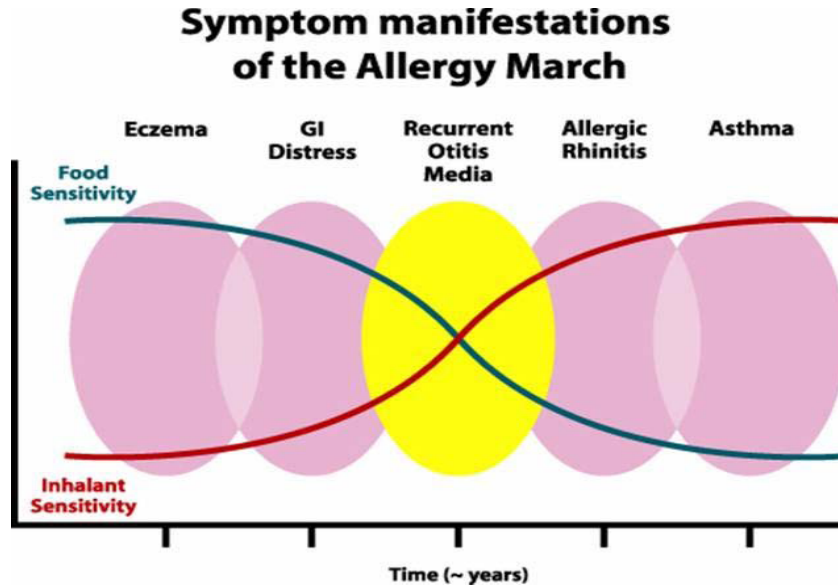


Spotting a Pattern: the Childhood Allergy March

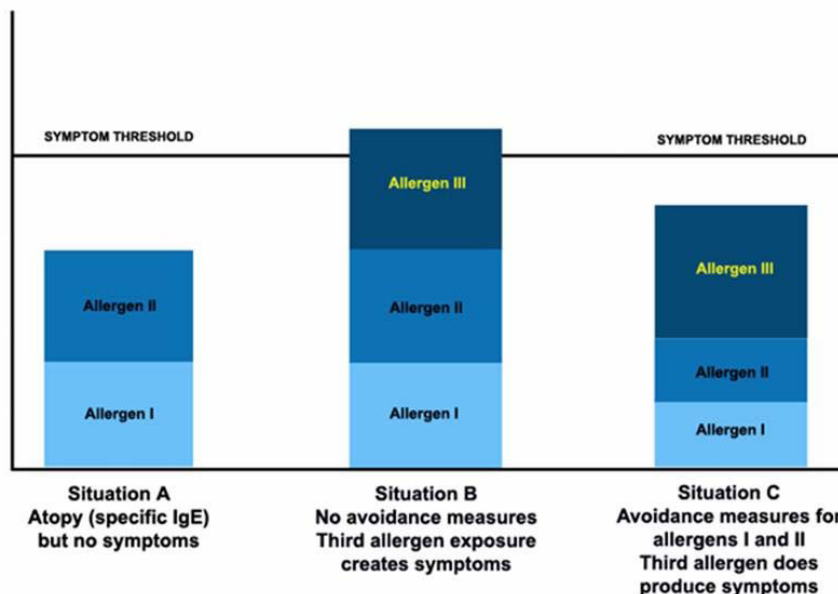
Children genetically predisposed to allergy may present with common symptoms and ailments consistent with atopic dermatitis, gastrointestinal distress, recurrent otitis media, allergic rhinitis, or allergic asthma. Taken in isolation, each of these five conditions seems unrelated, but as the diagram below illustrates, they can be tied to specific allergic sensitivities and inflammation, beginning with foods and shifting to inhalants.^{1,2} Although these illnesses often follow the progression of the March, allergy sensitivities may emerge with symptoms of any one of the five conditions, and may involve more than one illness at a time.



Cumulative Threshold

Symptoms of atopic illness are often triggered only after exposure to multiple allergens. The patient who is sensitized to more than one allergen crosses the symptom threshold only after a cumulative allergic load has been reached.³ Patients can find resolution of their symptoms through the avoidance of one or more allergens in order to diminish that cumulative load to a level at which symptoms don't occur.⁴ With quantitative specific IgE blood test results, the primary care clinician can develop an effective management program to tailor avoidance measures as appropriate to reduce cumulative allergic load and guide appropriate treatment selection or referral.

Cumulative allergic load and symptom threshold



References:

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4. Roberts, R.G. Seeking IgE — know the allergen, improve the care. *Patient Care.* 2004;38:28-33.

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