



Peanut Allergy

Peanut allergy is one of the most common food allergies in children, affecting up to 2% of children in the United States. Reactions can be severe and the allergy usually persists into adulthood. But there is exciting news – because of the LEAP study, we now know ways to reduce the risk of developing peanut allergy, and there is a new treatment, and one in development, for patients who already have a peanut allergy.

What are symptoms of peanut allergy?

Reactions can range from mild (itching or hives) to severe (swelling, vomiting, trouble breathing, anaphylaxis). A reaction can occur with the first known ingestion of peanut in up to 75% of patients with peanut allergy. Up to 20% of children will outgrow their peanut allergy.

If your only symptom when eating peanuts is itching in your mouth and you have a history of tree pollen allergy, you may have oral allergy syndrome. This type of allergy is due to cross reactivity between a specific peanut protein and birch tree pollen.

What are risk factors for development of peanut allergy?

- Severe eczema
- Egg allergy
- Personal or family history of allergic disease
- Delayed introduction of peanut into diet

How do you diagnose peanut allergy?

- Skin prick testing - this is done in our office
- Bloodwork

What is the current management of peanut allergy?

- Avoidance of peanuts.
- Read food labels – by law, peanut must be listed in food ingredient labels

if present.

- Food allergy action plan.
- All patients should carry epinephrine auto-injector.
- Re-test every 1-2 years to monitor for resolution of peanut allergy. If testing is negative, patients will undergo an oral food challenge in the office.

What is the LEAP study and how can we prevent development of peanut allergy?

The LEAP study, or “Learning Early about Peanut Allergy” was published in 2015, and was the first randomized trial to show a benefit of early introduction of a food allergen. Patients who received earlier introduction of peanut into their diet had a decreased risk of developing peanut allergy. Based on the LEAP study, we now recommend the following:

- *Patients with moderate to severe eczema or known food allergy*– skin prick test to peanut allergy in our office before age 6 months. If testing negative, introduce peanut. If positive, will consider an office challenge vs peanut avoidance based on the size of the positive result.
- *Patients with mild to moderate eczema*– consider testing vs introducing at home.
- *Patients without eczema or food allergy*– introduce peanuts after four months old if developmentally ready.

What are the potential new treatments for peanut allergy?

Two new treatments work to “desensitize” patients to peanuts. Palforzia is currently approved by the FDA and is given as oral immunotherapy. It is approved for patients age 4-17 with a known peanut allergy. Palforzia is purified peanut protein powder that comes in a capsule. Dose advances are given every two weeks. Every two weeks the increased dose will be given in the office and then patients must take a dose daily at home. There is a risk of side effects, but Palforzia has been shown to reduce the severity of allergic reactions that occur when exposed to peanuts. A “peanut patch” is also in development, and will work via an epicutaneous route.

If you have questions about peanut allergy, please call our office or schedule an appointment online.

Riverdale office: 973-248-9199
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