

Food allergy: a gold standard guide

Alergia alimentar: um guia padrão ouro

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The *Update on Food Allergy 2025: Joint Position Statement of the Brazilian Association of Allergy and Immunology and the Brazilian Society of Pediatrics* is a high-quality contribution that has arrived at an opportune time due to the considerable changes in the management of this clinical condition, which often manifests during infancy, the most vulnerable phase of growth and development.¹

It is important to emphasize that an incorrect diagnosis, with unnecessarily restrictive diets, can be traumatic for families and detrimental to neurodevelopment, leading to serious eating and nutritional disorders. Conversely, a delayed diagnosis puts the life of young patients at risk and causes considerable and unnecessary suffering. Hence, correct diagnosis and early and appropriate treatment are essential.

Over the last few decades, there has been a considerable increase in the prevalence of food allergy. Although this could be attributed to greater physician awareness, there also appears to be a clear increase in external environmental factors driving epigenetic alterations in predisposed patients, generating an exposome that favors the development of food allergy.

The *Update*, based on the current classifications of food allergy, highlights 2 new and increasingly common conditions: eosinophilic esophagitis and food protein-induced enteropathy, which often have a dramatic clinical presentation. It reinforces the need for vigilance and recognition that the etiopathogenesis and pathophysiology of food allergy rest on a triad of factors: immunological dysfunction, disruption of the integrity of the epithelial barrier, and the involvement of neuroimmune synapses.

The most common dietary proteins consumed by young children – typically foods with high biological value and greater structural complexity – often trigger an exaggerated immune response, resulting in food allergies. Genetically predisposed individuals become ill due to aggressive epigenetic agents and intestinal dysbiosis. Moreover, as has been recently described, food allergies are evolving, with a more frequent tendency to persist rather than resolve with age.

Another well described topic in the *Update* is food allergy prevention, which highlights environmental measures aimed at restoring harmony with nature, both in terms of residential

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green and blue spaces to shield the microbiome from uncontrolled urbanization and an artificial, ultra-processed diet.

The *Update* also advises doctors and health professionals that, whenever possible, the diet of pregnant women should be as natural as possible, diverse, and rich in whole foods consumed in moderation. Natural childbirth should be encouraged, and the unnecessary and harmful use of antibiotics should be avoided. There is no doubt that breast milk alone remains the optimal food during the first 6 months of life, and the use of bottles in nurseries should be strictly discouraged.

After the sixth month of age, infants should be introduced to natural or minimally processed foods. The prescription of infant formulas should always be approached with caution, especially restrictive formulas, which, due to their possible risks, should only be used when their safety and necessity are firmly established to ensure that children achieve their full growth and developmental potential.

The *Update* also presents an excellent review of the various clinical forms of food allergy, highlighting its relationship with atopic dermatitis and eosinophilic esophagitis.

Regarding diagnostic approaches, it stresses the importance of a detailed medical history, adequate physical examination, and attentive listening, while recognizing that some *in vitro* and *in vivo* tests for allergic sensitization may be necessary. The oral food challenge remains the gold standard when diagnostic uncertainty persists and should be more widely adopted in clinical practice across Brazil. Tests such as upper digestive endoscopy and colonoscopy can also help in certain cases. Caution should be exercised with tests that are not scientifically supported and do not have adequate reproducibility.

For individuals with a food allergy, excluded protein sources should be replaced to avoid nutritional deficiencies and emotional distress. It is essential to consult additional guidelines and treat the child as a person when assessing the risks.

There has been considerable progress on immunization for children with food allergies, especially to eggs, and it is now known that vaccination should not be withheld in this group. The *Update* also discusses the need for probiotics and vitamin D supplementation, as well as the provision of care for allergic children in schools, where they spend a significant portion of their time.

Finally, treatment for food-induced anaphylaxis has received a thorough update based on a comprehensive review of the major changes that have occurred in such a short period of time. In an era in which biologics are being used as adjuvant therapy, the *Update* provides recommendations on good immunotherapy practices for food allergy.

The *Update*, based on current evidence discussed in light of the Brazilian context, will undoubtedly contribute greatly to the treatment of Brazilian patients with food allergy. The collaboration of experts and the endorsement of two leading medical societies lend the document scientific robustness. Congratulations to the authors and to all pediatricians, allergists, and immunologists who will benefit from this resource, which promises to improve the quality of food allergy care for children and adolescents in Brazil.

References

1. Oliveira LCL, Silva LR, Franco JM, Watanabe AS, Pinto Júnior AB, Capelo A, et al. Atualização em Alergia Alimentar 2025: posicionamento conjunto da Associação Brasileira de Alergia e Imunologia e Sociedade Brasileira de Pediatria. Arq Asma Alerg Imunol. 2025;9(1):5-96.