

The full report is titled: "The NIAID-sponsored guidelines on preventing peanut allergy." It is in the March-April 2017 issue of *Allergy Asthma Proceedings* (volume 38, pages 92 to 97). The author is Matthew Greenhawt.

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### **Can the burden of peanut allergy be prevented by the new NIAID-sponsored guidelines on the timing of peanut introduction?**

Peanut allergy is one of the most common food allergies that not only is associated with significant morbidity but is also responsible for a substantial burden of disease, particularly for patients and families of infants and children. In this issue, Greenhawt provided a timely article that highlighted the new NIAID sponsored guidelines for preventing peanut allergy. These guidelines introduce a new paradigm in food allergy prevention that represents a departure from traditional pediatric practice that, without supporting evidence, had recommended that the introduction of potentially allergenic foods be delayed in infants at high risk until the age of 3. The new recommendations are based on the Learning Early About Peanut Allergy study performed in England, which showed that early peanut introduction (between 4 and 11 months of life) was associated with a significant absolute and relative risk reduction in the development of peanut allergy compared with delayed introduction.

### **Who or What Was Proposed to Be Studied?**

This article summarizes the National Institute of Allergy and Infectious Diseases guidelines, which are directed on recommendations that focus on infants with atopic eczema who are at high risk for development of food allergy and recommend that children with severe eczema, egg allergy, or both have peanut introduced as early as 4–6 months of life, after assessment by a trained allergy specialist. For children with mild-to-moderate eczema, peanut can be introduced at ~6 months, without the need for specialist evaluation. For children with no eczema, peanut can be introduced in accordance with family and cultural preferences, without the need for specialist evaluation.

### **How Was the Study Done?**

The current recommendations are an addendum to a 2010 set of recommendations to the 2010 Food Allergy Guidelines and were produced by an expert panel to synthesize the evidence surrounding early peanut introduction.

### **What Are the Limitations of the Proposed Study?**

Because the guidelines focus on the benefits of delayed introduction of peanut, the guidelines do not address the benefits of early introduction of other foods, although growing evidence exists that supports a benefit for early food introduction.

### **What Are the Implications of the Study?**

Adherence to these new clinical practice guidelines holds great promise of reducing both the prevalence of peanut allergy and its associated psychosocial and financial burden of illness on families of infants who are prone to develop serious sequelae of peanut allergy. □