

FREE FOOD ALLERGY WEBINAR



Join us on June 18th at 10:30 AM EST for a free webinar: **LEAPing Past Food Allergies: How and When to Introduce Potential Allergens**

Register at: EggNutritionCenter.org/FoodAllergyWebinar

Reported food allergies have been on the rise for the last decade. Groundbreaking findings from research led to new guidelines recommending early introduction of peanut foods in infancy to reduce the risk of peanut allergies. But what about other allergens such as egg, milk, and fish? Join internationally recognized researcher and pediatric allergist, Dr. Gideon Lack, and food allergy expert, Sherry Coleman Collins, MS, RDN, to review the latest science and feeding recommendations for reducing the risk of food allergies.

This webinar has been approved for:
1.0 CEU (CDR)
1.0 AAPA Category 1 CME

This webinar is pending approval for:
1.0 CERP (IBCLC)

ABOUT ENC

ENC is dedicated to providing balanced, accurate information on the complex issues surrounding eggs, nutrition, and health.

AN ALLERGIIST-MOM'S GUIDE TO PREVENTING FOOD ALLERGIES



by KATIE MARKS-COGAN, MD



As a board-certified allergist, I see firsthand how families struggle with food allergies. Thankfully, recent landmark studies have shown that a child's risk of developing some of the most common food allergies, including egg allergy, can

be significantly reduced through early and frequent exposure to certain allergenic foods starting at 4-6 months of age. For example, the PETIT (Two-Step Egg Introduction for Allergy Prevention in Infants with Eczema) Study showed that in young infants exposed to eggs there was a 79% reduction in the overall rate of egg allergy.¹

Top Allergens Affecting Children

Food allergies are on the rise and now more than 1 in 10 suffer from a food allergy in the U.S. Although more than 170 foods have been identified as triggers of food allergy, the FDA classifies 8 foods/food groups as major food allergens: milk, egg, peanut, tree nuts, shellfish, fish, wheat and soy.²

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AN ALLERGIIST-MOM'S GUIDE TO PREVENTING FOOD ALLERGIES

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KEY MESSAGES

- A child's risk of developing some of the most common food allergies, including egg allergy, can be reduced by up to 80% through early and sustained allergen introduction.
- Egg allergy affects 2% of children and along with milk and peanut, make up 80% of childhood food allergic reactions.
- The new research on food allergy prevention offers two key takeaways for parents:
 - 1) Start introducing allergens early and
 - 2) Keep going.

Egg allergy affects 2% of children and along with milk and peanut, makes up 80% of childhood food allergic reactions. Egg allergy typically presents in the child's first year of life and ~50% of children do not "outgrow" (or become tolerant to) their egg allergy, but if they do, it may not happen until as late as their teenage years.^{2,3}

New Research on Food Allergy Prevention

The science on food allergy prevention has changed, and the American Academy of Pediatrics, National Institutes of Health, and other national organizations have all come out with new recommendations about early and sustained allergen introduction. Refer to the chart on page 3 for a summary of the new research on food allergy prevention and how parents can now help prevent common food allergies.

However, introducing allergens can be hard to do. In fact, in the EAT study⁵, only half of study

participants could achieve the study protocol, indicating that early and sustained introduction was difficult at such a young age. I've seen this both in my clinical and personal experience. When my son David was 5 months old, I realized how frustrating and time-consuming early and sustained allergen introduction was, especially when most of what I offered him to eat ended up on the kitchen floor or on his bib...not in his mouth.

5 Key Lessons for Preventing Food Allergies

As an allergist and mom, there are 5 key lessons that I believe every parent needs to know about reducing the risk of food allergies in their baby:

- 1. Start Introducing Early, Don't Delay:** Guidelines recommend starting as early as 4-6 months because there is a specific window within which our immune systems develop either a positive or negative response to certain food proteins.
- 2. Only Introduce When It's Best For Baby:** Parents should introduce allergens for the first time only when: 1) Baby is healthy and 2) An adult can monitor for any signs of a reaction for at least 2 hours.
- 3. Sustaining Frequent Exposure is Necessary:** A baby's immune system needs time and repeated oral exposure to develop a positive response to foods. Recent landmark studies exposed infants to allergenic foods 2-7 times/week for 3-6+ months.
- 4. Be Persistent:** Babies can be picky eaters at 4-6 months of age and it's hard to get them to consistently eat enough. In one of the recent studies more than 50% of parents weren't able to stick with an early allergen introduction protocol and therefore did not necessarily see a decrease in food allergy.



5. Breastfeeding + Early Introduction: While breastfeeding can be beneficial, it has not been proven that moms can prevent allergies by eating allergenic foods and exposing the baby through breast milk. It's important for babies to get additional exposure.

For additional information on food allergen labeling visit the FDA website on [food allergens](#) (see full link in reference 6).⁶

Katie Marks-Cogan, MD is board certified in Allergy/Immunology and Internal Medicine, and treats both pediatric and adult patients. She received her M.D. with honors from the University of Maryland School of Medicine and completed her residency in Internal Medicine at Northwestern and fellowship in Allergy/Immunology at the prestigious University of Pennsylvania and Children's Hospital of Pennsylvania (CHOP). She currently works in private practice and is a member of the scientific advisory board for [Ready, Set, Food!](#)

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| LEAP Study | EAT Study | PETIT Study |
|---|---|---|
| 80% reduction in peanut allergies  | 67% reduction in peanut, egg, & milk allergies    | 79% reduction in egg allergies  |
| 4-11 months old, 640 babies | 3 months old, 1,303 babies | 6 months old, 147 babies |
| 6g peanut protein/week | 3g each of peanut, egg, and milk protein/week | 0.88g cooked egg protein/week |
| Duration of exposure: 4 years | Duration of exposure: 3 months | Duration of exposure: 6 months |
| 9.1% of children aged 4-11 months were excluded due to a likelihood of already having peanut allergy, indicating that for some babies, starting at 4-11 months of age is already too late.  | Early introduction did not negatively impact breastfeeding practices . Study participants could only achieve ~50% compliance with protocol, suggesting that sustaining introduction can be difficult to achieve at such an early age.  | Stepwise introduction (starting with a low dose, increasing to higher dose) is safest method for egg introduction. All participants had eczema , emphasizing importance of early allergen introduction for all babies, even those with eczema. THE LANCET |

REFERENCE 4

REFERENCE 5

REFERENCE 1

PARENTAL FEEDING PRACTICES AND CHILD NUTRITION



by JENNIFER ANDERSON, MSPH, RDN, LD

KEY MESSAGES

- Nutrition in the first several years of life sets lifetime food preferences and eating practices.
- Teaching parents how to implement appropriate feeding practices at home, enables an environment where children learn to prefer unprocessed, nutrient-dense foods such as eggs.
- Parents need to be educated about serving nutrient-dense foods, and responsive feeding and positive parenting techniques.



Nutrition in the first several years of life sets lifetime food preferences and eating practices.¹ Proper nutrition in the toddler years is also critical for rapid development.² In fact, because toddlers have small stomachs, they need a diet of nutrient-dense foods

that are minimally processed, such as eggs.

Many parents, however, are faced with picky eating behaviors. Most parents do not have adequate training in parental feeding and child nutrition, and this often leads them to practices that may promote poor nutrition and obesity.³

Many parents do not understand that “picky eating” is a normal behavior observed in most children. As a result, they begin to use unhelpful strategies to overcome this “problem.” They employ tactics such as restriction, bribing, and pressuring to get their children to eat nutritious foods.⁴ Unfortunately, these tactics are associated with poor long-term nutrition and health outcomes.

Here’s a scenario. A mother learns that eggs are one of the densest food sources of choline, and choline is necessary for proper brain development. She feels strongly that she wants her child to eat

eggs. She serves eggs to her two-year-old daughter. Her daughter rejects them. The mom is upset. She begins to pressure her daughter to eat them. She forces her daughter to take a bite and mealtime becomes unpleasant. Other times, she bribes her daughter to eat the eggs, using dessert as a bribe. Unfortunately, these feeding practices can lead to increased risk of obesity and decreased preference for eggs in the long run.

This is a common scenario⁴, showing parents need both nutrition information and feeding practice information. Nutrition professionals have the opportunity to instruct parents on evidence-based feeding practices. This will help parents teach their children to learn to like healthy choices without causing a damaged relationship with food.

Evidence-based parental feeding practices⁴ include the following:⁵

Exposure to Nutrient-Dense Foods

While parents often think that a child does not like a food after only serving it once or twice, it may take many exposures for the child to accept it. It is essential to instruct parents to serve nutrient-dense foods like eggs, repeatedly, and in different forms. Along with serving them frequently, parents can be given techniques for helping children choose to taste foods.





Responsive Feeding

This type of feeding is a structure in which parents decide where food is served, what food is served, and when food is served, while children decide what they want to eat from what is provided, and how much to eat. Parents use hunger and satiety cues from the child to help the child preserve their ability to self-regulate food intake.⁶

Positive Parenting

This type of parenting encompasses warmth toward the child, and encourages autonomy and self-efficacy in the child. Parents provide behavioral limits and also sensitivity to cues from the child. It also includes role modeling. Parents can be encouraged to model eating a nutrient-dense diet and provide structure around food and feeding.

Given the ubiquitous presence of highly processed low-nutrient food in the food supply, parents need both nutrition and practice information. They need instruction to feed their children nutrient-dense foods that fill important nutrient needs, such as eggs. They also need information about positive feeding practices to help their children learn to eat nutrient-dense foods in the short-term and long-term.

Jennifer Anderson is a registered dietitian, mom of 2, and educates hundreds of thousands of parents @kids.eat.in.color on Instagram. She is the owner of Jennifer Anderson Nutrition, LLC, a public health company focused on chronic disease prevention and maternal mental health.

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New Harvard Study: Eggs Not Associated with Cardiovascular Risk

A new [Harvard study](#) updates findings first published over 20 years ago, and reinforces that eating eggs is not associated with cardiovascular disease.

The latest study is a follow-up to a landmark investigation [first published](#) in 1999 that reported no relationship between egg intake and coronary heart disease or stroke in women from the Nurses' Health Study (NHS) cohort and men from the Health Professionals Follow-Up Study (HPFS) cohort.

The current study includes up to 24 additional years of follow-up and extends the analysis to the younger cohort of Nurses' Health Study II. Additionally, to compare these new findings to other available studies, the researchers performed a systematic review and meta-analysis of 27 other published studies from the U.S., Europe, and Asia.

Results from the updated analysis are consistent:

- Egg consumption of one egg per day on average is not associated with cardiovascular disease risk overall
- Egg consumption seems to be associated with a slightly lower cardiovascular disease risk among Asian cohorts

This latest study makes a significant contribution to the scientific literature on egg intake and cardiovascular health. These results are also consistent with the 2015 Dietary Guidelines recommendation that cholesterol is no longer a nutrient of concern for Americans in addition to guidelines published in a [science advisory from the American Heart Association](#) in 2019.

Eggs are a good or excellent source of eight essential nutrients including choline and lutein, nutrients important for brain and memory development along with long-term health. Eggs can be an important part of all healthy eating plans.

Drouin-Chartier et al. Egg consumption and risk of cardiovascular disease: three large prospective U.S. cohort studies, systematic review, and updated meta-analysis *BMJ* 2020;368:m513.

ADDITION, NOT SUBTRACTION TO BEST SUPPORT CLIENTS



by ANGELA GOMEZ, RDN

KEY MESSAGES

- Focusing on what can be added rather than reduced or eliminated, when it comes to behavior change, may help build a growth mind-set and build self-efficacy in the clients we work with.
- Supporting clients on their health journey by adding to the behaviors they are already engaged in is a more collaborative and positive approach that may increase success and reduce harm.



When discussing behavior change, emphasizing addition (rather than harping on subtraction), can create a mind shift in the individuals and families we work with. Focusing on the addition of health behaviors gives people more options and helps create

an experimental environment, rather than a “pass-fail” environment. If we help develop this skill in parents or guardians, then they in turn can influence their family in a similar way. This is where the “think addition, not subtraction” phrase comes into play.

I have used this phrase in my work with private clients, youth sports teams, collegiate athletes, and clients with eating disorders. In my sessions, I’ll often redirect the “subtraction talk” and ask open-ended questions to elicit some “addition talk.” I am not as concerned with emphasizing the behavior a client wants to avoid; I am interested in the behavior they want to change – given what they have available to them now (i.e., time, food accessibility, etc.). There is hope and positivity in the idea of adding small behavior modifications, whereas only focusing on avoiding habitual behaviors can feel defeating.

Need more convincing on why we should emphasize addition over subtraction? Here are three reasons to consider implementing this mindset in your own practice:

1. Subtraction represents rules and restrictions, while addition calls attention to abundance and provides options. Restriction emphasizes the “don’t” without providing options for the “do.” There are simply more possibilities with addition. Supporting clients as they build a growth mindset fosters agency, self-efficacy, and honesty in their journey towards owning their positive health behaviors. In more vulnerable populations, such as clients with eating disorders, encouraging subtractions (or restrictions) will not aid in their recovery process.

Instead of: “Stop eating ‘junk food’ or no more ‘junk food’.”

Try: “What foods would you like to add? How do you feel about brainstorming some snack ideas together that incorporate the foods you’d like to add?”

Benefit: You are discussing foods the client is already interested in adding, instead of directing the client toward restrictions (and creating stress in the process).

2. Focusing on addition fosters a relationship of collaboration between the provider and the client. Many of our clients want to please their healthcare providers and don’t want to “fail.” We can encourage the people we work with to get out of this “pass or fail” mindset by emphasizing addition and treating goals like experiments. We can accept that clients are experts of their own bodies, experiences, and lives. We have the education and experience in our field, and more importantly, our clients have the experience of being in their own bodies and living their day-to-day life. Working collaboratively sets the client up for success as we guide and support them on their health journey.



Instead of: “You should eat breakfast every morning.”

Try: “What days work for you to eat something in the morning, even if it is not a full meal – like having some hard-boiled eggs? What are some foods that sound appealing to eat in the morning?”

Benefit: You open the door to possibilities that appeal to the client, and the client tells you what days they may be able to try and eat something for breakfast. Therefore, the focus is not eating breakfast seven days a week; instead it is creating manageable change by encouraging something in the morning when it works for the client.

3. Focusing on subtraction turns individualized care into generalized care. All of our clients do not have the same access or the same ability to work towards your idea of a desirable health behavior. If you are speaking to a family who has limited resources, it may be harmful to recommend specific subtractions (such as “don’t eat canned foods because they are too high in sodium”). If you are telling individuals to remove a food that strongly connects to their family or culture, it is unlikely they will comply. We need to work with the client to tailor the behavior modification to meet them where they are.

The health of the whole being is the most important. Relying on subtractions will restrict, and may ultimately hinder not only your relationship with the client, but also their personal progress. No one wants more rules to follow or more things to avoid. Shifting to addition will encourage our clients to focus on building positive, sustainable behaviors that work within their current lives, work for their families, and allow progress to occur at their own pace.

Angela Gomez, RDN is based out of both Peoria and Phoenix, Arizona and is a School Nutrition Dietitian, an Eating Disorder Dietitian, and a volunteer Dietitian for a collegiate soccer team.

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UPCOMING EVENTS



May is Egg Month and May 12-18 is Allergy Awareness Week. Visit EggNutritionCenter.org to learn more about evidence that suggests that introducing allergens in the first year of life may reduce the risk of food allergies.
 { MAY 1-31 }



National Egg Day
 Check out EggNutritionCenter.org for research, recipes and resources! { JUNE 3 }



Free Food Allergy Webinar
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