



Finestra della tolleranza: mito o realtà?

Iride Dello Iacono
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Benevento

Systematic Review

Timing of Complementary Feeding, Growth, and Risk of Non-Communicable Diseases: Systematic Review and Meta-Analysis

Maria Carmen Verga ^{1,*}, Immacolata Scotese ², Marcello Bergamini ³, Giovanni Simeone ⁴, Barbara Cuomo ⁵, Giuseppe D'Antonio ⁶, Iride Dello Iacono ⁷, Giuseppe Di Mauro ⁸, Lucia Leonardi ⁹, Vito Leonardo Miniello ¹⁰, Filomena Palma ¹¹, Giovanna Tezza ¹², Andrea Vania ¹³ and Margherita Caroli ¹⁴

Nutrients 2022, 14, 702. <https://doi.org/10.3390/nu14030702>

Over the past two decades, our growing understanding of the nutritional, immunological, and neurodevelopmental benefits of breastfeeding has led many national and international associations and scientific societies to revise their recommendations on the age at which complementary feeding (CF) should be added to the diet of healthy infants.

Systematic Review

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Maria Carmen Verga ^{1,*}, Immacolata Scotese ², Marcello Bergamini ³, Giovanni Simeone ⁴, Barbara Cuomo ⁵, Giuseppe D'Antonio ⁶, Iride Dello Iacono ⁷, Giuseppe Di Mauro ⁸, Lucia Leonardi ⁹, Vito Leonardo Miniello ¹⁰, Filomena Palma ¹¹, Giovanna Tezza ¹², Andrea Vania ¹³ and Margherita Caroli ¹⁴

Nutrients 2022, 14, 702. <https://doi.org/10.3390/nu14030702>

The World Health Organization (WHO), which considers exclusive breastfeeding (EBF) crucial not only for nutritional considerations, but also as a public health issue, has changed its previous recommendation on EBF for 4–6 months to recommend it for the first 6 months of life, and then up to 2 years of age or more, with the addition of nutritionally appropriate and safe complementary foods.

Systematic Review

Timing of Complementary Feeding, Growth, and Risk of Non-Communicable Diseases: Systematic Review and Meta-Analysis

Maria Carmen Verga ^{1,*}, Immacolata Scotese ², Marcello Bergamini ³, Giovanni Simeone ⁴, Barbara Cuomo ⁵, Giuseppe D'Antonio ⁶, Iride Dello Iacono ⁷, Giuseppe Di Mauro ⁸, Lucia Leonardi ⁹, Vito Leonardo Miniello ¹⁰, Filomena Palma ¹¹, Giovanna Tezza ¹², Andrea Vania ¹³ and Margherita Caroli ¹⁴

Nutrients 2022, 14, 702. <https://doi.org/10.3390/nu14030702>

The results of this review confirm both the WHO recommendations and the EFSA scientific opinion that exclusive milk feeding is nutritionally adequate up to 6 months of age.

Therefore, it has to be very clear that introducing complementary foods before 6 months in healthy term-born infants living in developed countries does not present any advantages as human milk (HM) and formulas are nutritionally adequate up to 6 months of age.



INTRODUZIONE DI CIBI SOLIDI NEL LATTANTE A RISCHIO ALLERGICO



**Lo svezzamento: è importante
indirizzarlo condizionati dal possibile
rischio allergico?**

AVOIDANCE

2000-2006

Table 1 Recommendations for complementary food introduction during weaning to prevent food allergy in normal infants and high-risk infants from the most important guidelines in the years 2000–2006

Reference	Scientific society	All infants	High-risk infants
AAP [4]	American Academy of Pediatrics (AAP)		Solid foods should not be introduced into the diet of high-risk infants until 6 months of age, with dairy products delayed until 1 year, eggs until 2 years, and peanuts, nuts, and fish until 3 years of age
Muraro [5]	European Academy of Allergy and Clinical Immunology (EAACI)	'Avoidance of solid foods until preferable 6 months but at least 4 months'... 'Thus, there is no evidence of allergy preventing effect of restrictive diets after 6 months of age'	Prospective interventional studies show evidence of the effect of dietary allergy preventive measures as regards food allergy, especially cow's milk protein allergy, and eczema
Prescott [6]	Australasian Society of Clinical Immunology and Allergy (ASCIA)		Complementary foods (including normal cow's milk formulas) should be delayed for at least 4–6 months. There is no evidence that dietary elimination after the age of 4–6 months has a preventive effect, although this needs additional investigation. Avoidance of peanut, nut, and shellfish for the first 2–4 years of life may be recommended in high-risk children as this is unlikely to cause harm; however, it must be emphasized that there is no evidence to support this
Fiocchi [7]	American College of Allergy, Asthma and Immunology (ACAAI)	Complementary feeding can be introduced from the sixth month, and egg, peanut, tree nuts, fish, and seafood introduction require caution.	The optimal age for the introduction of selected supplemental foods should be 6 months, dairy products 12 months, hen's egg 24 months, and peanut, tree nuts, fish, and seafood at least 36 months

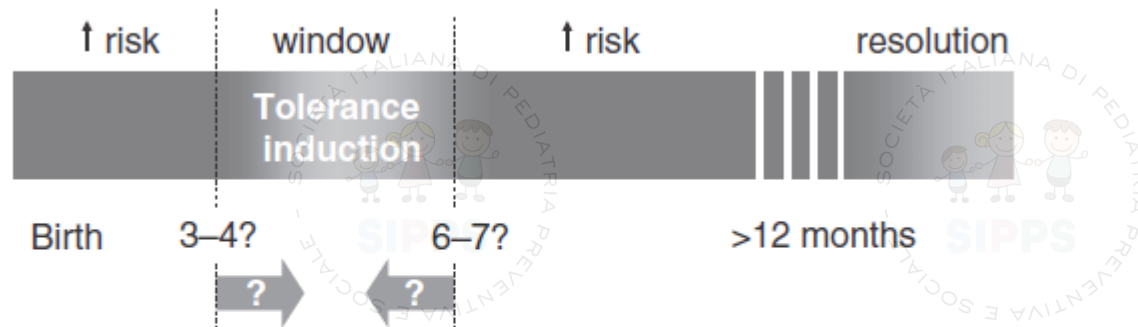


Prescott SL et al

Discussion Paper

The importance of early complementary feeding in the development of oral tolerance: Concerns and controversies

2008 



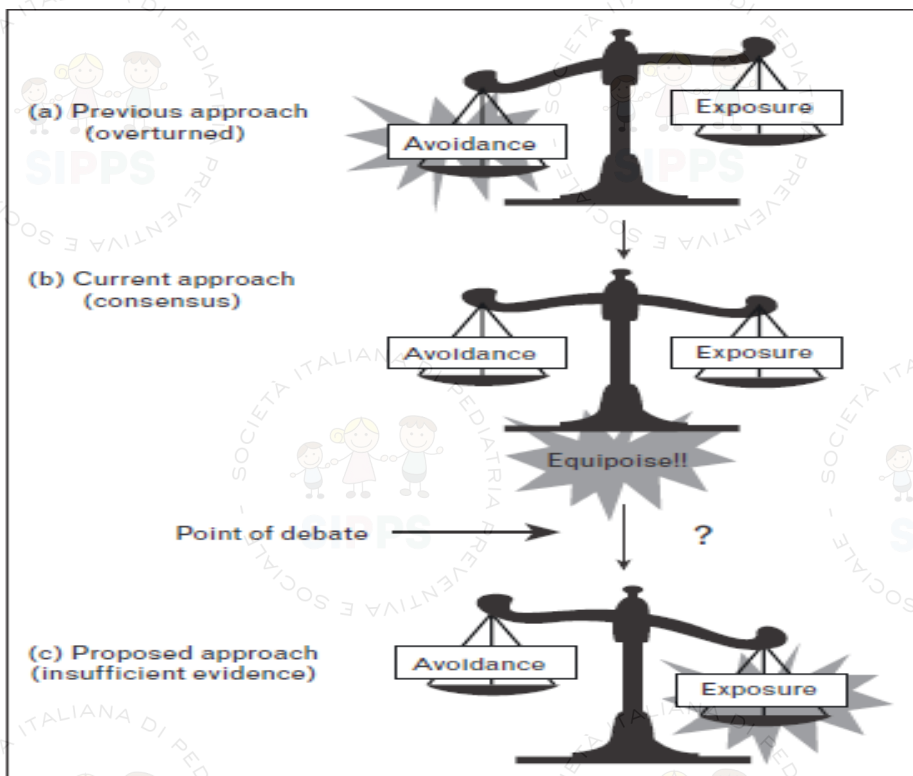
Factors that influence the capacity for tolerance:

- optimal colonisation
- genetic pre-disposition
- allergen properties (dose, interval, timing, preparation)
- gut permeability/maturity/pH
- continued breast feeding?
- other immunomodulatory factors (fatty acids? stress? antioxidants?)

Avoidance or exposure to foods in prevention and treatment of food allergy?

Susan L. Prescott^a, Gabriel R. Bouygue^b, Diane Videky^a and Alessandro Fiocchi^b

Current Opinion in Allergy and Clinical Immunology 2010, 10:258–266



In the following years, new speculative hypothesis mainly based on the demonstration that allergens can pass through the skin and induce sensitization by this route and some prominent epidemiological data (i.e., peanut sensitization in UK e Israel) led to change some guidelines positions, even in the absence of data from prospective interventional studies.

Du Toit et al. Early consumption of peanuts in infancy is associated with a low prevalence of peanut allergy. JACI 2008; 122: 984-91

EAACI Food Allergy and Anaphylaxis Guidelines. Primary prevention of food allergy

A. Muraro^{1,*}, S. Halken^{2,*}, S. H. Arshad^{3,4,5}, K. Beyer⁶, A. E. J. Dubois⁷, G. Du Toit⁸, P. A. Eigenmann⁹, K. E. C. Grimshaw³, A. Hoest², G. Lack⁸, L. O'Mahony¹⁰, N. G. Papadopoulos^{11,12}, S. Panesar¹³, S. Prescott¹⁴, G. Roberts^{3,4,5}, D. de Silva¹³, C. Venter^{4,15}, V. Verhasselt¹⁶, A. C. Akdis¹⁷ & A. Sheikh^{18,19} on behalf of EAACI Food Allergy and Anaphylaxis Guidelines Group

2014 → Recommendations for primary prevention of food allergy

No special dietary restrictions after the age of 4 months for infants with high risk for development of allergic disease.
No withholding or encouraging exposure to 'highly allergenic' foods such as cow's milk, hen's egg, and peanuts irrespective of atopic heredity, once weaning has commenced. (de Silva D, Systematic-Review 2013)

2016 

Prevention of food and airway allergy:
consensus of the Italian Society of
Preventive and Social Paediatrics, the
Italian Society of Paediatric Allergy and
Immunology, and Italian Society of
Pediatrics

Giuseppe di Mauro[†], Roberto Bernardini[†], Salvatore Barberi, Annalisa Capuano, Antonio Corra,
Gian Luigi de' Angelis, Iride Dello Iacono, Maurizio de Martino, Daniele Ghiglioni, Dora Di Mauro,
Marcello Giovannini, Massimo Landi, Gian Luigi Marseglia, Alberto Martelli, Vito Leonardo Miniello, Diego Peroni,
Lucilla Ricottini Maria Giuseppa Sullo, Luigi Terracciano, Cristina Vascone, Elvira Verduci, Maria Carmen Verga
and Elena Chiappini

di Mauro et al. World Allergy Organization Journal (2016) 9:28

Weaning
Question 2. Is weaning between the 4th
and 6th month of life recommended for the
prevention of allergic diseases in children?

Recommendation: Once feeding “complementary foods” has been initiated, it is recommended to introduce potentially allergenic foods in the same way in the diet of children with or without an allergic risk.

Studi sulla precoce introduzione di cibi allergizzanti nella dieta di lattanti sani o a rischio di atopia

A partire dal 2014, nel mentre si abbandonava la strategia dell'evitamento allergenico, diversi gruppi eseguivano ulteriori trial prospettici di intervento per studiare l'ipotesi che la precoce introduzione di cibi comunemente allergizzanti potesse prevenire lo sviluppo di AA nella popolazione generale o in bambini ad alto, medio o basso rischio di svilupparla (familiarità e/o dermatite atopica e/o sensibilizzazione verso l'alimento).

Studi sulla precoce introduzione di cibi allergizzanti nella dieta di lattanti sani o a rischio di atopia

- **LEAP - Learning Early About Peanut Allergy (2015);**
- STAR - Solids Timing of Allergy Research (2013);
- STEP - Starting Time for Egg Protein (2017);
- HEAP - Hen's Egg Allergy Prevention (2017);
- BEAT - Beating Egg Allergy Trial (2017);
- **PETIT - Prevention of Egg Allergy with Tiny Amount Intake Trial (2017);**
- **EAT - Enquiring About Tolerance (2016);**
- PreventADALL - Preventing Atopic Dermatitis and Allergies in Children (2018).

Ancora in corso PEAAD - Preventing Peanut Allergy in Atopic Dermatitis.

de Silva D, Halcken S, Singh C, et al. European Academy of Allergy, Clinical Immunology Food Allergy, Anaphylaxis Guidelines Group.

Preventing food allergy in infancy and childhood: systematic review of randomised controlled trials. *Pediatr Allergy Immunol.* 2020; 31(7):813-26.

- Introdurre l'uovo ben cotto, ma non crudo pastorizzato, dai 4 ai 6 mesi di vita, probabilmente riduce il rischio di allergia all'uovo (Qualità delle evidenze moderata)
- Introdurre l'uovo crudo o crudo pastorizzato, dai 4 ai 6 mesi di vita, potrebbe non ridurre il rischio di allergia all'uovo (Qualità delle evidenze bassa)
- Favorire il regolare consumo di arachide nella dieta di un lattante ad aumentato rischio tra 4 e 11 mesi di vita, probabilmente risulta in un'ampia riduzione dell'allergia alle arachidi nei Paesi ad alta prevalenza. (Qualità delle evidenze moderata)
- Introdurre alimenti potenzialmente allergizzanti, dai 3 ai 6 mesi di vita, potrebbe non ridurre il rischio di Allergia Alimentare (Qualità delle evidenze bassa).

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

Pediatr Allergy Immunol. 2021;00:1–16.

The Task Force does not support early introduction of raw egg or uncooked pasteurized egg because the potential harms may outweigh the benefits. Studies found adverse reactions, including anaphylactic reactions (Palmer 2013, Palmer 2017, Bellach 2017).



EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

STAR STUDY

Early regular egg exposure in infants with eczema: A randomized controlled trial

Debra J. Palmer, PhD,^{a,b} Jessica Metcalfe, BSc,^a Maria Makrides, PhD,^{b,c} Michael S. Gold, MD,^{c,d} Patrick Quinn, MBBS,^d Christina E. West, MD, PhD,^{a,e} Richard Loh, MD,^f and Susan L. Prescott, MD, PhD^{a,f} *Perth and Adelaide, Australia, and Umeå, Sweden*

J Allergy Clin Immunol 2013;132:387-92.



STEP STUDY

Randomized controlled trial of early regular egg intake to prevent egg allergy

Debra J. Palmer, PhD,^{a,b} Thomas R. Sullivan, BMA&CompSc(Hons),^a Michael S. Gold, MD,^d Susan L. Prescott, MD, PhD,^{a,e} and Maria Makrides, PhD^{b,d,f} *Perth and Adelaide, Australia*

J Allergy Clin Immunol 2017;139:1600-7.



HEAP STUDY

Randomized placebo-controlled trial of hen's egg consumption for primary prevention in infants

Johanna Bellach,^a Veronika Schwarz, MD,^a Birgit Ahrens, MD,^a Valérie Trendelenburg, MSc,^a Özlem Aksünger,^a Birgit Kalb, MD,^a Bodo Niggemann, MD,^a Thomas Keil, MD, MPH,^b and Kirsten Beyer, MD^{a,c} *Berlin, Germany, and New York, NY*

J Allergy Clin Immunol 2017;139:1591-9.



2021

POSITION PAPER

WILEY

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

Recommendation

Certainty of evidence

The EAACI Task Force suggests introducing well-cooked hen's egg, but not raw egg or uncooked pasteurized egg, **into the infant diet** as part of complementary feeding to prevent egg allergy in infants

Moderate

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

Recommendation

Certainty of evidence

Our systematic review included two trials about cooked egg

Moderate

Perkin MR, Logan K, Tseng A, et al. Randomized trial of introduction of allergenic foods in breast-fed infants. *N Engl J Med*. 2016;374(18):1733-1743.

Natsume O, Kabashima S, Nakazato J, et al. Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomised, double-blind, placebo-controlled trial. *Lancet*. 2017;389(10066):276-286.

EAT STUDY



Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants

Michael R. Perkin, Ph.D., Kirsty Logan, Ph.D., Anna Tseng, R.D.,
Bunmi Raji, R.D., Salma Ayis, Ph.D., Janet Peacock, Ph.D., Helen Brough, Ph.D.,
Tom Marrs, B.M., B.S., Suzana Radulovic, M.D., Joanna Craven, M.P.H.,
Carsten Flohr, Ph.D., and Gideon Lack, M.B., B.Ch., for the EAT Study Team*



N Engl J Med 2016;374:1733-43



Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants

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EAT Study

METHODS

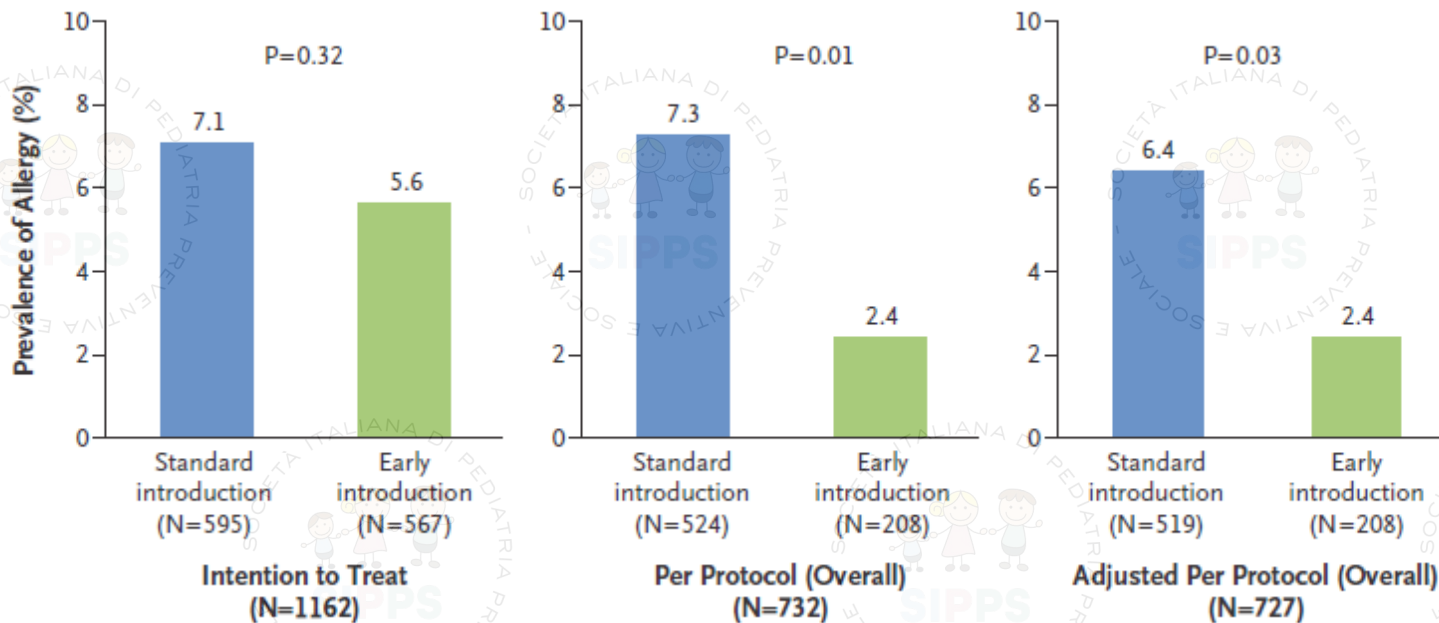
*We recruited, from the general population, **1303 exclusively breast-fed infants** who were 3 months of age and randomly assigned them to the early introduction of six allergenic foods (**peanut, cooked egg, cow's milk, sesame, whitefish, and wheat**) or to the current practice recommended in the United Kingdom of exclusive breast-feeding to approx 6 months of age. **The primary outcome was food allergy to one or more of the six foods between 1 yr and 3 yrs of age.***

Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants

Nella analisi “intention-to-treat” la allergia diagnosticata con DBPCFC è insorta in misura non statisticamente differente nei 2 tipi di alimentazione. Nella analisi “per protocol”, sia semplice che corretta, la allergia alimentare ad uno o più alimenti insorge meno frequentemente che nella alimentazione standard.

EAT Study

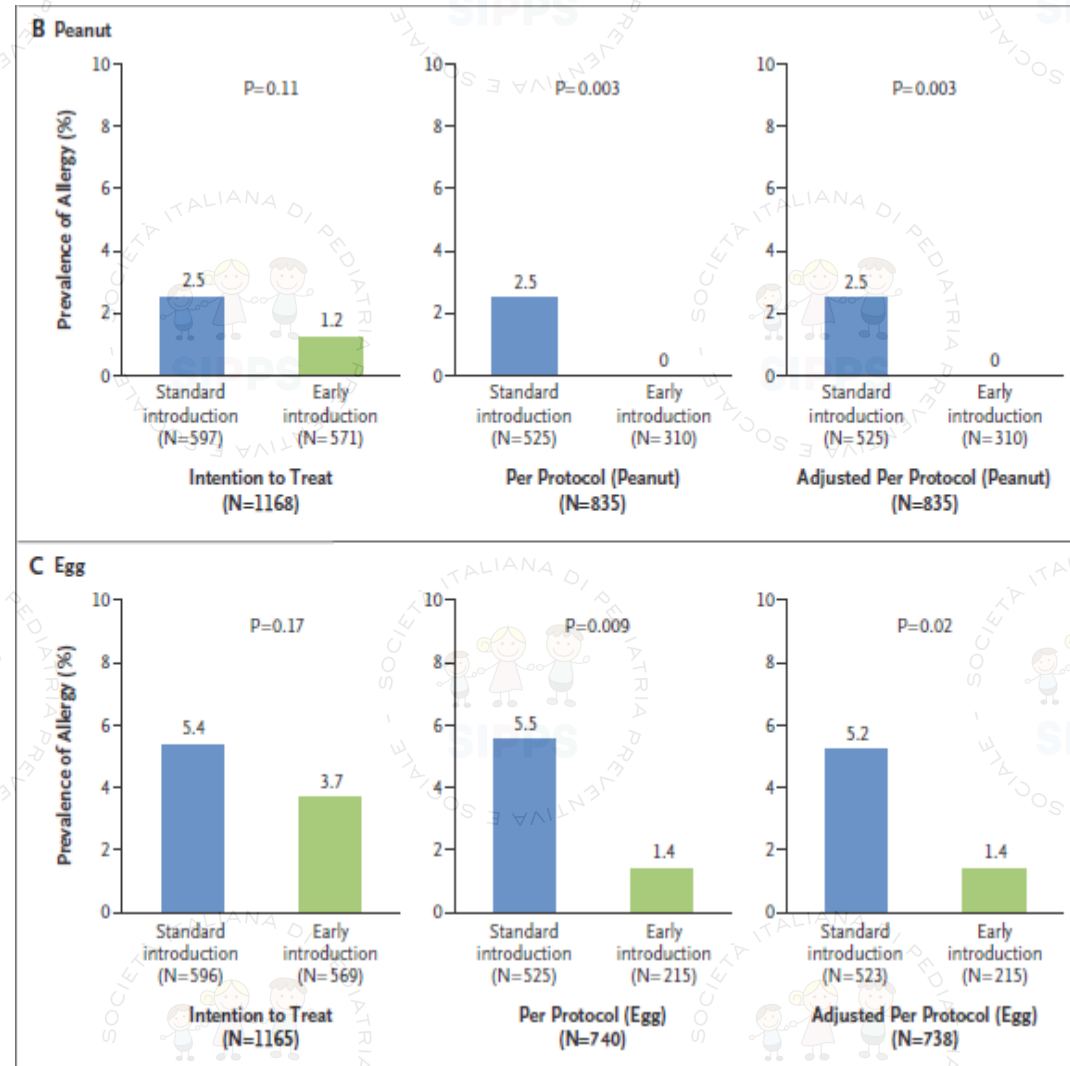
A One or More Foods



Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants

EAT Study

La precoce introduzione (a 3 mesi) ha ridotto significativamente la allergia diagnosticata con DBPCFC solo per le arachidi e per l'uovo (nella analisi "per protocol")



Randomized Trial of Introduction of Allergenic Foods in Breast-Fed Infants

EAT Study

Adherence to the Protocol

A total of 92.9% of the participants in the standard-introduction group whose primary-outcome status could be determined (524 of 564 participants) adhered to the protocol.

A total of 42.8% of the participants in the early-introduction group whose primary-outcome status could be determined adhered to the protocol

Randomized Trial of Allergenic Food

Lo studio è gravato da bassissima compliance all'intervento (< 40%) ed un protocollo che non consente la corretta registrazione di tutti i casi di allergia. Questi fattori limitano l'attendibilità dei risultati ma mettono anche in luce la difficoltà di iniziare così precocemente il divezzamento (prima dei 4 mesi).

CONCLUSION

This trial failed to show the efficacy of early introduction of allergenic foods as compared with standard introduction of those foods in an intention-to-treat analysis. Further analysis suggests that the possibility of preventing food allergy by means of the early introduction of multiple allergenic foods in normal breast-fed infants may depend on adherence and dose.

PETIT STUDY



Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomised, double-blind, placebo-controlled trial

Osamu Natsume*, Shigenori Kabashima*, Junko Nakazato, Kiwako Yamamoto-Hanada, Masami Narita, Mai Konda, Mayako Saito, Ai Kishino, Tetsuya Takimoto, Eisuke Inoue, Julian Tang, Hirashi Kido, Gary W K Wong, Kenji Matsumoto, Hirohisa Saito, Yukihiro Ohya, for the PETIT Study Team†

www.thelancet.com Published online December 8, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)31418-0](http://dx.doi.org/10.1016/S0140-6736(16)31418-0)



Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomised, double-blind, placebo-controlled trial



Osamu Natsume*, Shigenori Kabashima*, Junko Nakazato, Kiwako Yamamoto-Hanada, Masami Narita, Mai Konda, Mayako Saito, Ai Kishino, Tetsuya Takimoto, Eisuke Inoue, Julian Tang, Hiroshi Kido, Gary W K Wong, Kenji Matsumoto, Hirohisa Saito, Yukihiro Ohya, for the PETIT Study Team†

PETIT STUDY

147 lattanti di 6 mesi di vita con eczema. Il reclutamento è stato terminato anticipatamente sulla base dell'analisi preliminare dei primi 100 partecipanti che mostra una differenza significativa tra i due gruppi

Somministrazione di uovo cotto in polvere o placebo fino ai 12 mesi di vita.

Si parte da una dose molto bassa: 25 mg di proteine/ die (pari a 0,2 gr di uovo intero bollito per 15 minuti) dai 6 ai 9 mesi a 125 mg di proteine/die (pari a 1,1 gr di uovo intero bollito) dai 9 ai 12 mesi.

L'eczema è stato aggressivamente trattato all'ingresso nello studio e durante tutto il periodo di intervento, con cortisonico topico, per evitare riesacerbazioni.


Prevalenza di allergia all'uovo a 1 anno, determinata mediante challenge in aperto

Two-step egg introduction for prevention of egg allergy in high-risk infants with eczema (PETIT): a randomised, double-blind, placebo-controlled trial



Osamu Natsume*, Shigenori Kabashima*, Junko Nakazato, Kiwako Yamamoto-Hanada, Masami Narita, Mai Konda, Mayako Saito, Ai Kishino, Tetsuya Takimoto, Eisuke Inoue, Julian Tang, Hiroshi Kido, Gary W K Wong, Kenji Matsumoto, Hirohisa Saito, Yukihiro Ohya, for the PETIT Study Team†

PETIT STUDY



Primi 100 partecipanti 4/47 (9%) aveva allergia all'uovo nell'egg group vs 18/47 (38%) nel placebo group (risk ratio [RR] 0,222; 95% CI ,0,081-0,607, $p = 0,0012$). L'analisi intention to treat mostra una riduzione significativa di allergia all'uovo nell'egg group (5/60 (8%) vs placebo group 23/61 (38%) (risk ratio [RR] 0,221 [0,090-0,543]; $p = 0,0001$) con significatività conservata, nell'analisi dei sottogruppi, solo in quello dei pazienti pre-sensibilizzati all'arruolamento (9% vs 43%, $p=0,001$) (prevenzione secondaria).



Nessuna reazione acuta era descritta alla somministrazione della prima dose di polvere a 6 e 9 mesi, a dimostrazione della sicurezza dell'approccio.

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

Recommendation


Certainty of evidence

In populations where there is a high prevalence of peanut allergy, the EAACI Task Force suggests introducing peanuts **into the infant diet** in an age-appropriate form as part of **complementary feeding** in order to prevent peanut allergy in infants and young children.

Moderate



LEAP STUDY



Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

George Du Toit, M.B., B.Ch., Graham Roberts, D.M., Peter H. Sayre, M.D., Ph.D., Henry T. Bahnson, M.P.H., Suzana Radulovic, M.D., Alexandra F. Santos, M.D., Helen A. Brough, M.B., B.S., Deborah Phippard, Ph.D., Monica Basting, M.A., Mary Feeney, M.Sc., R.D., Victor Turcanu, M.D., Ph.D., Michelle L. Sever, M.S.P.H., Ph.D., Margarita Gomez Lorenzo, M.D., Marshall Plaut, M.D., Gideon Lack, M.B., B.Ch., and for the LEAP Study Team*

N Engl J Med. 2015 February 26; 372(9): 803–813.



Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

NEJM 2015; 372: 803-13

Study Design and Oversight: The LEAP study was a randomized, open-label, controlled trial conducted at a single site in the United Kingdom.

To be eligible for enrollment 640 infants had to be least 4 months and less than 11 months of age and had to have severe eczema, egg allergy, or both.

Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

NEJM 2015; 372: 803-13

LEAP Study

Nel Gruppo “Consumo di Arachidi” sono stati alimentati con 6 gr di arachidi a settimana, distribuiti in 2-3 pasti fino all’età di 5 anni. Sotto forma di Bamba o burro di arachidi (0.2 gr = 1 arachide)

Nel Gruppo “dieta” si è consigliato di evitare le arachidi o alimenti che le contenessero fino a 5 anni



Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

LEAP Study

Obiettivo Primario: percentuale di allergici alle arachidi a 5 anni valutata per mezzo di TPO con arachide nella popolazione Intention to treat in entrambe le Coorti.

La percentuale di adesione allo studio è stata del 92% e nel 98.4% era possibile una valutazione dei dati a 5 anni

Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

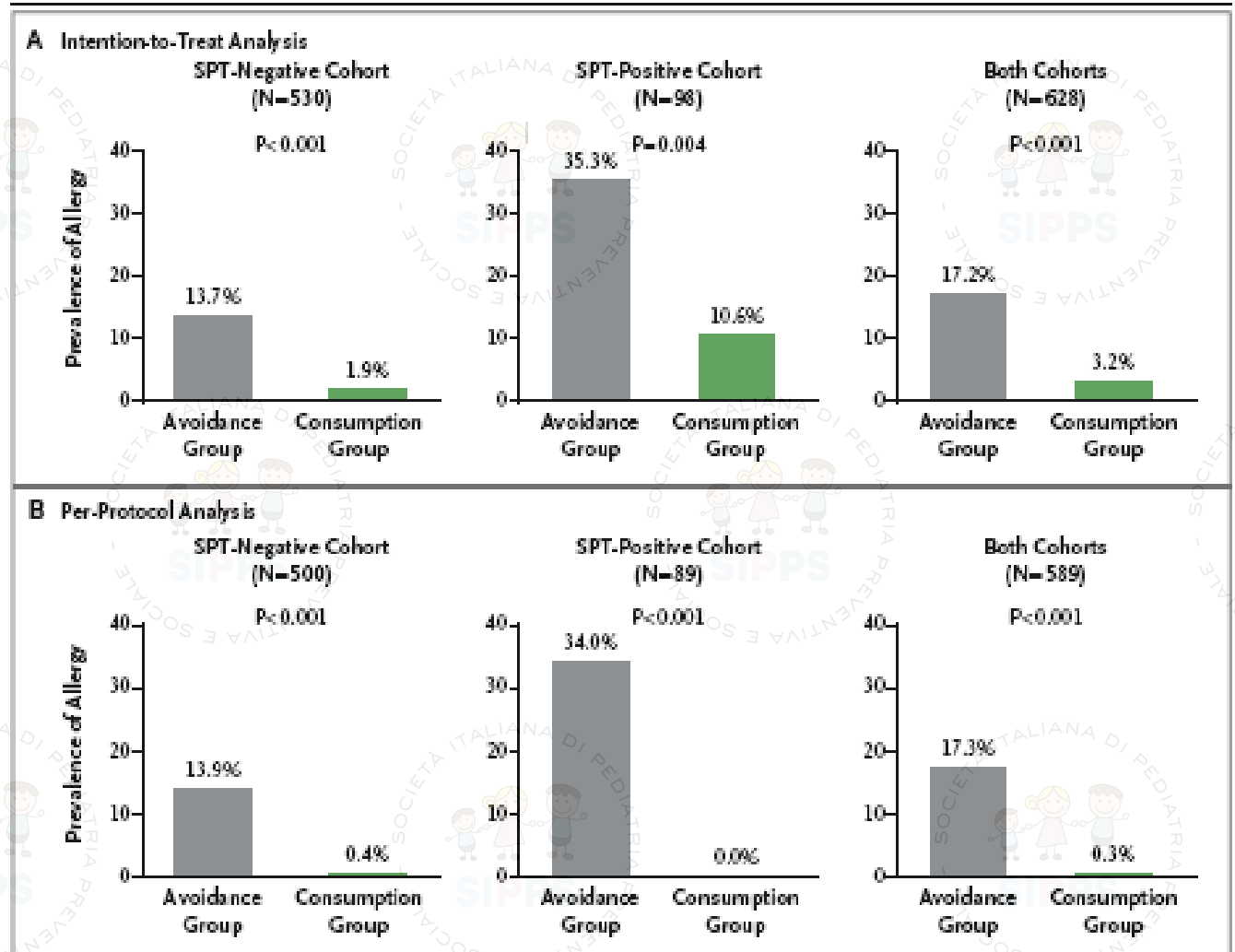


LEAP Study

Risultati

Prevenzione SPT neg: lo studio ha ridotto la prevalenza di allergia alle arachidi dal 6% all'1%

Prevenzione SPT pos: lo studio ha ridotto la prevalenza di allergia alle arachidi dal 33.1% all'6.8%



Du Toit G et al, NEJM 2015; 372: 803-13

Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy

NEJM 2015; 372: 803-13









Lo studio si riferisce ad una popolazione altamente selezionata per avere una dermatite atopica grave o un'allergia all'uovo o entrambi: i suoi risultati non sono necessariamente estrapolabili alla popolazione generale



Quindi in pratica, cosa possiamo raccomandare sulla base delle attuali evidenze?

Concept Paper

Recommendations on Complementary Feeding as a Tool for Prevention of Non-Communicable Diseases (NCDs)—Paper Co-Drafted by the SIPPS, FIMP, SIDOHaD, and SINUPE Joint Working Group

Margherita Caroli ^{1,†}, Andrea Vania ^{2,*†} , Maria Carmen Verga ^{3,†}, Giuseppe Di Mauro ^{4,†}, Marcello Bergamini ⁵, Barbara Cuomo ⁶ , Rosaria D'Anna ⁷, Giuseppe D'Antonio ⁸, Iride Dello Iacono ⁹, Angelica Dessì ¹⁰ , Mattia Doria ¹¹, Vassilios Fanos ¹⁰, Michele Fiore ¹², Ruggiero Francavilla ¹³ , Simonetta Genovesi ¹⁴ , Marco Giussani ¹⁴, Antonella Gritti ¹⁵, Dario Iafusco ¹⁶, Lucia Leonardi ¹⁷, Vito Leonardo Miniello ¹⁸, Emanuele Miraglia Del Giudice ¹⁶, Filomena Palma ¹⁹, Francesco Pastore ²⁰, Immacolata Scotese ²¹, Giovanni Simeone ²², Marco Squicciarini ²³, Giovanna Tezza ²⁴ , Ersilia Troiano ²⁵  and Giuseppina Rosa Umamo ¹⁶ 

Nutrients 2022, 14, 257. <https://doi.org/10.3390/nu14020257>

Recommendation

Key Question: Can the timing of the introduction of potentially allergenic foods influence the development of a food allergy?

We recommend that potentially allergenic foods be introduced with the same modalities to both infants at risk of allergy and infants at no risk of allergy (strong positive recommendation. . Quality of evidence low for cooked egg, moderate for peanut, very low for other allergenic foods. Panel consensus 88.9%)


2021

POSITION PAPER

WILEY

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)


Recommendation


Certainty of evidence

The EAACI Task Force suggests introducing well-cooked hen's egg, but not raw egg or uncooked pasteurized egg, **into the infant diet** as part of complementary feeding to prevent egg allergy in infants

Moderate

**Recommendations on Complementary Feeding as a Tool for
Prevention of Non-Communicable Diseases (NCDs)—Paper
Co-Drafted by the SIPPS, FIMP, SIDOHAD, and SINUPE Joint
Working Group**

Nutrients 2022, 14, 257. <https://doi.org/10.3390/nu14020257>

The amendment of recommendation 3.1.2 of the EAACI GL and the formulation of recommendation 37 of this document have been much discussed, considering that:

1. The study on the cooked egg is unique, so the results cannot be considered conclusive;
2. The population consists of infants with atopic dermatitis, so the results cannot be automatically transferred to the general population;
3. The study evaluates not only the effectiveness of the cooked egg but also administration with very low and increasing doses, doses that do not correspond to those administered in daily practice and is thus difficult to measure without adequate tools (difficult applicability);
4. At the end of the intervention, only the tolerance to the cooked egg and not to the raw egg was tested (therefore, we can only talk about the prevention of allergy to the cooked egg and not to the egg in general).

**Recommendations on Complementary Feeding as a Tool for
Prevention of Non-Communicable Diseases (NCDs)—Paper
Co-Drafted by the SIPPS, FIMP, SIDOHAD, and SINUPE Joint
Working Group**

Nutrients 2022, 14, 257. <https://doi.org/10.3390/nu14020257>

Recommendation

37. Only in children with severe atopic dermatitis, at risk of allergic disease, we suggest the possibility of introducing well-cooked chicken egg, but not raw or pasteurized uncooked egg, as part of the complementary diet, to reduce the risk of adverse reactions. Any specific schemes or methods of administration aimed at the prevention of egg allergy should be indicated by the allergist pediatrician (Low quality of evidence for cooked egg, very low for raw or pasteurized egg. Weak recommendation. Panel consensus: 87.5%).

EAACI guideline: Preventing the development of food allergy in infants and young children (2020 update)

Recommendation

Certainty of evidence

In populations where there is a high prevalence of peanut allergy, the EAACI Task Force suggests introducing peanuts **into the infant diet** in an age-appropriate form as part of **complementary feeding** in order to prevent peanut allergy in infants and young children.

Moderate



**Recommendations on Complementary Feeding as a Tool for
Prevention of Non-Communicable Diseases (NCDs)—Paper
Co-Drafted by the SIPPS, FIMP, SIDOHaD, and SINUPE Joint
Working Group**

Nutrients 2022, 14, 257. <https://doi.org/10.3390/nu14020257>

Although the EAACI 2021 GLs state that “In these countries, peanuts should be included in the diet according to normal dietary habits and local recommendations”, considering that:

1. Peanut proteins are contained in many foods commonly consumed in early childhood (snacks, creams) and that;
2. Peanut products are also readily available for consumption by very young children (creams), in high-risk children, even those living in countries with a low prevalence of peanut allergy, small amounts of peanut-containing foods may be recommended for use even before 11 months of age.



Concept Paper

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Recommendation

38. In children at risk of allergic disease with severe atopic dermatitis or egg allergy, even those living in countries with a low prevalence of peanut allergy, the introduction of peanuts into the diet may be suggested no later than 11 months of age to reduce the risk of allergy to this food (moderate quality of evidence. Weak recommendation. Panel consensus: 88.9%).

Finestra della tolleranza: mito o realta'?





GRAZIE

