

MY CHILD, ALLERGIC TO FOOD?

One mom offers five tips she's learned for managing her son's food allergies.

by Beth Erickson



In 2010, I was at my wit's end. Rather than growing more independent, my kindergartner, Ben, became clingier. He complained of stomach pains or heartburn-type symptoms, which I easily dismissed as drama since it frequently happened at bedtime. He developed occasional rashes on his legs, stomach, and arms—once or twice complaining of an itchy mouth—and the frequency of ear and throat infections increased.

He started having severe temper tantrums. We never knew when to expect these epic meltdowns, when our loving child seemed to flip out. We couldn't talk him down until he had thoroughly exhausted himself, and us.

At his 6-year, well-child checkup, Ben was diagnosed with reactive airway disease, often a precursor to asthma, and given short-term steroids and an inhaler. I was frustrated and anxious to help him. In my desperation, I wanted to grab the doctor by the lapels and demand help. The answer, we all hoped, was the tonsil, tube, and adenoid surgery Ben had in June 2011. But Ben's strong respiratory reaction to the anesthesia meant he needed nebulizer treatments (a device used to administer medicine as a mist).

The meltdowns continued.

As a last resort, I made an appointment with Allergy Associates of La Crosse. In hindsight, it should have been my first move. Ben was exhibiting the classic, delayed symptoms of chronic allergies.

In addition to several seasonal allergies, we discovered he was allergic to dairy, wheat, and eggs. The allergist suggested we cut those items from his diet until the next visit to see if it made a difference. And it did.

But now we were faced with a new challenge: how to feed and cook for a child with

allergies. Here is what we learned:

1. Educate yourself—and everyone else who has contact with your child.

The first step is to let everyone know about your child's allergies. "With children, you've got to consider their contact with other children and going to friends' houses after school," says Virginia Horth, adjunct faculty in nutrition and dietetics at Viterbo University, La Crosse. "A 5 year old does not want to be different. It's important to be able to fit in, but you still have to be so careful. You have to communicate that allergy to everyone your child has contact with."

That means not just alerting them, but educating teachers, grandmas and grandpas, aunts and uncles, restaurant workers, and everyone around you about the allergy. Tell them what alternate names manufacturers use for that product. With wheat, for example, dextrin, maltodextrin, and even modified food starch can be allergen culprits. Learn how to read food labels, and make sure everyone else can, too. If it doesn't say what those products are made from, you need to ensure they're avoided.

2. Do-it-yourself snacks and lunches.

School-aged children may love hot lunches, birthday treats, and snacks, but how do you know what's being served? The safest bet is to keep a well-stocked stash of allergy-friendly foods for these classroom situations. Should snack that day be carrot sticks or bananas, your child can choose to have what everyone else is having; if not, they are assured something safe.

Ideally, pack a lunch. It's a little extra work, but worth it for a healthier, happier kid and your own peace of mind. If you want to use hot lunch, work closely with your school cook to verify ingredients and proper preparation.

3. Make way in your kitchen.

At home, you can choose to totally eliminate the allergen from the family's diet or only your child's. Consider seeking the advice of a dietitian, especially for severe allergies. "We, as nutrition professionals, do have a lot of resources that we can give you that are not available to the general public or other health providers," says Horth.

For cooking at home, Horth offers these suggestions:

» Keep kitchen surfaces clean and allergen-free by washing with soap and water or a commercial cleaning agent.

» Have family members wash hands well before and after meals with bar or liquid soap. Alcohol-based hand sanitizer and dishwashing soap are not effective, particularly against peanut proteins.

» Prepare allergy-free foods first and keep them separated.

» Avoid cross-contamination—do not dip utensils back into containers; consider separate utensils, cutting boards, wooden spoons, and colanders; avoid buying from bulk bins; use separately colored plastic storage containers for all allergy-free foods/leftovers; use separate dishtowels or paper towels.

» Separate safe and unsafe foods on pantry or refrigerator shelves—putting allergy-free items on the top.

» Consider airborne allergens when cooking (vapor or steam). Allow the air to clear 30 minutes after cooking and before your child enters the room. For those with wheat allergies, the protein can remain airborne for up to 24 hours.

» Discourage food sharing.

- » Buy condiments in squeeze bottles so people are not sticking utensils in to draw out the product.
- » Consider separate containers of well-labeled products, such as peanut butter, jellies, and jams.
- » Avoid cosmetics or lotions that contain the allergen. Though it may be fine on the skin, kids may ingest the allergen if it's on their hands.
- » Have an emergency kit and emergency medical plan. Consider two: one for home and one that travels with you.

4. Try, and try again.

Adapting to a significant change in diet isn't easy. At our house, we've gone through several different store-bought wheat-free, dairy-free, and egg-free breads until we settled on the one Ben likes best. Try different cookbooks, comb through resources, explore online blogs and allergen-free groups, learn from your cooking failures, and celebrate your successes.

"There's a lot of trial and error," says Horth. "But children who learn about handling their allergy in your home are better able to cope when they're out in the real world."

5. Eat out with caution.

Going to restaurants is our biggest challenge, which is why we rarely do it as a family. Yet there are ways to ensure a safe experience. Explore restaurant choices at AllergyEats.com, or visit the restaurant's website to review their menu and allergy-free food choices. Call and ask. Above all, clearly communicate your allergy and allergy needs to the restaurant staff when you arrive.

According to the American Academy of Allergy, Asthma, and Immunology, 8 percent of children in the United States are affected by food allergies. In the end, living with food allergies is like anything else in life—you learn to adapt to the challenge.

While I still fail on occasion in the kitchen, the overall success is hard to miss. Ben is a happier child. Since he was diagnosed last September, we haven't needed to visit his regular doctor once. We've only had to use the inhaler on a handful of occasions, notably when he ingested wheat by mistake.

And what about the tantrums? Well, I'd like to say they're gone altogether, but let's be realistic. He's a child, and blessedly, occasional tantrums are par for the course.

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HOW DO YOU KNOW IF YOUR CHILD HAS FOOD ALLERGIES?

It's no myth that the incidence of childhood allergies is increasing, and there's only speculation to explain why. The Centers for Disease Control and Prevention (CDC) cited an 18 percent increase in the number of kids with food allergies between 1997 and 2007.

"Over the last 20 years, the incidence and prevalence has more than doubled and, in some pockets of the country, more than tripled," says Dr. Vijay Sabnis, a physician with Allergy Associates of La Crosse. According to the CDC, eight types of food account for 90 percent of allergic reactions: milk, egg, peanuts, tree nuts, fish, shellfish, soy, and wheat.

So how do you know if your child has one of them? Watch closely. Sabnis says there are two types of symptoms: acute and chronic.

- » Acute are quickly recognized: immediate hives, swelling, red face, or asthmatic attacks upon ingestion of the allergen.
- » Children with chronic allergies often have delayed reactions, appearing hours later, and including multiple symptoms. They are less dramatic, but still symptoms of an allergy, says Sabnis. They include runny nose, sneezing, hives, a blotchy rash, itchy mouth, chronic ear infections, and eczema. Other symptoms may even be neurobehavioral problems, such as sudden tantrums with no discernable cause, defiance, angry spells, consistently poor sleep, and lack of attention.

"Chronic are the hard ones," Sabnis says. "If the reaction happens 12 hours after the exposure, in between, the child has eaten so many foods that you don't know what is causing it."

If you suspect a food allergy, try to strictly eliminate the suspicious foods for 10 days to explore the impact. You might also schedule an appointment with an allergist. The doctor will take a history, listen to what you have to say, and perform a blood test to determine food allergies, as well as skin testing to explore environmental allergies, as the two often go hand in hand.

Allergy treatments include medication, food elimination, and sublingual immunotherapy. Sabnis explains sublingual immunotherapy, also known as allergy drops, as starting with very weak doses of the allergen and gradually increasing doses to reach the quantity that induces or develops tolerance in the system. Treatment takes an average of three to five years, with noticeable symptom relief beginning within three to six months of treatment.

In a study conducted by Allergy Associates, of 241 children with symptoms known to progress to asthma, only 10 children (4.1 percent) treated with allergy drops actually did. Without the drops, about half could be expected to develop asthma. For the best success, says Sabnis, "Allergies should be recognized early, and we should intervene early."



Beth Erickson is a La Crosse mother of two children with allergies. Together, they're on a culinary adventure that fortunately includes more likes than dislikes.