New guidelines detail use of ‘infant-safe’ peanut to prevent allergy
by Scott H. Sicherer, M.D., FAAP

With a potentially huge public health impact, new AAP-endorsed guidelines outline a new approach that promises to reduce the risk of peanut allergy.

Estimated to affect 1%-2% of children, peanut allergy often is severe and lifelong. The new guidelines recommend early introduction of peanut protein for infants who are at increased risk of developing the allergy. They caution, however, that peanuts and peanut butter are choking hazards, and advise on forms that are safe for infants such as peanut butter smoothed into pureed fruits or vegetables.

Addendum Guidelines for the Prevention of Peanut Allergy in the United States: Report of the National Institute of Allergy and Infectious Diseases-Sponsored Expert Panel is available at http://dx.doi.org/10.1016/j.jaci.2016.10.010 and is co-published in the Journal of Allergy and Clinical Immunology and other journals.

The guidelines are based primarily on the results of the landmark Learning Early About Peanut (LEAP) trial (Du Toit G, et al. N Engl J Med. 2015;372:803-813). The study randomized 640 infants from 4-11 months of age with severe eczema and/or egg allergy to ingest or avoid peanut until 60 months of age. The study excluded infants with large positive skin prick tests (SPTs) to peanut, assuming they already were allergic, and stratified the enrolled infants as having no peanut SPT wheal or having one that was 1-4 millimeters in diameter.

The results showed that in the negative SPT group, the prevalence of peanut allergy at age 5 was 13.7% in the avoidance group vs. 1.9% in the consumption group vs. 1.9% in the consumption group.

Updated guideline advises on treating children with impacted cerumen
by Jesse M. Hackell, M.D., FAAP

An AAP-endorsed clinical practice guideline on the diagnosis and treatment of cerumen impaction focuses on primary prevention, the decision to intervene, and referral and coordination of care.

The updated guideline was released by the American Academy of Otolaryngology – Head and Neck Surgery Foundation. It is published in Otolaryngology — Head and Neck Surgery and is available at http://bit.ly/2j0y9o9.

Clinical Practice Guideline (Update): Earwax (Cerumen Impaction) is a revision of a 2008 guideline and includes evaluation of new evidence reviews, newly formulated action statements with an algorithm for implementation and enhanced tools for patient education. The authoring group represented otolaryngology, audiology, pediatrics, internal medicine, nursing and consumer health care advocacy, and the updated guideline has been endorsed by multiple professional societies.

Updated policy on confidential care
Pregnant adolescents have the right to confidential care when seeking abortion services, according to an updated AAP policy.
sured. Over 12,000 (3%) of these children met criteria for hypertension as defined by the National Heart, Lung, and Blood Institute (NHLBI). Fifty-three percent of those with hypertension were female, 43% were white, 33% black, 9% other and 15% had no race noted in the EHR. Forty-five percent were normal weight, 17% were overweight and 38% were obese.

Analyses were designed to identify children who had repeated measures of high blood pressure that qualified for diagnosis of hypertension based on NHLBI criteria. Among children who met criteria for hypertension, researchers then looked at whether any diagnosis of hypertension or prescription for antihypertensive medication was found during the study period.

Results showed that of 12,138 children who met NHLBI criteria for hypertension with measures of blood pressure higher than the 95th percentile at three or more separate clinic visits, only 23% (2,813) had a diagnosis of hypertension. Among the 2,813 children who did have a diagnosis of hypertension, less than 6% (158) were prescribed antihypertensive medications within 12 months of diagnosis. (See figure.) Those who did receive medications were prescribed angiotensin-converting enzyme inhibitors or blockers (35%), diuretics (22%), calcium channel blockers (17%) and β-blockers (10%).

The study also measured the percentage of children who met NHLBI criteria for pre-hypertension and whether those children had a diagnosis of pre-hypertension. Results showed that of the 398,079 children who had at least three blood pressure measurements, 9.8% met the criteria for pre-hypertension but only 10% of those with pre-hypertension received a diagnosis.

This study highlights the power of large datasets to examine questions about uncommon conditions or conditions with infrequent treatment. The large cohort allowed researchers to detect the small percentage of children who were diagnosed with and received medication treatment for hypertension.

This study involved collaboration among pediatric practices from the AAP PROS Network; the AAP Comparative Effectiveness Research through Collaborative Electronic Reporting Consortium Research Team; and researchers from the MetroHealth System and Case Western Reserve in Cleveland, the Children’s Hospital of Philadelphia (CHOP), The University of Pennsylvania, University of Vermont and the Academy. The project was supported in part by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS) with the National Institutes of Child Health and Human Development under grants R40MC24943, UB5MC20286 and UA6MC15585; CHOP; and the Academy. This content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HHS or the U.S. government.