FOOD ALLERGY COVERAGE IN FSTA

Trusted by researchers, scientists, students and government bodies in over 150 countries across the globe, FSTA is the definitive way to search over fifty years of historic and emerging research in the sciences of food and health.

Covering a wide range of interdisciplinary material, FSTA includes a wealth of international food allergy content including:

Allergens and allergenicity

- Detection of allergens in foods
- Allergenicity assessment techniques
- Cross-reactivity
- Effects of food processing upon allergenicity
- Biotechnology for the modification of food protein allergenicity

Diagnosis and food-based management

- Oral food challenges
- Skin prick testing
- Serum IgE assay
- Immunotherapy (allergen-specific, oral, sublingual, epicutaneous)
- Diet modification

Non-food related treatment of food allergy

- Gene manipulation
- Intranasal immunization
- Biological (monoclonal antibody) therapy (anti-IgE therapy e.g. omalizumab)

Regulatory aspects

- Allergen labelling of pre-packed foods (e.g. mandatory labelling, precautionary labelling, free-from claims)
- Consumer information in food service settings (e.g. menu labelling, information packs)
- Allergen threshold values
- Food safety throughout the supply chain (e.g. risk assessment and management, HACCP, product recalls, point of sale/service)

Food reformulation/alternative ingredient research

Beneficial foods and components

- Hypoallergenic foods
- Bioactive compounds with antiallergic activity (e.g. human milk oligosaccharides, ellagitannins)

Psychosocial impact of food allergy

USING FSTA FOR YOUR FOOD ALLERGY RESEARCH

Example search questions

- How does maternal nutrition during pregnancy or breastfeeding affect food allergy risk?
- What is the impact of "may contain" allergen labelling on consumer behaviour?
- What role does biotechnology (**e.g. CRISPR-Cas9 gene editing, RNA interference**) play in reducing the allergenicity of food proteins?
- Is immunotherapy a safe and effective means of treating peanut allergy? *(Sample record on following page)*

SOURCE EXAMPLES

Food allergy content is drawn from a wide variety of sources including journals, patents, books, reports and more. Here are just some of the many food allergy focused journals included within FSTA, chosen to illustrate the diversity and breadth of content:

- Journal of Allergy and Clinical Immunology
- Clinical and Experimental Allergy
- Annals of Allergy, Asthma & Immunology
- Pediatric Allergy and Immunology
- International Archives of Allergy & Immunology
- Allergy, Asthma and Clinical Immunology
- World Allergy Organization Journal
- Current Allergy and Asthma Reports

SAMPLE FSTA RECORD FOCUSED ON FOOD ALLERGIES

Pragmatic Low-Dose Oral Immunotherapy for Preschool Children With Peanut Allergy: A Randomised Controlled Trial.

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Source: Clinical and Experimental Allergy, Vol. 55 (11), 2025. 1093-1104. 12p.

DOI: 10.1111/cea.70126 **Published:** 2025 **Document Type:** Journal Article

Abstract: Introduction: Peanut allergy is the most common childhood-onset, persistent food allergy. Peanut oral immunotherapy (OIT) is a potential treatment, but few studies prospectively examine the outcome of peanut OIT in young children using parent-measured doses compared to standard care (peanut avoidance).Objective: To determine the efficacy, safety and tolerability of a pragmatic peanut OIT protocol (parent-measured doses with low maintenance dose) compared to avoidance. Methods: In this unblinded randomised controlled trial (1:1 ratio), children 1-4 years old were assigned to receive peanut OIT (maintenance dose 360 mg) or avoidance for 12 months. The primary outcome was desensitisation, defined as the ability to tolerate at least 600 mg peanut protein during an end-of-treatment oral food challenge (EOT OFC), with secondary outcomes frequency and severity of adverse events, change in quality of life and change in immunological markers of peanut allergy. Results: A total of 54 children were randomised, with 23/27 in the peanut OIT and 25/27 in the avoidance group undergoing open peanut challenge after 12 months. An eliciting dose of ≥ 600 mg peanut protein was tolerated by 74% (20/27) of OIT compared to 11% (3/27) of avoidance participants. 41% of OIT (11/27) and 7% of avoidance (2/27) participants passed the end-of-treatment challenge. The OIT group reported significantly better quality of life than the avoidance group after 12 months (Food Allergy Quality of Life Questionnaire-Parent Form mean difference -0.5, p = 0.041). There were 79 treatment-related adverse events reported by 21 participants in the OIT group (median 2 per participant, range 0-13). Conclusion: Peanut OIT using parent-measured doses and a low maintenance dose of 360 mg is effective at inducing desensitisation after 12 months in 1- to 4-year-old children. In this cohort, peanut OIT is associated with improved quality of life compared to avoidance and appears to have an acceptable safety profile. Trial Registration: Australian New Zealand Clinical Trials Registry: ACTRN12621001001886 (registered 30 July 2021) © 2025 The Author(s). Clinical & Experimental Allergy published by John Wiley & Sons Ltd. Indexed by www.ifis.org.

Keywords: ALLERGIES; ALLERGY; CHILDHOOD; CHILDREN; CLINICAL TECHNIQUES; COHORT STUDIES; DISEASES; FOOD ALLERGIES; GROUNDNUTS; HUMAN STUDIES; IMMUNE SYSTEM DISEASES; IMMUNOTHERAPY; OIT; ORAL FOOD CHALLENGES; ORAL IMMUNOTHERAPY; PEANUT PROTEINS; PEANUTS; QUALITY OF LIFE; RANDOMISED CONTROLLED TRIALS; RANDOMIZED CONTROLLED TRIALS; RCT; SCIENCE; STUDY DESIGN

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