

Paediatric update



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Welcome to our paediatric nutrition column 'Paediatric update'. In each column, Kiran Atwal, Freelance Paediatric Dietitian, will update you on new guidance, tools and current affairs. Here, Kiran explores: **'Is there a disconnect between evidence, guidelines and practice on food allergy prevention for infants?'**

Background

Complementary feeding is a critical developmental window for infants, which primes dietary preferences, shapes body composition, and influences the development of food allergies.¹ Many kinds of healthcare professionals (HCPs) encounter infants and are therefore essential to providing accurate, up-to-date and safe advice. Contemporary guidelines on the introduction of common food allergens, including the latest from European Academy of Allergy & Clinical Immunology (EAACI), are evolving toward unified advice for all infants.^{2, 3} This stems from newer developments and historic evidence in landmark trials, including LEAP (Learning Early About Peanut Allergy) and EAT (Enquiring About Tolerance), which have driven the recommendation for the early introduction of egg and peanut.⁴⁻⁶

However, translating evidence into guidelines and clinical action isn't always straightforward. The EAACI Task Force sought to understand how HCPs worldwide advise families on complementary feeding in the context of food allergy prevention.⁷ The findings of their survey (launched between December 2023 and May 2024) reveal interesting insights about the gaps between the evidence and what families are told.

Risk stratification remains in practice

The broad shift towards early allergen introduction for all infants, rather than only high-risk infants, has not fully translated into the practice captured by this survey. Furthermore, there was variation in the definition of 'high-risk' infants. While atopic dermatitis and family history were almost universally recognised as risk factors for food allergy, 37% of respondents also flagged recurrent bronchiolitis or wheeze. The authors noted that the latter falls outside current food allergy prevention frameworks and requires further research.⁷

Formula-fed & breastfed infants are advised differently

One of the more striking findings from this survey is that HCPs recommend starting complementary feeding at a median of 5 months in formula-fed infants, compared to 6 months in breastfed infants. No current guidelines differentiate timing by feeding method; the authors postulated this may stem from a persistent misconception that infant formula itself is a complementary food.⁷

Qualification era & training shape advice

Interestingly, HCPs over 45 years of age were more likely to provide information for infants regardless of food allergy risk,

compared to younger HCPs. This included advice on the order of introduction and longer intervals between introducing high-allergen foods in high-risk infants. Those with advanced allergy training were more likely to use active management strategies (despite varying strength of evidence), such as emollients, probiotics and prebiotics, and also recommend earlier initiation of complementary feeding.⁷

What can we take away from this survey?

Before drawing any firm conclusions, it's important to note that of the 550 respondents who completed the survey, 46% were paediatricians, 37% were allergists, and only 11% were dietitians. Respondents from northern Europe (relevant to a UK context) accounted for just 20%.⁷ As such, these findings do not provide a mirror image of UK practice, but do prompt important questions as to whether advice has shifted.

Looking at recommendations in the UK, NHS Start4Life advises starting complementary feeding at around 6 months (no risk stratification) and recommends including common allergens, noting that delaying egg and peanut introduction beyond 6 to 12 months may increase allergy risk.⁸ This reflects the 2018 Scientific Advisory Committee on Nutrition (SACN) position, which advises that those at high risk should seek medical advice.⁹ The British Society for Allergy & Clinical Immunology (BSACI) guidance contains a more traditional risk-stratified approach: infants without eczema or existing food allergy are directed to NHS weaning advice, while earlier introduction from 4 months is recommended for those considered high-risk.¹⁰ Taken together, UK guidance is internally consistent, but sits in a more cautious position than EAACI's latest update, which specifically recommends early introduction of egg and peanut from 4 to 6 months as an active prevention strategy for all infants.²

Summary

The gap between UK and international guidance is therefore not simply a matter unique to the respondents of the survey or of HCPs failing to keep up; the guidelines themselves have not yet fully converged and need more clarity. With international guidance such as EAACI having moved on, an update to UK guidance seems timely and will give HCPs in the UK a clearer basis for advising families. It is worth asking how your own practice has kept pace with early food allergen introduction.

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