



Global Vision of Pediatric Food Allergies

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Editorial

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Editorial

Hypersensitivity caused by immune mechanisms is known as an allergic state and may occur if several factors converge. Among them, family history, presence of allergens and environmental factors. These allergic states are expressed as clinical symptoms, observing atopic dermatitis, asthma, allergic rhinitis and food-induced allergies [1].

In the field of public health, it is important to identify food allergies and intolerances. In the last decades an incremental trend of this type of pathology was observed. The lack of definitive therapies for the healing of these allergies finds in the prevention the most appropriate way for their treatment; being an effective strategy the elimination allergens from the diets of individuals with sensitivity to elements that are triggered by adverse effects effectors adversos [1].

Currently, many pediatrics patients have clinical states of food allergy, mostly those residing in industrialized countries. The highest prevalence (6 to 8%) occurs before fulfilling one year, progressively decreasing until adolescence, a time that stabilizes in adulthood levels, between 3-4% [2].

Milk and egg are the main foods that cause allergies in children up to 2 years old, having been confirmed through medical records and positive etiological study [2].

A frequent association of food allergy to the egg has been observed, and the subsequent development of respiratory allergic disease, asthma and/or allergic rhinitis, during the first or second decade of life, for how much of the authors consider to food allergy as a significant problem [3].

The allergic condition caused by food has a significant social and economic impact, some estimates claim that in the world there are 220 million people who suffer from some type of food allergy, however, there are specialists who suggest that the reported number is significantly lower than the actual number [4].

The geographical location where children live and develop should allow them access to allergen-free food that collaborates with the prevention of food allergies; if this does not occur, they will limit their social interactions and as a consequence will harm their quality of life [5].

With a passive expectation and hoping to overcome his pathology over time, the child suffering from food allergies can develop series of psychological disorders such as depression, anxiety and bullying on the part of his peers. At the same time, parents, as responsible for allergic children, may experience emotional stress, anxiety, depression and overprotection [6].

To have adequate management of food allergies and their psychological impact, a varied approach to their prevention should be considered. First, to train parents who do not have the necessary knowledge about this type of allergies, this being a priority and fundamental aspect. However, the highest number of food-induced anaphylaxis events takes place at a friend's house where the child attended to play [6].

Estimates that in the U.S. foods allergies affect almost 6 million children with scant research considering the economic impact of these pathologies [5].

In a 2013 study, you were able to quantify the economic impact of the child's food allergy in the United States, obtaining an estimated value of \$24.8 billion per year or the equivalent of \$4184 per child. Corresponding, a direct cost for treatments of US\$4.3 billion, to which indirect costs for this pathology debe totalling 20.5 billion per a desembols related to health care, such as (copagos), transfer expenses; traslados medicines; mental health and counselling services; legal counseling; legal guidance; ; expenditures on education; childcare and special foodis [7].

In the consensus report "Finding a Path to Food Allergy

Safety: Global Burden Assessment, Causes, Prevention, Management and Public Policy”, which was published by The National Academies of Sciences, Engineering and Medicine (NAS), the fundamental guidelines for addressing this pathology were established.

This review highlighted the scale of the problem, its social and family consequences, and the economic impact they entail.

Sicherer, et al. [8] developed, on the consensus document, an article continuación summarizing the key findings of the above-mentioned report and emphasizing the recommendations for actions applicable to pediatrics and the American Academy of Pediatrics below. .

The committee identified numerous areas that need further investigation. Some of the priority areas include the prevalence and cost of food allergies; diagnosis and prognosis; determinants of risk and prevention; management in health care settings, food establishments, schools and travel; and healing therapies. Some of the areas that may be of interest to general pediatric research include the best ways to educate families and physicians about management, examine barriers to appropriate testing, identify educational approaches and tools to improve physician and patient education, use birth cohorts, and other opportunities for prevalence estimates , determining the effectiveness of evidence-based guidelines and educational programs on the management of food allergies, improving understanding of nutritional needs.

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