



Tree Nut and Peanut Allergies

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Nut allergies are the most common type of allergy in children; 0.6% of American children are affected. Even though they are the most common, they can be very serious and cause fatal and/or near-fatal reactions. Many allergies go away with age or circumstance, but peanut allergies are often lifelong once they are acquired; less than 20% of people outgrow them. There is often confusion between peanuts and tree nuts; peanuts are legumes, not nuts. A legume is part of a large group of plants, such as peas and beans, with fruit pods that split into two parts. A nut is a dry fruit or seed with a firm inner kernel and a hard shell. Twenty-five to forty percent of people who are allergic to peanuts are also allergic to at least one tree nut, so the allergies are often “lumped” together.



Peanut and tree nut allergies can be life-threatening and require an accurate diagnosis by an allergist. During the diagnostic evaluation, the allergist will take a medical history and ask about previous allergic reactions and family history of allergies. Skin-prick tests, blood tests, or oral food tests may be completed in order to see if immunoglobulin E is present. Immunoglobulin E is an antibody that binds to allergens and releases the chemicals in the body that cause symptoms of an allergic reaction.

When a child with a nut allergy ingests nuts or nut ingredients, his or her body reacts by releasing a chemical called “histamine.” This chemical can cause some or all of the following symptoms (these will vary from reaction to reaction):

- abdominal pain and/or cramps
- anaphylaxis
- anxiety
- coughing
- diarrhea
- difficulty swallowing
- dizziness or fainting
- drop in blood pressure
- hives
- hoarseness
- itchy, watery, or swollen eyes
- nausea
- shortness of breath
- sneezing
- stomachache
- swelling
- tightness in the throat
- trouble breathing
- vomiting
- wheezing

Anaphylaxis is the most serious of these reactions, but is less common. This is a potentially life-threatening reaction that impairs breathing and can send the body into shock. If a child goes into anaphylactic shock, he or she must be administered epinephrine (adrenaline) as soon as severe symptoms develop.

For a child who has nut allergies, it is critical for him or her to strictly avoid peanut and/or tree nuts in all forms, including nut products or anything containing traces of nut ingredients. Other steps to take to manage a child’s nut allergies include having medication with (or near) the child at all times, taking his or her medication (or going to an emergency room) at the first sign of a reaction, and wearing an emergency medical identifier, such as a bracelet or a patch on a backpack.

Resources:

- “Living with Food Allergies,” accessed September 19, 2018, <http://www.kidswithfoodallergies.org/page/peanut-allergy.aspx>.
- “Nut and Peanut Allergy,” accessed September 19, 2018, <https://kidshealth.org/en/parents/nut-peanut-allergy.html?WT.ac=ctg#catfeeding>.
- “Peanut Allergy,” accessed September 19, 2018, <http://www.kidswithfoodallergies.org/page/peanut-allergy.aspx>.
- “Tree Nut Allergy,” accessed October 17, 2018, <https://acaai.org/allergies/types/food-allergies/types-food-allergy/tree-nut-allergy>.