Peanut allergies: Myth vs. Fact

Peanut allergy is a growing health problem, affecting approximately 2% of children. In the majority of children, peanut allergy begins early in life and requires lifelong management. This booklet helps to separate the myths from facts about peanut allergy.
**MYTH:**
A child shouldn’t get a peanut skin test until 2-5 years old

**FACT:**
Skin testing for food (or any) allergies is reliable at any age. Food allergy testing is generally only recommended when a history of immediate onset and reproducible reactions to a specific food have occurred. Allergy testing is not a useful screening test and should not be conducted “just to see if they’re allergic”.

**MYTH:**
My child can have peanuts in small amounts even though he is allergic.

**FACT:**
There is no “safe” amount—trace amounts and cross-contact with peanuts can cause reactions, including life-threatening anaphylaxis. Parents and families should be aware of ingredients in each dish and also how the food is prepared. Labels on packaged products should be read every time, even if ingested before, as manufacturers may change ingredients without warning. Lastly, all food handlers, especially at restaurants, bakeries, and ice cream parlors, should be notified prior to ordering.
**MYTH:**
Just being in the same room as peanuts is life threatening for my child.

**FACT:**
Touching, smelling, or inhaling particles from peanuts does not usually cause a severe reaction. It typically requires ingestion to cause serious allergic complications. Since reactions are unpredictable, every allergic individual should maintain a food allergy action plan to help keep them safe.

**MYTH:**
Giving children with food allergies small amounts of that food will help them outgrow the allergy faster.

**FACT:**
Unfortunately, there is no cure for food allergies and the most effective treatment is strict avoidance. Oral immunotherapy is being investigated by researchers as a possible way to desensitize, but not cure some children with food allergies. The recent LEAP study has shown that EARLY introduction of peanuts to children less than 11 months may protect against the development of a peanut allergy. This DOES NOT apply to any infant who already has a peanut allergy. It is strongly encouraged to discuss with your pediatrician or pediatric allergist prior to introducing peanut containing foods to your infant.
ALLERGY/ IMMUNOLOGY SERVICES

Nationwide Children’s Hospital’s Allergy and Immunology department offers diagnosis and treatment of allergic diseases for patients from birth through age 21. The department’s expansive range of services includes allergy consultations, allergy shots, comprehensive asthma management plans, skin testing and more.

For detailed information about the clinics and services, visit NATIONWIDECHILDRENS.ORG/ALLERGY-IMMUNOLOGY.

APPOINTMENT SCHEDULING INFORMATION

Nationwide Children’s allergy clinics are conveniently located in Hilliard, Westerville, and Columbus. To schedule an appointment and one of our allergy clinics, please call (614) 722-5500.

MYTH:
I shouldn’t use epinephrine (EpiPen) because those have been known to cut and cause injury.

FACT:
While you may have heard news reports of lacerations from EpiPen use, almost all lacerations can be avoided by using the proper technique to administer the drug. Children should have their leg properly restrained to avoid kicking during administration to their thigh. It is important to review this with a training device at your pediatrician or allergist’s office. For instructions on how to use an EpiPen safely and effectively, visit nationwidechildrens.org/epipen.