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ASTHMA

- Prevalence of asthma and atopic disease : 4 decade
- Investigation : asthma: vitE, vitc?, vitA(+ effect) ,polyunsaturated fatty acid, vit D, folate, fruits, vegetables, metals, trace minerals(Na-magselenium?- zinc?- copper)
 - & Mediterranean diet
- *(bias: diet control-intake controlled)*



- Vit E high intake mothers during pregnancy: decrease wheeze but no relation to AD& AR
- Vegetables & fruits in mothers: protect wheeze in children
- Vit D in mothers: decrease wheeze in children
- vitD<30ng/ml in children & adult: airway hyperresponsiveness, lung function,

attacks, GC response, anti-inflammatory of GC

- Controversy?



- Fish consumption in early life : decrease asthma in 1-4 y/o
- *High intake of Na : increase asthma& El bronchospasm*
- High magnesium In diet : decrease asthma



<u>Breast feeding</u>



- The effect on subsequent asthma: unclear
- Breast milk: Ig –Ab- WBC- macrophages: decrease LRT infections <u>but</u> increase exposure to smoke & allergen
- But 2 large metanalysis: strongly suggest breast feeding : protective for asthma during 0-2 y/o
- & lower protection till school age
- Hypothesis: protective effect on viral infections
- Protective effect overall 5-18 y, greater in poor countries



- FPREVALENCE OF ASTHMA IS 1-30% IN DIFFERENT COUNTRIES(9%)
- INDONESIA 2%, UK 32%(13-14y-0)
- Prevalence of food allergy 1.6-47.5% in 17y/o, but by challenge test 4.2-5.7%
- Prevalence of FA by clinical & +ve food

challenge: 2.6 to 3.5% during 10 to 20 y



- Asthma & food allergy 2 complex T2 mediated disease(environment-genetic)
- Similar risk factor : parental or family hx of allergy AD- allergen sensitization
- Children with FA have higher risk of asthma
- +VE Asthma relation to non-lgE mediated

FA



- AROUND 48% OF ASTHMA HAVE FA
- Half of children with FA have allergen respiratory disease
- +ve SPT to egg predictor for asthma in 22 y/o
- Food sensitization in 1st 2 y/o : increase asthma & AR : 10 - 12 y/o
- Hypersensitivity to food : persistent asthma(30%) at 24 y/o



- Asthma prevalence in children with FA is increased at 2-3 fold
- FA predispose asthma not only in childhood but also in adulthood
- Allergic march: infant & children with AD & FA : asthma & AR



- Variation of several <u>genes</u>: risk of FA & asthma, C11orf30-STAT6-TSLP
- Traffic air pollution- indoor allergen, smoke exposure in utero or after birth
- Environmental factor : epigenetic(DNA methylation- microbia alteration)





• Gut microbia predispose to asthma & FA, modified immune response

• Gut microbia : vaginal delivery- maternal milkantibiotic, antiacid: allergic disease

• *Gut microbia dysregulation: decrease food tolerance*



- Unhealthy western diet : obesity : decrease control of asthma & fatty acid : inflammation
- N-3 long chain polyunsaturated fatty acid : protect from FA BUT NOT ASTHMA
- Low income patients : high indoor outdoor factorslock of green space- mold-allergen- moisture- low care- underdiagnosed



- Co-existance of FA & asthma : increase severity of both conditions
- ER admitted asthma : 7.4 times :FA
- *in one study 50% of ER asthma referred had FA(in other pts. 10%)*
- IgE against cross reactive allergens: Both respiratory & Food allergy



FOOD ALLERGY & ASTHMA Anaphylaxis in asthma

- In one study only <u>one patient</u> of 64 death of anaphylaxis (food) , didn't have asthma
- Asthma is a risk factor for death from other allergies
- Peanut allergy: bronchospasm more sever in asthmatic patients
- <u>On the contrary</u>: metanalysis : no evidence that asthma was a risk factor of severity of allergic Rx to foods

<u>SENSITIZATION:</u> Intestine- skin

In AD : peanut emollient : peanut allergy



1-In mice : early feeding with food allergen : food tolerance

2-but exposure of inflamed skin to food allergen can cause sensitization : allergic GI Rx when the food eaten(<u>the double exposure hypothesis</u>)

3-In mice : epicutanous sensitization to avalbumin: bronchial eosinophilia after ovalbumin inhalation

- 4-Sensitization to food can develop through respiratory route
- Children who never ingested peanut and shrimp: asthma in inhaled these food particles
- Baker asthma: : flour : asthma due to inhaled wheat proteins
- w/u : slgE test
- avoidance



Goal of treatment : decrease asthma attacks & symptoms

-Treatment : age –symptoms- triggers- PFT-attacks -Cromolyn- ICS-LA- LABA: decrease bronchial hyperresponsiveness : decrease Rx to foods -SABA-ipratropiuim b- Mag sulphate- GC: inhibit effect of FA

-Sever Rx to food allergens: avoidance – im Epinephrin





Novel treatment

- Oral immunotherapy(OIT) to food in children with asthma& FA for IgE mediated FA
- Progressive increasing dose over a specific time interval
- OIT protocols are not yet standardized
- Unfortunately OIT is not cure for FA,

but reduce the risk of accidental exposure



- OIT Rx: GI- Skin- angioedema
- Life threatening Rx needs ICU
- Suboptimal control of asthma is a risk factor for Rx
- worse control of asthma





• Sublingual or epicutanous routs is safer (milk-hazelnutpeanut-peach), 99% of Rx : mild but lower efficacy

BIOLOGICS

• Omalizumab as monotherapy or added to OIT

• Asthma> 6y/o- urticaria- nasal polyp- FA. 1y/o





Food allergy

Food allergy









































fish

food

Lab

Lab

allergy

