Supplementary Table 1. Relative Distribution of Referrals by Physicians for the Total Pediatric Sample and for Each Disease

	Disease	Total Sample	Food Allergy	Atopic Dermatitis	Urticaria/Angioedema
Pediatrician		57.8	53.8	57.1	52.2
Primary care physician		19.8	14.0	8.9	28.3
Another specialist[a]		9.2	17.2	11.0	4.4
	ENT[b]	(22.7)			
	Specialist pediatrician	(22.3)			
	Emergency department	(13.6)			
	Dermatologist	(9.1)			
	Gastroenterologist	(6.8)			
	Pulmonologist	(4.6)			
	Intensive care	(2.3)			
	Other	(13.6)			
Another allergologist		(1.0)		2.0	
Own accord[c]		(10.8)		21.4	15.2

[a]Numbers in parentheses are the percentages for the subsample of patients referred from another specialist.
[b]Ear, nose, and throat specialist.
[c]In a private health care setting, the patient may not need to be referred by a primary care physician and may consult directly with the specialist.

Supplementary Table 2. Time Until the Visit to the Allergologist

	Alergológica 2015, Mean (SD), d	Alergológica 2005, Mean (SD), d
Total sample	56.7 (84.8)	65 (109)
Rhinitis	34.0	60
Food allergy	13.9	46.6
Atopic dermatitis	52.6 (89.3)	45.5 (61.5)
Urticaria/angioedema	59.9	63.4

Supplementary Table 3. Main Allergens Affecting Adults and Children, for Rhinitis and Asthma: Comparison Between Alergológica 2015 and Alergológica 2005

	Alergológica 2015		Alergológica 2005	
	Rhinitis	Asthma	Rhinitis	Asthma
Mites and cockroaches				
Dermatophagoides pteronyssinus	31.2	38.6	41.9	41.5
Dermatophagoides farinae	26.3	31.0	32.2	34.2
Other	8.6	13.1	6.1	0.0
Acarus siro	2.7	2.1	0.9	0.5
Blomia tropicalis	4.3	9.0	4.9	3.2
Euroglyphus maynei	1.1	1.4	0.0	2.7
Glycyphagus domesticus	0.5	0.0	2.6	2.7
Lepidoglyphus destructor	3.8	4.8	4.5	4.0
Tyrophagus putrescentiae	1.1	1.4	4.2	4.9
Blattella germanica	1.1	2.8	0.7	0.3
Periplaneta species	0.0	0.7	0.0	0.0
Molds				
Alternaria alternata	10.0	13.1	12.5	14.8
Aspergillus species	0.0	0.0	1.4	2.2
Cladosporium species	0.0	0.0	0.7	1.9
Penicillium species	0.0	0.0	0.0	0.5
Other	3.7	0.7	0.2	0.5
Pollens				
Grasses	38.2	35.9	33.6	23.7
Olea europea	34.0	31.7	28.2	22.1
Plantago lanceolata	5.8	4.8	5.4	4.3
Salsola kali	4.3	4.1	4.0	3.8
Platanus acerifolia	7.0	4.1	5.4	3.0
Artemisia	1.9	2.8	3.8	3.2
Chenopodium album	4.6	3.5	4.9	2.4
Cupressus	9.3	7.6	5.9	2.4
Parietaria judaica	1.2	0.0	3.3	2.4
Birch	0.8	0.7	0.0	0.3
Mercurialis	0.0	0.0	0.2	0.3
Other	0.8	0.0	0.2	0.5

Supplementary Table 4. Time Until the Allergologist Reached a Diagnosis

	Alergológica 2015, Mean (SD) No. of Days	Alergológica 2005, Mean (SD) No. of Days
Rhinitis	10.2 (32.4)	12.6 (21.5)
Asthma	7.8 (24.4)	13.8 (19.0)
Food allergy	14.0 (22.7)	17.2 (25.0)
Atopic dermatitis	6.3 (3.9)	10.8 (14.0)
Urticaria/angioedema	20.3 (41.8)	18.8 (30.5)
Drug allergy	24.8 (28.1)	42.0 (38.0)

Supplementary Table 5. Frequency of Diseases Associated With Atopic Dermatitis[a]

Associated Diseases	Alergológica 2015		Alergológica 2005	
	Atopic Dermatitis	Remaining Pediatric Patients	Atopic Dermatitis	Remaining Pediatric Patients
Asthma	29.6	29.3	44.0	40.0
Rhinitis	43.1	62.2	47.0	37.0
Urticaria/angioedema	8.6	16.2	7.8	7.6
Contact dermatitis	1.7	10.8	1.9	0.5
Drug allergy	1.7	2.7	NR	NR
Food allergy	37.9[b]	13.5	NR[c]	NR

Abbreviation: NR, not reported.

[a]In 58.6% of cases, atopic dermatitis was associated with other allergic diseases especially rhinitis (43%) and asthma (29.6%), although these associations were not more frequent than in the whole pediatric sample. However, the association was significant with food allergy (38% vs 13.5% in whole pediatric sample; *P*=.023)

[b]*P*=.023.

[c]*P*=.01 (Alergológica 2005 only specifies the probability)

doi: 10.18176/jiaci.0308

Supplementary Table 6. Therapy for Atopic Dermatitis (%)[a]

Therapy	Alergológica 2015 (N=57)	Alergológica 2005 (N=105)
Hydration	98.3	95.3
Antihistamines	45.6	73.6
Topical corticosteroids	49.1	44.3
Topical corticosteroids + antibiotic	3.5	–
Systemic corticosteroids	3.5	1.9
Diet	5.3	12.3
Allergen avoidance	–	33.0
Keratolytic agents	–	1.9
Calcineurin inhibitors	10.5	34.0
Cyclosporine	0.0	0.0
Tacrolimus	1.8	–
Antibiotics	–	0.9
Antifungals	–	0.0
Other	–	1.9

[a]Compared with previous editions of the survey, a decrease was recorded in the use of antihistamines (45.6% in 2015, 74.1% in 2005, and 78% in 1992), as was a lower frequency of prescription of topical corticosteroids in 2015 and 2005 (49.1% and 44.3%, respectively) compared with 1992 (62%).

Supplementary Table 7. Prevalence of Allergy to Specific Foods by Age Group[a]

Cause	Alergológica 2015				Alergológica 2005			
Age Group	0-2	3-6	7-10	11-14	0-2	3-6	7-10	11-14
Milk	60.4	14.0	15.4	10.0	51.2	21.7	20.0	6.7
Egg	39.6	50.9	15.4	0.0	26.8	17.4	30.0	33.3
Fish	5.7	19.3	7.7	0.0	12.2	8.7	0.0	26.7
Cereals	1.9	1.8	7.7	10.0	4.9	0.0	0.0	6.7
Legumes	0.0	10.5	23.1	40.0	7.3	4.4	0.0	6.7
Nuts	0.0	29.8	38.5	30.0	9.8	43.5	20.0	33.3
Shellfish	0.0	10.5	15.4	0.0	2.4	13.0	0.0	20.0
Fruit	1.9	14.0	23.1	40.0	14.6	34.8	70.0	40.0

[a]Milk was the most frequently allergic food in children aged under 7 years. There was a marked increase in allergy to tree nuts and fruit in this group, especially in children aged 0-2 years. Fruit was the most frequent cause of allergy in older children.
The foods that most frequently caused allergy in the youngest children (milk, egg, fish, and vegetables) were those that most frequently caused digestive symptoms. Egg, followed by fruit and shellfish, was the food that most frequently caused anaphylaxis.