

CME EXAM

Issue: June 2020 (Allergic Diseases Across the Ages theme)

Review series: Clinical Commentary Review

MS# & Article title: 19-01282, Food Allergy from Infancy through Adulthood

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Editor disclosure: M Schatz declares he has no relevant conflicts of interest.

Learning objectives:

1. To understand the natural course and etiology of food allergy from infancy through adulthood.
2. To identify food allergic disorders that present differently according to age groups.
3. To provide food allergy management as appropriate for different age groups.

Questions:

1. According to a study by Gupta et al, approximately what percentage of US food-allergic adults report at least one of their food allergies starting during adulthood?
 - a. 10%
 - b. 25%
 - c. 50%
 - d. 75%

Answer: C

Explanation: About half of adults with food allergy in the US reported at least one of them starting during adulthood. Shellfish allergy accounts for the largest number of such cases.

Reference:

Gupta RS, Warren CM, Smith BM, Jiang J, Blumenstock JA, Davis MM, et al. Prevalence and Severity of Food Allergies Among US Adults. *JAMA Netw Open* 2019; 2:e185630.

2. Observations that children with atopic dermatitis sometimes develop anaphylaxis to foods removed from their diet, and that adults become reactive to foods such as shellfish and tree nuts that are not eaten frequently, support which of the following theoretical etiologies of food allergy?
 - a. Loss of a natural state of desensitization
 - b. Air exposure causing sensitization
 - c. Skin exposure causing sensitization
 - d. Increased gut permeability/decreased digestion

Answer: A

Explanation: The two examples given suggest that by keeping the food in the diet on a regular basis, a natural state of desensitization is maintained that may be lost when the food is not eaten and that extended gaps in ingestion may allow clinical reactivity to emerge.

Option B could support examples of oral allergy syndrome and Option C could support children with atopic dermatitis developing sensitization or adults with skin exposure developing sensitization. Increased gut permeability may explain young children or adults on acid blockers developing allergy.

3. Which of the following food allergic diseases is not likely to occur in adults?
- Eosinophilic esophagitis (EoE)
 - Food protein-induced allergic proctocolitis (FPIAP)
 - Food protein-induced enterocolitis (FPIES)
 - Pollen-food allergy syndrome (PFAS/OAS)

Answer: B

Explanation: There are cases of adults with eosinophilic colitis with some suggestion of food triggers, but FPIAP is substantially a disease of infancy. FPIES is clearly described in adults as are EoE and PFAS, making options A, C, and D incorrect compared to B.

4. Which of the following age groups would benefit most from counseling about risk-taking behaviors?
- Toddlers
 - Grade school
 - High school/college
 - Middle aged adult

Answer: C

Explanation: The teenager/young adult age group report risk taking behaviors such as not carrying epinephrine and not taking care in obtaining safe foods. The other age groups have more adult supervision or do not take as many risks.

5. Studies of oral (OIT), sublingual (SLIT), and epicutaneous (EPIT) peanut immunotherapy suggest which of the following?
- Efficacy may differ according to patient age
 - Therapeutic results are better in adults
 - Only OIT efficacy varies with age
 - Only EPIT efficacy varies with age

Answer: A

Explanation: Studies of peanut immunotherapy suggest that efficacy may be better in younger patients. The other options are incorrect because the efficacy has not been better in adults and all of the therapies listed have shown age differences at least in some studies.