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Tips From Our Family to Yours

Each day, the FAAN staff receives questions about anaphylaxis from patients, parents, representatives from the food industry, and school staff, and many more are asked at our annual Food Allergy Conferences. For the past several years, in the August-September issue of this newsletter, we

have selected some of the most commonly asked questions about anaphylaxis that we have received, and Dr. Robert A. Wood

has graciously provided answers to them. Here, we present some of the most recent questions we've received.

Q. What are the chances that a child who has multiple food allergies and eczema will develop asthma?

A. Different studies have provided different answers, but the odds are at least 50% and may be as high as 90% that asthma will develop over time. The odds are highest for children who also have a family history of asthma.

Q. Are all peanut allergies anaphylactic?

A. The answer is definitely no, and in fact we see some patients with very mild peanut allergy. However, most people with peanut allergy do have a true risk of anaphylaxis. The big difference from one patient to another is that some may react to the ingestion of tiny amounts while others would only have a severe reaction with much larger exposures.

Q. Why are some anaphylactic reactions instant, while others seem delayed? Are people more likely to have more severe reactions as they become older?

A. The answer to the first question is that most reactions occur very quickly but some may be delayed by up to several hours. This may relate to the amount of the food you are exposed to and other factors such as exercise. Delayed reactions also appear to be

more common in young children who may not recognize the early signs of a reaction. For the second question, it is common for

allergies to peanut and tree nuts to become more severe as children grow into teenagers and young adults.

Q. How do you know when to administer a second dose of epinephrine? Do you wait for symptoms to return, or continue injecting until you receive medical attention?

A. Most reactions will not require a second dose of epinephrine so this should be reserved for those reactions where the first dose did not seem to work, or where it seemed to work but then symptoms returned. A second dose can be given as soon as 10-15 minutes after the first.

Q. If there is a known exposure, is it better to give epinephrine right away or wait for the first symptom?

A. This depends on the patient and the exposure and should be discussed with your doctor. In people who have never had a severe reaction we would usually give an antihistamine and monitor closely for worsening symptoms, while for those who have had severe reactions in the past, we would give it immediately.

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Answering Your Anaphylaxis Questions

By Robert A. Wood, M.D.

Back to School

A Special Insert of Food Allergy News



Food Allergy and Bullying

By Mati Sicherer, M.A.

The prevalence of childhood food allergy has increased, and with it, there appears to be an increase in reports about bullying of children with food allergies in schools and camps.

Normal disagreements and occasional confrontations are not necessarily bullying. Bullying is an aggressive, repeated, unwanted, and negative behavior involving an imbalance of power between the bully and the victim. It can include derogatory verbal comments, exclusion, physical attacks, rumors, or threats, and can occur in person, through text messaging, or over the Internet.

Overall, bullying is estimated to affect 15-30% of children. In a study of food allergy-related bullying conducted by FAAN in conjunction with researchers at Mount Sinai School of Medicine in New York, 48% of school-aged children over age 10 with food allergies were reported to have been bullied, teased, or harassed. A majority of episodes were perpetrated by classmates, and some by teachers and other adults. Most episodes involved verbal taunting, but more than half included physical events such as waving, throwing, or touching the victim with the victim's allergen. Rarely, intentional contamination of foods was reported.

The impact of bullying can be far-reaching. Depression, low self-esteem, health issues, poor grades, and suicidal ideations are potential results of this victimization. For children with food allergy, not only is the incidence

of bullying higher, but the impact of bullying may be increased.

Threats ("I'm going to rub peanut butter on the water fountain") and physical attacks such as tainting a meal with an allergen can eradicate a sense of safety for the child with food allergies. The emotional impact of bullying combined with the risk of a reaction may create a particularly problematic situation. Fear and anxiety, already a concern for children with food allergies, may be exacerbated by bullying.

Being bullied is *not* a natural part of growing up. It does not build character. It does not "toughen-up" anyone. It does not help to create a stronger person. What it does, in fact, is the complete opposite. It defeats, isolates, and traumatizes, and it cannot be tolerated.

Various school guidelines suggest strong actions against this behavior. Whether bullying is related to food allergy or other issues, there are a number of steps that a parent and schools/camps can follow to address this important issue:

1. Recognize signs of bullying, including: torn clothing or damaged books; unexplained injuries; school avoidance; physical complaints (head or stomach aches; consistent nightmares; loss of interest in school work and lower grades; change in demeanor with sadness or outbursts; and social isolation such as rarely being included in group social activities).
2. Be responsive and listen to your child. Stay calm. Reassure your child that you will help them with this

problem. Your child needs to know that you are there for them.

3. Do not confront the bully yourself. Parental intervention in bullying situations tends to make the problem worse. The school/camp personnel are the appropriate ones to have primary responsibility for managing the bully.
4. Do not encourage retaliation. Teaching your child to tease or fight back typically makes the situation worse. The bully is unlikely to be stopped by your child's response. Bullying is based on an inequity of power, so recurrent conflict allows the bully to display strength over your child. Encourage reduced contact with the bully.
5. Teach your child the difference between "telling" and "tattling." "Tattling" is done to get someone in trouble, while "telling" is done to get help. Encourage your child to promptly "tell" an adult about bullying.
6. Although the weight of responsibility should not be placed on your child, be proactive and teach assertive social skills. Role-play and practice ways to deal with the bully. Teaching your child how to say "Leave me alone" in a confident manner may be all it takes to stop a bully.

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Food Allergy and Bullying

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7. Inform and involve teachers, the principal and school/camp staff. Do not assume that they know about the bullying. Many times, victims do not want to tell for fear of retaliation, and bullying is most often not obvious.
8. Set up a buddy system. Encourage your child to stay in a group of trusted friends in high-risk areas such as the lunch room, recess, or the walk home from school.
9. Encourage educational programs about food allergy and about bullying. Teachers, counselors, and the school nurse may be able to provide lessons to increase food allergy awareness and reduce bullying.
10. Talk to your child's principal or school counselor about policies

and plans regarding bullying. A typical approach includes initially observing the situation for a brief time and then taking action. Serious consequences for the bully should be a part of the plan. In addition, measures such as giving your child permission to avoid high risk situations can be implemented. Simple things such as moving the bully away from your child in class, not placing the bully in your child's class the following year, and staggering leaving times for the two children can be effective. Check out federal and state bullying information at http://www.olweus.org/public/bullying_laws.page and compare it to what your school is doing.

Editor's Note: For a teen's perspective on bullying, visit www.faanteen.org

Mati Sicherer, M.A., is a certified counselor who specializes in Elementary Prevention and Intervention at Ryerson School in Wayne, N.J.

Highlights from Bullying Study

The study published as an abstract in the *Journal of Allergy and Clinical Immunology* earlier this year showed that nearly 50% of children 10 years or older reported being bullied, teased, or harassed because of their food allergy. Nearly one-quarter of children in all age groups surveyed said they had been bullied because of their food allergy. Of those children who said they were affected by bullying, 86% reported multiple episodes.

Additionally:

- ◆ 82% of the episodes occurred at school
- ◆ 80% of the episodes were perpetrated by classmates
- ◆ 21% of bullied children reported teachers or other school staff were the perpetrators

More than half of the children surveyed who indicated they had been bullied because of their food allergy reported that they were touched with their allergen or that the allergen had been thrown or waved at them.

Preparing Your Child for School

If you're sending your child with food allergies to elementary school for the first time, the following words of wisdom from members of FAAN's Facebook group are sure to be of help. And if your child is entering middle or high school, consider the thoughtful perspective from members of our Teen Advisory Group (TAG) that follows.

What to Tell Your Elementary School-Aged Child:

- ◆ Don't accept foods from others, even if you think it's safe.
- ◆ When in doubt, leave it out – if there aren't any ingredients to check, then don't eat it.
- ◆ If you miss out on a treat, you'll get a better one at home.
- ◆ All party bags must remain unopened until they are home for me to inspect it.
- ◆ Check your water bottle before taking a sip to make sure it is your own.
- ◆ Other people, even your friends, don't understand about foods that make you feel yucky, so they might offer you something not knowing it's bad for you. Be friendly and say, "No, thank you."
- ◆ Don't be afraid to tell the teacher if you are not feeling well, and remind them you have a food allergy. Take a buddy with you if you need to go to the school nurse's office.

Perspectives from Middle School, High School, and College Students

"In middle school, you have more freedom and teachers don't watch

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