

The Increasing Prevalence of Food Allergies in the Pediatric Populations: A Rising Concern

O Aumento da Prevalência de Alergias Alimentares na População Pediátrica: Uma Preocupação Crescente

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Dear Editor,

We read the article “Anisakis Allergy: Raising Awareness”¹ with great interest and would like to discuss the growing concern about food allergies in the pediatric population. The rise in pediatric food allergies places a burden on healthcare systems, with more frequent cases of anaphylaxis and increasing demand for specialist care.

Recent studies indicate an increasing prevalence of food allergy.² While the global prevalence rate is estimated to be 4% of children, this number rises to 8% in Western countries.³ In our tertiary center, the number of first consultations in pediatric allergy clinics increased 70% in the last twenty years. We also confirm a similar trend, with a remarkable 800% increase in first consultations, where patients were specifically referred for food allergies, over the past two decades (Fig. 1).

The main allergens are cow’s milk, eggs, peanuts, tree nuts, fish, among others. Many of these allergies persist into adulthood, having a long-lasting impact on patients’ quality of life.

The causes behind this increase remain multifactorial and not fully understood. The hygiene hypothesis suggests

that reduced childhood exposure to infections may increase allergy susceptibility. The dual allergen exposure hypothesis emphasises early introduction of allergenic foods and eczema management to reduce food allergy risk. Two landmark studies support this concept: the LEAP study showed that early exposure to peanuts in high-risk infants reduced both primary and secondary allergy risk⁴; and the Enquiring About Tolerance (EAT) study showed similar benefits for peanuts and eggs in healthy children.⁵

Additionally, during early childhood the gut microbiota plays a crucial role in immune development and reducing allergic disease risk. Environmental factors, such as pollution, urbanization, and climate change, are also implicated, while genetic predispositions, particularly in children with a family history of asthma, allergies, or eczema, further increase the risk.³

The rise in food allergy cases has led to increased waiting times for both initial consultations and oral food challenge tests in day hospitals, delaying diagnosis and management. This often results in significant stress for families, who must remain vigilant and make ongoing lifestyle adjustments to avoid allergens. The cost of epinephrine auto-injectors, fully reimbursed in Portugal, remains a key factor in accessibility. Another recent achievement is the structured prescription of hydrolyzed milk formulas for managing cow’s milk allergy.

Schools and childcare centers are also impacted, facing the challenge of implementing preventive measures and additional training. In Portugal, the “*Saúde Escolar*” program

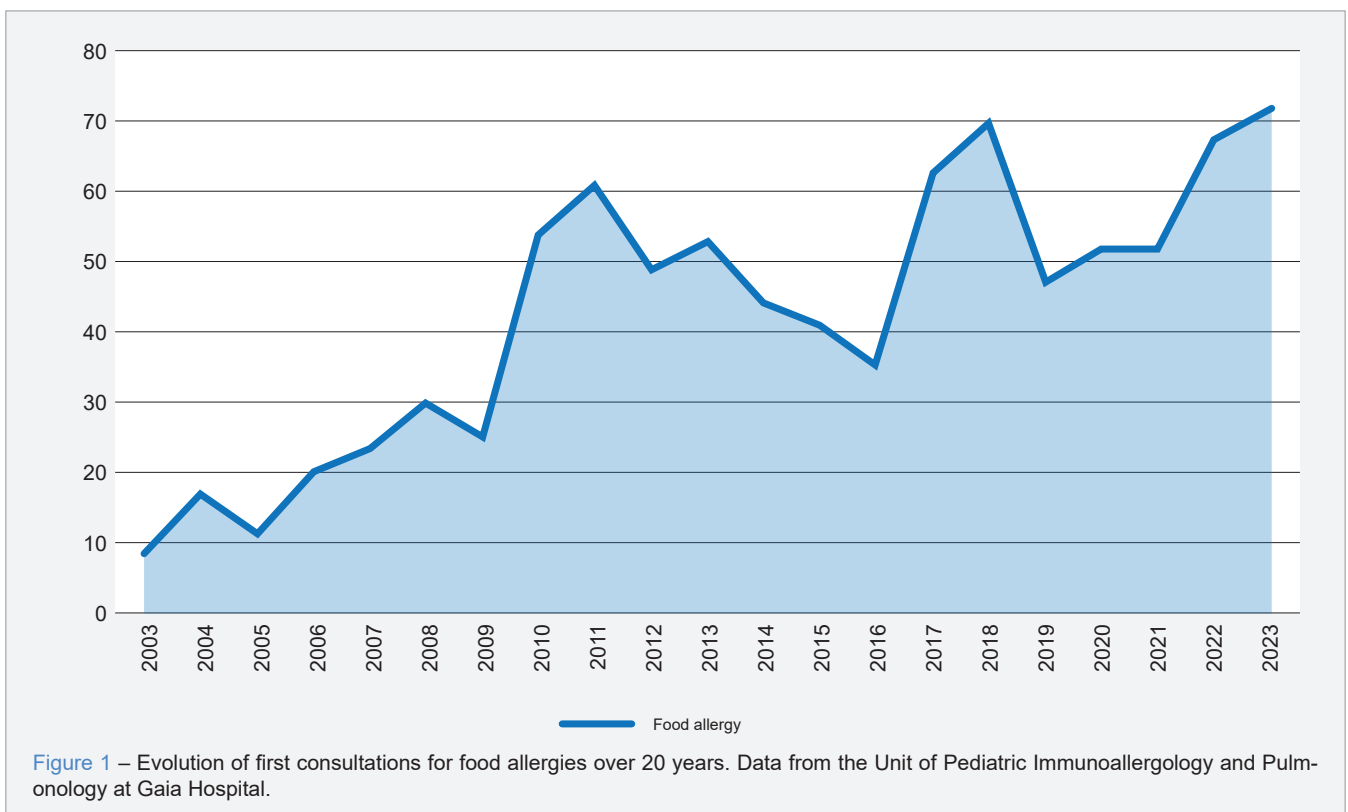


Figure 1 – Evolution of first consultations for food allergies over 20 years. Data from the Unit of Pediatric Immunoallergy and Pulmonology at Gaia Hospital.

offers training for school staff on emergency medications, including the use of adrenaline, and educates canteen staff on preventing cross-contamination. This program has also played an essential role in referring pediatric allergy cases over the past five years.

Further research is essential. Recent guidelines on oral immunotherapy propose several strategies to assist in the effective management of food allergies. In the meantime, pediatricians and pediatric allergists must continue supporting children and their families as they navigate the challenges posed by food allergies.

AUTHOR CONTRIBUTIONS

BPA: Study design, data analysis and interpretation, writing of the manuscript.

FA, JR: Critical review of the manuscript.

HC: Data acquisition, critical review of the manuscript.

CP: Writing and critical review of the manuscript.

All authors approved the final version to be published.

COMPETING INTERESTS

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