Factors Affecting the Food Allergy Profile of Children From Schools in Hortaleza District, Madrid, Spain

Cabrera M, Ortiz-Menéndez JC, Garzón B
1Consulta de Alergia, Hospital los Madroños, Brunete (Madrid), Spain
2Departamento de Sanidad, Distrito de Hortaleza, Ayuntamiento de Madrid, I’M FINE Research Group, Madrid, Spain
3Unidad de Estadística, Secretaría Adjunta de Informática, Consejo Superior de Investigaciones Científicas (CSIC), Madrid, Spain

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We previously reported the prevalence of food allergen-free diets in school canteens in the Hortaleza district of Madrid, Spain [1]. Given the increased frequency of childhood food allergy, national and local policies have been developed to encourage school staff, families, and students to be aware of food allergy events. We have also described the use of epinephrine autoinjectors in this district [2].

The aim of this study was to analyze the food allergy profile and factors influencing food allergy in children from schools in Hortaleza district, Madrid.

A structured questionnaire on allergen-free diets based on a specialist report was administered in 49 schools in Hortaleza during the 2015-2016 school year (N=1121 children), after a letter was sent to all families by the school principals insisting on the importance of drawing up an action plan for children with food allergies. During the school year studied, 1069 students (95.4%) were served allergen-free diets. The data recorded included sex, age, asthma history, type of school, presence or absence of polysensitization (sensitization to 2 or more food groups), and epinephrine prescription. From these schools, 251 children (21.2%) had a food allergy action plan and 185 had been prescribed epinephrine (72.1% of all those with an action plan and 15.6% of those with a reported food allergy). Nine of the children with an autoinjector were under 3 years old, 60 were between 3 and 5 years old, 104 were aged between 6 and 14 years, and 12 were 15 years or older. For students without an action plan, only the type of allergen-free diet they were on was noted. Frequencies were computed in February 2017. A Bonferroni correction was used to account for multiple comparisons (multiple comparisons of percentages). The relationship between food variables and epinephrine prescription were determined by cross-tabulation using a χ² test and Monte Carlo estimation of exact P values (SPSS, Version 24).
children who are monosensitized, children who are not asthmatic, and children who have not been prescribed epinephrine. These findings are in accordance with the scientific literature [4].

The role of the allergy specialist is critical for identifying risk, reporting risk, treating comorbidities, and ensuring that a supportive, empowering, and effective management plan is in place, with medications on hand for patients and families to self-treat in cases of accidental exposure to food and other allergens [5].

Clinicians should consider these clinical risk factors when evaluating, counseling, treating, and monitoring young children with food allergies.

School canteens are a good source of information on food allergy trends in children.

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Conflicts of Interest
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References

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Martha Cabrera Sierra
Servicio de Alergia
Hospital los Madroños
Carretera M-501, Km 17,9
28690 Brunete, Madrid
E-mail: marthacs65@gmail.com