

## Allergy prevention

### Dear Editor

As a doctor, and a mother who continues to breastfeed her 15 month old daughter, I was somewhat confused by the article on allergy prevention<sup>1</sup> (*AFP* April 2008) which states introducing solids in the first 4–6 months of life. The World Health Organization (WHO) advises that exclusive breastfeeding be maintained for the first 6 months of life. The Australian Breastfeeding Association advises solids not be introduced until 6 months and state that earlier introduction may be associated with higher incidence of food related allergies and obesity ([www.breastfeeding.asn.au/bfinfo/justbm.html](http://www.breastfeeding.asn.au/bfinfo/justbm.html)).

The National Health and Medical Research Council (NHMRC) Infant feeding guidelines ([www.nhmrc.gov.au/publications/synopses/\\_files/n34.pdf](http://www.nhmrc.gov.au/publications/synopses/_files/n34.pdf)) state that solids should be introduced at 6 months, when infants are physiologically and developmentally ready.

Education to GPs should be in line with current WHO recommendations, which are also strongly endorsed by the Baby Friendly Health Initiative – which aims to promote breastfeeding to all mothers. General practitioners need to then provide patients with accurate advice; that is, not to introduce solids before 6 months of age.

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### Reference

1. Tang MLK, Robinson M. Allergy prevention: current recommendations and new insights. *Aust Fam Physician* 2008;37:204–8.

## Reply

### Dear Editor

In the article 'Allergy prevention – new insights', we attempted to give a summary of the current literature regarding timing of introduction of solid foods with respect to the risks of developing atopic disease. The WHO does recommend exclusively breastfeeding until 6 months of age, however, these recommendations are largely aimed at reducing morbidity and mortality from gastrointestinal infection in the developing nations and are not specific to modifying the risk for allergic disease. The NHMRC guidelines also currently recommend exclusive breastfeeding for the first 6 months of life where possible, however it must be noted that these guidelines were introduced in 2003 and that since this time there is emerging evidence that delayed introduction of solids may actually increase, rather than decrease the risk of food allergy. As outlined in our article, there is no evidence that delayed introduction of solids beyond 6 months of age is of benefit for the prevention of allergic disease<sup>1</sup> whereas introduction beyond 6 months of age may be associated with an increased risk of specific food allergy.<sup>2,3</sup> The concept of a 'window

for tolerance induction' is hypothetical, and it is acknowledged that the precise timing of this critical window is not known. However, it is postulated that such a window may be present between 4–6 months of age. The Australian Society of Clinical Immunology and Allergy (ASCIA) guidelines for prevention of allergic disease currently recommend delayed introduction of solids for the first 4–6 months of life. The recommendation to introduce solids from 4–6 months of age is therefore consistent with these current recommendations.

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### References

1. Filipiak B, Zutavern A, Koletzko S, et al. Solid food introduction in relation to eczema: results from a 4 year prospective birth cohort study. *J Pediatr* 2007;151:352–8.
2. Poole JA, Barriga K, Leung DYM, et al. Timing of Initial exposure to cereal grains and the risk of wheat allergy. *Pediatrics* 2006;117:2175–82.
3. Zutavern A, Von Mutius E, Harris J, et al. The introduction of solids in relation to asthma and eczema. *Arch Dis Child* 2004;89:303–8.

## Beta blockers in systolic heart failure

### Dear Editor

I appreciated the article on beta blockers in systolic heart failure (*AFP* March 2008). I wondered whether the authors might agree that spirometry at diagnosis and repeated at each follow up visit would help sort out the breathlessness due to aggravated airflow limitation (asthma/COPD) from that of cardiac failure either inadequately treated or failing to respond to it? Delayed or late spirometry is often difficult to interpret.

David A Lindsay  
 Gold Coast, Qld

## Reply

### Dear Editor

We agree that spirometry at both baseline and follow up may help differentiate the dyspnoea of aggravated airflow limitation in concomitant asthma/COPD from the dyspnoea of heart failure. We note the need to interpret test results with care, because indices of spirometry can be affected by both respiratory disease and heart failure.<sup>1,2</sup>

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### References

1. Barreiro TJ, Perillo I. An approach to interpreting spirometry. *Am Fam Physician* 2004;69:1107–14.
2. Johnson BD, Beck KC, Olson LJ, et al. Pulmonary function in patients With reduced left ventricular function: influence of smoking and cardiac surgery. *Chest* 2001;120:1869–76.