding that food to their child but continue to introduce the other allergens. This could be a good time to keep a record of that (reactions), because they're probably going to seek some medical help for the first reaction, but we know that we can't actually test for allergy if a baby's never ingested the food; the allergy tests are not conclusive in that situation.



So generally speaking, I talk to parents about a gradual method of introducing the allergen to their baby and that would help to relieve some of the anxiety and if their child does have a reaction to a new allergen they'll be picking it up quite quickly with a small amount of food only. And information on how to do that can be found on the national Nip Allergies in the Bub website.

## **AW**

If you already have a food allergy, does that increase the risk of more reactions as the child grows?

## **MO**

Yes, look, we know that if you've had one allergic reaction to a food, then as Kath mentioned, we'd recommend avoiding that food but not others. Like you touched on at the beginning Adelaide, we know that if someone's already got an allergic disease, they're more likely to develop other allergic diseases and that includes children who already have one food allergy, or who already have eczema.

But there's no specific link to individual foods that they're allergic too and as there's so many different foods, that as Kath mentioned, it's impossible to test for all of those things and it also becomes a bit counterproductive. So, there's no expectation that the food allergic reaction to that food will get worse in the future. There is a chance, and it's important for parents are aware, that babies could have an allergic reaction to another food, but by gradually introducing the allergen in small amounts, then most parents are well prepared to know what to look out for the second time around.

The first time a baby has an allergic reaction, parents have really no idea of what to do. And it's a really common story that they'll give the kid a bath and then go to a pharmacy and then go to afterhours GP and then they turn up in hospital and by the time they're sitting in the ED waiting room, bub's fine. And then they go home really having had a pretty bad experience, if you like, not knowing what to do.

Once they've had information about the signs and symptoms to look out for, they've got a plan to follow, so that if bub were to have another allergic reaction, parents are much better prepared and know what to do.

So yes, there is a chance of having other allergic reactions, but the parents can manage that safely.



## **Voice over**

Kids' Health Matters

### **DS**

Let's talk about peanuts because I think that was probably the food that gave me the most anxiety, as a young mum, to introduce. And I had a friend, and I won't name names, who parked in the hospital car park with the peanut butter, to get a child to try it, being worried that if something was to happen, she's right here. We obviously don't want people to do, and panic that much. What do you do if your child reacts to peanuts?

### **MO**

It is a really common scenario, but we don't encourage it, we have to be realistic; people have anxiety, and us telling them not to be anxious really doesn't fix it.

It's important that babies start to (eat) peanut butter at an early age, so whatever gets you across the line, that's what you should do. And the longer you wait, the more likely it is that a child will have an allergic reaction when they start a common food allergen. We know that waiting and putting it off may become counterproductive so at some point, you just need to bite the bullet and find a way to do it that works for you.

### **DS**

And Kath, (having) a reaction to peanuts doesn't necessarily mean a reaction to other types of nuts. Is that right?

### **KH**

No, not necessarily. Peanuts and tree nuts are a different botanical family, if you like. A reaction to peanuts could mean that you might have a reaction to a tree nut but not necessarily, so we always encourage people to introduce the tree nuts that they regularly eat at home.

### **AW**

So, now I would really like to talk about what do parents do when they're worried their child does have a food allergy? What's the next steps and where do they go to?





## MO

It depends a little bit on the situation you're in. So, if you've presented to a hospital emergency department because of a reaction, then often the emergency department will refer you on, but I'd advise most parents that the best place to go, is to go and see your GP.

GPs see lots of babies with eczema and lots of babies with food allergy and so much of the diagnosis of a food allergy comes down to the history and the story. And the GPs will be able to take a history, get the explanation of what happened. It's why, as Kath mentioned, keeping a bit of a record of the symptoms, which foods might have triggered them and the timing; that's a really important part of the diagnosis.

If the history sounds like this could be a food allergic reaction, then the GPs can either call an allergy specialist for advice, if they think they need some urgent advice on the spot or send a referral through to consider allergy testing.

The allergy testing is really helpful to confirm what we already know a lot of the time and for what it's a really common situation we see, where a child's had an allergic reaction to peanut, for example, the mum knows they're allergic to peanut, because they gave bub peanut butter, they broke out in hives, started vomiting. The mum knows the baby's got a peanut allergy, comes to see us, we take the history and say yes, your baby's got a peanut allergy.

We then we then do a test on the skin to tell the mum that the baby's got a peanut allergy, which she already knew before she came in. So, the testing is helpful in an allergy clinic but so much of the diagnosis comes down to the story and that's why it's really important, even if your GP is not able to do allergy skin testing, that you can go and see them, take the history, they can provide that information back to our allergy clinic. We will then see bub in person.

A lot of the advice we then provide is around managing the eczema, by introducing other foods and that's where mums will often speak to Kath, because families are understandably apprehensive about trying other allergens, particularly other tree nuts if baby's had a reaction to peanuts.

And we really strongly recommend that you shouldn't avoid all of the nuts if your baby's had a peanut allergy; it's safe to keep introducing them, they're not directly cross-reactive, so we'd encourage babies to keep trying cashew pastes, almond, hazelnut, even if they had a peanut allergic reaction.



**AW**

That's really interesting. I would have assumed everyone needs an allergy test done but it's good to know that's not the case. I might ask Kath first, and then maybe back to Mike, what are some of the really common questions you get asked in the allergy clinic by parents, as a dietician.

**KH**

Parents, a lot of the time, are concerned about their child's nutrition if they're having to avoid a major food groups. A lot of the patients I see are cow's milk or wheat or multiple food allergic, so they just want to make sure that they're doing the best for their baby, and what are the best substitutes that they can do like, practically speaking, when they go to the supermarket what can they buy instead of cow's milk, what's a better milk, sort of thing?

**AW**

And what sort of questions do you often get asked Michael?

**MO**

Probably one of the most common is parents wanting to know how severe their child's allergy is and that's understandable. I think most parents, once they've been provided a diagnosis or had a chance to see Kath and get some further information about how to avoid the food, they're pretty comfortable with leaving the food out of the diet, but they want to know what's going to happen if the child accidentally eats the food again.

We don't have a way of predicting that accurately, so the allergy testing that we do doesn't predict how severe an allergy is. I think what's really important is that we have a management plan for any sort of allergic reaction. The reason we have action plans, which lots of people would be familiar with, is the way we treat an allergic reaction is exactly the same, regardless of what triggers it.

If it's a mild reaction, like that's just limited to the skin, like some hives or swelling, and bub otherwise looks perfectly well you can keep an eye on them, maybe give them an antihistamine and watch them and see how they go. Similarly, if they've got some vomiting, but are otherwise looking okay, it's fine to watch and observe. But if there's any signs of a more severe reaction, whatever the cause, even if you didn't know they had a food allergy, or they've only had mild reactions before, that includes things like coughing, wheeziness, shortness of breath, and babies, particularly, getting pale, limp and drowsy – they're signs of a potentially more severe reaction, and you should phone an ambulance, use EpiPen Jr. if you've got one available and come to hospital.



So, that question around how severe the allergy is, I guess the answer is, in most cases, we can't predict that, but we're prepared to manage an allergic reaction that can be anywhere from mild to severe.

**AW**

So, we've talked a lot about babies because food allergies are so common in babies, but I also want to talk about when kids get a bit older and, in particular, what sorts of things do teenagers and young adults with food allergies need to think about, Kath.

**KH**

So, I guess, teenagers are becoming more responsible for their own food intake and being separate from their parents on lots of occasions, so they need to think about, if they're eating out, they need to think about how to do that responsibly and safely; taking their epi pen with them if they have anaphylaxis and making sure that they have their action plan if they're going to eat while they're out.

Probably one of the biggest things is actually telling their close friends about their food allergy, so that they can tell them about the signs and symptoms, and they might be able to help them if they do have an accidental ingestion. They're probably the main things.

**AW**

They must have a lot of challenges when their social life is picking up as teenagers and they're going out, eating out with friends.

**KH**

Yeah, definitely, I think in those cases they need to think about a few different things. So, it might be when they go on a camp, or something, and the food's completely different (to their normal eating habits), that they need to plan that in advance. When they're eating out with their friends, they need to declare their allergen and ask about the ingredients in foods which, you know, can be embarrassing, depending on how long you've sort of known that group of friends for; and things like when they're dating people, they have to think about if they kiss someone who's just eaten their allergen.

**DS**

Gosh, I'm dreading those days. Luckily my children don't have allergic reactions, or anything. So, it just says there's lots of other things you can get from kissing too, Kath.



(Laughter)

**AW**

You've got a little while before you've got to worry about that, hopefully.

So, it sounds like the field of food allergies is constantly changing with new information.

Michael, can you tell us about some of the research that's happening right now at Perth Children's Hospital?

**MO**

Yeah, absolutely. Look, I think, we've traditionally taken a bit of a one-size-fits-all approach to food allergy, which is to provide a diagnosis and tell people to avoid the food; and for a lot of people, they're comfortable with that and that's a good approach that can continue on.

But we know that a lot of families are looking for options and choice in how they approach management of their child's food allergy and as those kids get older, they want some choices and options for themselves. One of the important areas that we're looking at is ways of providing treatment for food allergies, particularly in younger children, where we think the treatments might be more effective and better tolerated.

So, we're currently running a couple of studies looking at treatments of nut allergies in young children, before school age. We know that those nut allergies are more likely to persist, and there's a treatment called oral immunotherapy, which involves gradually reintroducing very small amounts of that food in a really controlled and structured way, as a way of desensitising kids who have the nut food allergy.

It's not a cure for their food allergy, but it might provide them with a bit of protection against an accidental reaction, and for a lot of families, it's that anxiety and uncertainty around what might happen if the child eats the food that impacts on their quality of life, limits their dietary choices, limits their social activities, and so we think that, for some families, being able to provide that degree of protection by going through a food allergy treatment might be helpful.

We're also looking at some treatments for teenagers and young adults, which similarly aims to build up a bit of a layer of protection against having an accidental reaction to foods. But it's really important to make sure we've got different treatments that are going to fit in with the lifestyle of a two-year old versus a 15-year old.





Most 15-year-olds are not going to spend two or three hours a day sitting quietly under the supervision of their parents while they eat a little bit of peanut; that might be something a bit easier for a child. Similarly, a 15-year old might be happy to have an injection once a month, if that provides them with a bit of protection against an allergic reaction.

So, we're looking at finding ways where we can offer options for people to choose how to manage their food allergy in the future.

**AW**

So, that sounds extremely exciting that there's going to be more options available for people to manage their food allergies in the future and I think it's really important because this obviously has a big impact on people's lives.

Kath, what are the some of the really practical things people can do now to help manage their food allergies, and not have it impact their life so much?

**KH**

What I tend to do when I'm talking to someone with an allergy or their parent, is talk about, first of all, how to identify the allergen on a food label. There's been some changes in food labelling laws in Australia in the last couple of years to make it easier. So, they're (the labels) are going to be using the plain English names only for them, and you don't have to be such a detective to work out what you're allergic to.

The other things are suitable replacements, so if you can't have cow's milk, for instance, you can use a different milk and we talk about what that is and make sure it's calcium fortified and that helps with their nutrition. And then I give tips on preventing accidental ingestion, so when they're eating out, buying foods, making sure that kids wash their hands before and after eating, because cross-contamination happens easily, and how parents prepare and store foods at home.

Lots of those things actually make a big difference to their everyday life.

**AW**

Amazing. I've learned so much today.

To wrap up, any key messages for us to take home about food allergies?



**MO**

I think it's really important that children have an accurate diagnosis of their food allergy, so they know what to avoid, but more importantly, they know the things they don't need to avoid, and that's often where a lot of the burden for families comes in is avoiding things unnecessarily.

There are lots of excellent resources available for families who are affected by food allergies.

We know it's a big burden for the child and their family to manage a food allergy, and it can help parents to feel confident about allergy management in between the clinical appointments when they see us, because most of the burden of food allergy management rests on the parents day-to-day, particularly with really young kids.

We're always available though, to families and also to their doctors when things don't go as expected.

**AW**

Fantastic. Thank you guys so much. I'd really like to thank Dr. Michael and Kath for joining us here today.

**DS**

And thank you so much Dr. Adelaide Withers for being in the studio. Fantastic interview too, might I just add.

All the information will be in the show notes and as you've mentioned, there are some really excellent resources available for families out there wanting to learn more, and be sure to check out the Nip Allergies in the Bub website, [topreventallergies.org.au](http://topreventallergies.org.au)

Once again, thank you Dr. Michael O'Sullivan and Kath Harrigan.

I'm Dani Shuey, and we look forward to welcoming you back next time.

Thanks for listening to Kids' Health Matters – a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at [kidshealthmatters@health.wa.gov.au](mailto:kidshealthmatters@health.wa.gov.au)

