



Early exposure to peanuts: peanut allergy prevention

Intervention

Sustained consumption of peanut protein beginning at age 4–11 months.

Indication

Almost 3 in every 100 Australian children have a peanut allergy. Around 20% of children 'grow out of' their peanut allergy.

Infants at high risk of developing peanut allergy, such as those with severe eczema and/or egg allergy (see Precautions).

Since delaying the introduction of peanut may be associated with an increased risk of developing peanut allergy, healthcare providers should recommend introducing peanut-containing products into the diet of infants at high risk early in life (between 4 and 11 months of age).

Compared with peanut avoidance, early introduction of peanut protein has been shown to lead to a significant reduction in peanut allergy in children up to the age of 5 years (70% relative reduction; NNT = 4).

Note: [The Australasian Society of Clinical Immunology and Allergy \(ASCI\)](#) recommends introduction FOR ALL INFANTS of solids, including peanuts, between 4 and 6 months, with a new food every few days.

Precautions

Infants are considered at higher risk if they have been diagnosed with early-onset atopic disease, such as severe eczema or egg allergy in the first 4–6 months of life.

- These infants may benefit from evaluation by an allergist or a general practitioner trained in management of allergic diseases in this age group to diagnose any food allergy and assist in implementing the suggestions regarding the appropriateness of early peanut introduction.
- This evaluation may include peanut skin testing and/or in-office observed peanut ingestion, and the clinician may perform an observed peanut challenge for those with evidence of a positive peanut skin test to determine if they are clinically reactive, before initiating at-home peanut introduction.

Note that whole peanuts and peanut fragments present choking hazards and should be avoided.

Adverse effects

There were no deaths in the study and no significant differences in rates of serious adverse events in peanut consumption groups and peanut avoidance groups.



Availability

Peanut protein sources include a peanut snack food (Bamba) and smooth peanut butter.

Bamba peanut snack (49% peanuts) may be available from supermarkets in the Kosher foods section. The protein content is 4 g per 28 g packet.

Protein contents of peanut butter vary, but generally smooth peanut butter has approximately 25 g of protein per 100 g.

Description

Consumption of at least 6 g of peanut protein per week (e.g. 24 g peanut butter or 42 g of Bamba), distributed in three or more meals per week, starting at 4–11 months of age and continuing until 60 months of age.

Tips and Challenges

The key message is that consumption not avoidance reduces the risk of developing peanut allergy. This is part of a broader message of early introduction of a range of foodstuffs consistent with a change in guidelines (see Consumer resources).

For children who already have a peanut allergy, there is evidence that desensitising via peanut consumption can be effective.

Grading

NHMRC Level 2 evidence.

References

Du Toit G, Roberts G, Sayre PH et al for the LEAP Study Team. [Randomized trial of peanut consumption in infants at risk for peanut allergy](#). N Engl J Med. 2015:803–13.

Consumer Resources

Australian Breastfeeding Association. Confused about introducing solids? <https://www.breastfeeding.asn.au/bfinfo/solids.html>

Up-to-date Patient information: Starting solid foods during infancy (beyond the basics) <http://www.uptodate.com/contents/starting-solid-foods-during-infancy-beyond-the-basics>

Guidelines for the diagnosis and management of food allergy in the United States <http://www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx>