

Food allergies in babies and toddlers

TODDLER

ARTICLE

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Diarrhoea, vomiting, itching, tightness in the chest, and swelling of the mouth are signs of food allergies and reaction. Eliminate suspected foods from your child's diet and observe changes closely.

What is a food allergy?

Food allergies occur when the body's immune system reacts to a protein in a specific food. When exposed to the food, the body produces antibodies to the protein. Once enough antibodies build up, an exposure to the food will trigger allergic symptoms.

What is food intolerance?

Food intolerance is an abnormal but non-allergic reaction to a food. With food intolerance, a person usually does not make enough of a certain enzyme needed to digest some part of a food.

What are the symptoms of a food allergy?

Diarrhoea and vomiting are the most common symptoms. Skin rashes, itching, runny nose, wheezing, tightness in the throat, and swelling of the lips, tongue, or mouth may also occur.

Symptoms may appear within a few minutes or take as long as 48 hours to appear.

As a general rule, if symptoms are triggered by an allergy, your child won't have a

fever.

What are the most common food allergies and food intolerances?

The food allergies most common among young children are those to cow's milk, soy, egg whites, wheat, and citrus. Any food has the potential to trigger an allergy, though.

Lactose intolerance and gluten intolerance are 2 of the most common types of food intolerances. Children can also have intolerance to food additives, such as monosodium glutamate, nitrates, nitrites, sulphites, and dyes.

How prevalent are food allergies?

True food allergies are quite rare. However, about one-third of children may have an adverse reaction to a food, which may be mistaken for a food allergy.

What is the difference between an adverse reaction to a food and a true food allergy?

With a food allergy, the body's immune system mistakenly tries to defend against certain food proteins as if they were invading germs.

With an adverse reaction to a food, although symptoms may be similar to those of an allergy, the immune system is not involved.

In either case, it is usually recommended that the problem food be eliminated from the diet.

How dangerous is a food allergy?

Allergic reactions can be serious. Seek medical assistance immediately if your child

- Has trouble breathing or turns blue
- Has generalized hives (smooth red swellings that itch, burn, or sting)

- Develops swelling in the head and neck
- Has bloody diarrhoea
- Is extremely pale or weak

Even if your child does not show any of these severe symptoms, you should consult your health care professional soon if you suspect that your child has an allergy.

How is an allergy diagnosed?

Generally, the suspect food is eliminated from the diet for 2 weeks to see if symptoms lessen.

If the cause of symptoms is not clear, skin or blood tests may be performed.

If I am allergic to a food, will my child be allergic, too?

If a parent or sibling is allergic to a food, your child may be more likely to develop an allergy. However, you may increase the chances of preventing a food allergy if you eliminate the offending food from your toddler's diet.

Can food allergies be prevented?

Delaying the introduction of highly allergenic foods may help. If a child has a family history of allergies, it is best not to introduce cow's milk, soy, wheat, corn, and citrus until after the first birthday.

Will my child have her food allergy or intolerance for life?

It depends. About half of all children who develop a food allergy before age 3 eventually outgrow it, usually by about age 7 years.

Children who develop an allergy after age 3 years are less likely to outgrow it.

Allergies to nuts and shellfish are more likely to persist for life. Also, intolerances such as wheat sensitivity in celiac disease are lifelong conditions.

How can I tell whether my child had outgrown her food allergy?

If you want to test, a food challenge should only be performed under your doctor's supervision in his office. Never attempt a food challenge yourself at home.

Allergy and Intolerance

What are they and what to do if you suspect your child has one

The prevalence of allergies has increased greatly over the last two decades, although experts are still trying to discover exactly why

- Children are more at risk of developing an allergy if they have a parent or close relative that has asthma, eczema, hay fever or food allergy
- Cows' milk protein allergy is the most common food allergy in children, as cow's milk is the major food that a bottle-fed child is given.

Many mums worry about their children reacting to the foods they give them or developing an allergy. Allergy and intolerance are two distinct conditions and should not be confused.

Food Allergy

- A food allergy involves the immune system and often causes an immediate reaction after consumption of the food allergen (something in the food that causes an allergic reaction)
- The most common symptoms of a food allergy are irritation of the skin and eyes, swellings around the eyes, mouth and tongue, sneezing and blocked or runny noses, shortness of breath and coughing, abdominal pains, diarrhoea and vomiting
- Around 5-8 % of children will develop a true food allergy and up to 90% of children will grow out of these allergies, often by five years of age. They may however go on to develop other allergy related conditions, such as asthma, eczema, hay fever or rhinitis, later in life
- The foods that most commonly cause food allergies are; eggs, cows' milk, nuts, wheat, fish, shellfish, peanuts and soya

Food Intolerance

- Food intolerance is any adverse response that happens each time a food is eaten
- A food intolerance is often a more delayed reaction, usually occurring hours or even days after eating certain foods
- Lactose intolerance is an example, where there is a lack of or a reduced amount of the enzyme which is needed for lactose digestion
- Food intolerance symptoms often involve the digestive tract and include pain and colic, bloating, wind, diarrhoea and sometimes vomiting

Recommendations for children considered at higher risk of developing food allergy

Children with a family history of allergy are at a higher risk of developing a food allergy, and there are certain recommendations that include:

- Exclusive breastfeeding for the first six months of life
- Weaning foods to be introduced one at a time with a period of at least one day between new foods so that symptoms can be monitored

Allergy or intolerance to cows' milk

- Children can react to cows' milk, infant formula based on cows' milk, or even breast milk if cows' milk or dairy products have been consumed by the mother
- If cows' milk is causing symptoms in your child, it is important to determine whether it is the protein or the lactose (a milk sugar) which is causing the problem, as this will determine the type of dietary restrictions they will need
- Symptoms of the two can be similar and include eczema or rashes, diarrhoea, vomiting and stomach cramps. Lactose intolerance will not produce hives or breathing difficulties
- A lactose intolerance will not show up in conventional allergy testing like a skin prick test or blood test

If you suspect your child has a food allergy or intolerance

It is really important that if you suspect that your child has had an adverse reaction to a food, you should seek professional medical advice. If an allergy or intolerance is diagnosed you will then be given help to formulate a suitable diet for your child which ensures that their diet continues to meet their nutritional needs.

