



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 consump-

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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.

See *Impacted cerumen*, page 10



Excessive or impacted earwax can block smaller ear canals, making removal necessary for evaluation of the tympanic membrane in cases of fever; other treatment indications include ear pain or pressure, and hearing loss.

Research Update

Study: Only 23% of youths with hypertension receive diagnosis

from the **AAP Department of Research**



Only 6% of children diagnosed with hypertension were prescribed antihypertensive medication within 12 months of diagnosis, the study also found.

Among U.S. children meeting clinical criteria for hypertension, few are given a diagnosis of hypertension and even fewer are being treated with medication. These findings are detailed in a recently published study involving the AAP Pediatric Research in Office Settings (PROS) network (Kaelber DC, et al. *Pediatrics.* 2016;138:e20162195).

Prior research has shown that hypertension is underdiagnosed among children, and untreated hypertension can have negative effects on child development and health over time. The current study used a large national sample of electronic health records (EHRs) from more than 1.2 million children in 196 pediatric primary care practices to determine how frequently hypertension is diagnosed and treated.

Data came from analyses of EHRs from 398,079 children ages 3-18 years who had three or more primary care visits between 1999 and 2014 where both blood pressure and height were mea-

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In this issue

Common legal questions answered

Committee on Medical Liability and Risk Management member answers questions about practicing across state lines, tail insurance. **Page 18**

Updated policy on confidential care

Pregnant adolescents have the right to confidential care when seeking abortion services, according to an updated AAP policy. **Page 26**



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 medication 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%).

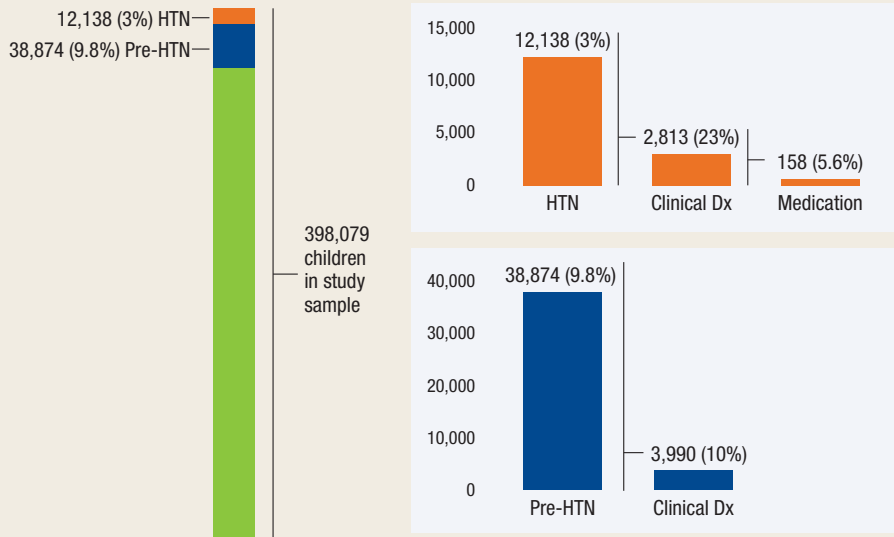
The study also measured the percentage of children who met NHLBI criteria for pre-hypertension and whether those children had a diagnosis of pre-hypertension. Results showed that of the 398,079 children who had at least three blood pressure measurements, 9.8% met the criteria for pre-hypertension but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

Prevalence of hypertension (HTN) symptoms, clinical diagnosis (Dx) and medication treatment among U.S. children in primary care



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.

RESOURCES

- For more information about PROS, visit <http://www2.aap.org/pros> or contact Laura Shone, in the AAP Division of Primary Care Research, at 847-434-7910 or LShone@aap.org.
- Education in Quality Improvement for Pediatric Practice course: Hypertension Identification and Management, <http://bit.ly/2hSTIHG>
- *The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents*, <http://bit.ly/2iPMVlc>
- Information for parents on high blood pressure in children (available in English and Spanish), <http://bit.ly/2j9QkFn>

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