Q/ Does early introduction of peanuts to an infant’s diet reduce the risk for peanut allergy?

A/ Probably not, unless the child has severe eczema or egg allergy. In a general pediatric population, introducing peanuts early (at age 3 to 6 months) doesn’t appear to alter rates of subsequent peanut allergy compared with introduction after age 6 months (strength of recommendation [SOR]: B, randomized clinical trial [RCT] using multiple potential food allergens).

In children with severe eczema, egg allergy, or both, however, the risk for a peanut allergy is 12% to 24% lower when peanut-containing foods are introduced at age 4 to 11 months than after age 1 year. Early introduction of peanuts is associated with about 1 additional mild virus-associated syndrome (upper respiratory infection [URI], exanthem, conjunctivitis, or gastroenteritis) per patient (SOR: B, RCT).

Introducing peanuts before age 1 year is recommended for atopic children without evidence of pre-existing peanut allergy; an earlier start, at age 4 to 6 months, is advised for infants with severe eczema or egg allergy (SOR: C, expert opinion).

Evidence summary

A 2016 systematic review identified 2 RCTs that examined whether early introduction of peanuts affects subsequent allergies. The first RCT recruited 1303 3-month-old infants from the general population in the United Kingdom. All patients had either a negative skin prick test (SPT) to peanuts or a negative oral peanut challenge (if an initial SPT was positive). The control group breastfed exclusively until age 6 months, at which time allergenic foods could be introduced at parental discretion.

Timing doesn’t affect peanut allergy in nonallergic patients

The intervention group received 6 common allergenic foods (peanuts, eggs, cow’s milk, wheat, sesame, and whitefish) twice weekly between ages 3 and 6 months. Researchers then performed double-blinded, placebo-controlled oral food challenges at ages 12 and 36 months.

More patients in the late-introduction group demonstrated peanut allergies by age 36 months than in the early-introduction group, but the difference wasn’t significant (2.5% vs 1.2%; \( P = 0.11 \)). A key weakness of the study was combining peanuts with other common food allergens.

Children with eczema, egg allergy benefit from earlier peanut introduction

The second RCT divided 640 infants with severe eczema, egg allergy, or both into 2 groups according to their response to an SPT to peanuts: patients with no wheal and patients with a positive wheal measuring 1 to 4 mm. Researchers then randomized patients to either early exposure (peanut products given from ages 4 to 11 months) or avoidance (no peanuts until age 60 months). The primary endpoint was a positive clinical response to oral peanut allergen at age 60 months.

In the negative SPT group (atopic children expected to have a lower risk for al-
In a general pediatric population, introducing peanuts at ages 3 to 6 months doesn’t alter subsequent peanut allergy rates compared with introduction after age 6 months.

**Editor’s takeaway**

Good-quality evidence supports family physicians encouraging introduction of foods containing peanuts at age 4 to 6 months for children at increased risk because of atopy, allergies, or eczema.

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**References**


