

S3 guideline on allergy prevention Guidelines of the German Society of Allergology and Clinical Immunology (DGAKI) and the German Society of Pediatrics and Adolescent Medicine (DGKJ)

T Schäfer, CP Bauer, K Beyer et al., S3 Guidelines 061/016: *Allergieprävention*, July 2014

Summary

The ongoing high prevalence of allergic diseases in Western industrialized nations combined with the limited options for causal therapy make evidence-based primary prevention necessary. The recommendations last published in the S3 guideline on allergy prevention in 2009 have been revised, and a consensus has been reached based on systematic search of current literature.

The following recommendations have remained largely unaltered: babies are to be breastfeed exclusively for the first four months to prevent allergies (or children at risk can be given hypoallergenic formula); obesity is to be avoided; fish should be part of the diet (during pregnancy / lactation and as one of the first foods introduced to babies); exposure to airborne pollutants and cigarette smoke should be avoided, as should indoor conditions conducive to the development of mold; and vaccination should take place according to the recommendations of the German Standing Committee on Vaccination (STIKO). There has also been no change in the assertion that reducing the house-dust mite allergen content is not recommended as a primary preventive measure. Introducing solid foods into an infant's diet should not be delayed. Cats should not be acquired as pets in households with a child at risk. Keeping dogs is not associated with an increased risk of allergy. The updated guideline includes a new recommendation to consider the increased risk of asthma following delivery by cesarean section. Additional statements have been formulated on pre- and probiotic agents, psychosocial factors, medications, and various nutritional components.

A 2009 Cochrane review encompassing three interventional cohort studies showed no preventive effect (Maas 2009). Correspondingly, the guidelines stated that such measures could not be recommended as primary prevention. **This, however, does not apply to measures for secondary and tertiary prevention, where there is certainly evidence of efficacy.**