

A Study on the Association between Breastfeeding and Allergies in Children 5 Years Old or Younger in the United States

Lindsey J. Fiedler, M.Sc.

*PHC6197 Secondary Data Analysis
University of South Florida
College of Public Health*

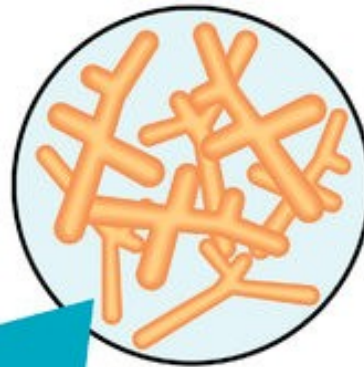
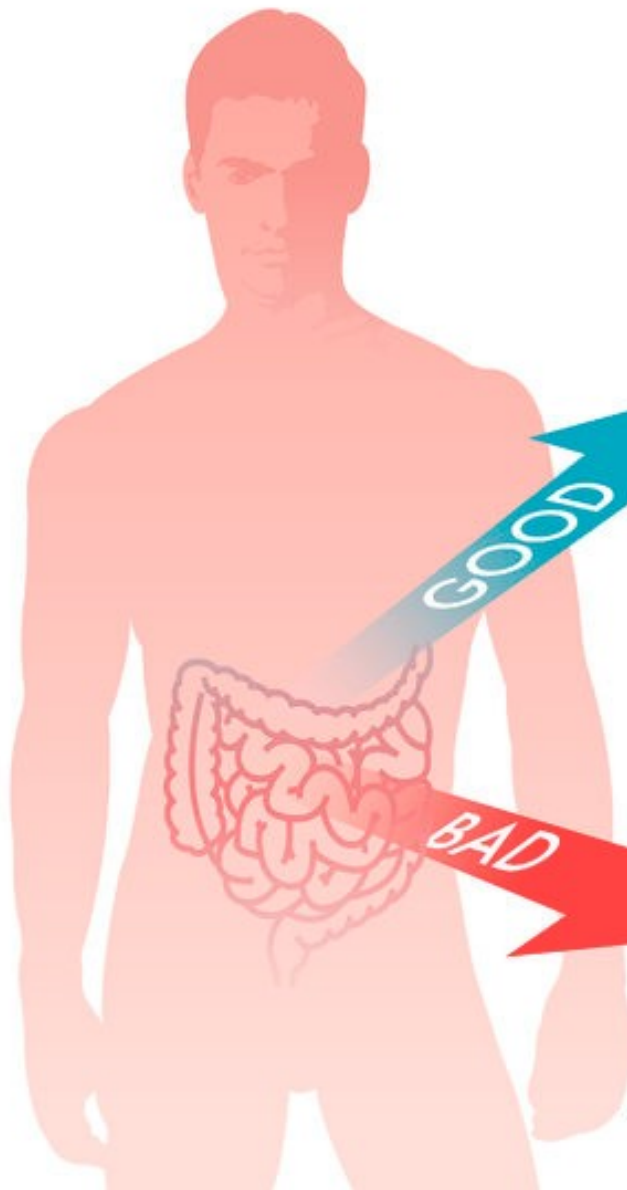
Introduction

Disease Background

- ❖ Allergies are a condition where the immune system produces an exaggerated response to an allergen

- ❖ In the United States in 2016:
 - 7.6 million children had a respiratory allergy
 - 4.5 million children had a food allergy
 - 8.9 million children had a skin allergy

Good and Bad Bacterial Flora



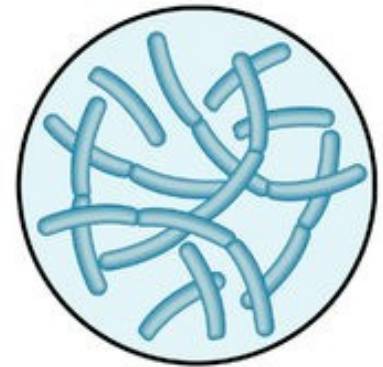
BIFIDOBACTERIA

The various strains help to regulate levels of other bacteria in the gut, modulate immune responses to invading pathogens, prevent tumour formation and produce vitamins.



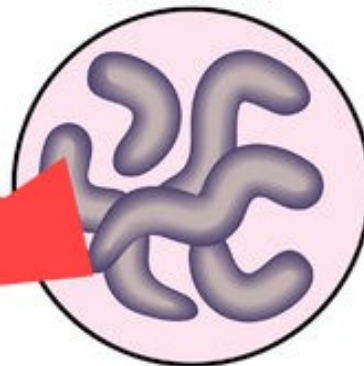
ESCHERICHIA COLI

Several types inhabit the human gut. They are involved in the production of vitamin K2 (essential for blood clotting) and help to keep bad bacteria in check. But some strains can lead to illness.



LACTOBACILLI

Beneficial varieties produce vitamins and nutrients, boost immunity and protect against carcinogens.



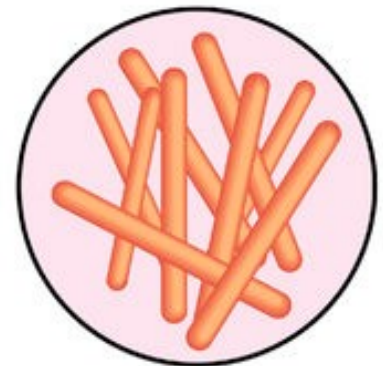
CAMPYLOBACTER

C jejuni and C coli are the strains most commonly associated with human disease. Infection usually occurs through the ingestion of contaminated food.



ENTEROCOCCUS FAECALIS

A common cause of post-surgical infections.



CLOSTRIDIUM DIFFICILE

Most harmful following a course of antibiotics when it is able to proliferate.

Introduction

Review of Literature

- ❖ Breastfeeding has benefits for diabetes and intestinal health [1-3], but the relationship with allergies is still unclear
- ❖ For eczema, one study found it to be **protective** [4], another to be a **risk factor** [5], and a third found **no association** [6]
- ❖ Inconsistent findings for food allergies [8, 9]
- ❖ For asthma, its mostly found to be protective [7]
 - Stratifying by age detected decreasing protection

Introduction

Primary Objective

- ❖ To determine if breastfeeding results in a lower prevalence of allergies in children 0-5 years old in the US

Secondary Objective

- ❖ To evaluate if any protection levels afforded changed as children became further removed from breastfeeding

Materials and Methods

Data

- ❖ The data for this study comes from the 2016 National Survey of Children's Health
 - National sample of 364,150 households
 - Collects information on children ages 0 – 17

- ❖ Inclusion criteria:
 - ✓ 5 or younger
 - ✓ Answered survey question regarding the diagnosis of an allergy

- ❖ In total, 14,458 records were available

Materials and Methods

Outcome and Exposure:

- ✓ Allergies
- ✓ Breastfeeding duration (*never, < 6 months, 6 to 12 months, and >12 months*)

Other covariates:

- ✓ Sociodemographic: sex and race
- ✓ Smoker in household
- ✓ Age of first formula (*never, before 6 months, 6 months or after*)
- ✓ Age of first solids (*not yet, before 6 months, 6 months or after*)
- ✓ Access to nutritious meals (*always, sometimes, infrequently*)
- ✓ Months removed from last breastfeeding

Results

Table 1. Weighted distribution of covariates among children 0-5 with and without allergies. Except where noted, values indicate percentages.

	Present allergies (weighted N = 3,842,908)	No allergies (weighted N = 19,815,409)
Breastfed duration *		
<i>Never</i>	896,013 (18.0%)	4,081,665 (82.0%)
<i>< 6 months</i>	1,462,154 (16.7%)	7,303,552 (83.3%)
<i>6 to 12 months</i>	710,604 (13.5%)	4,563,701 (86.5%)
<i>> 12 months</i>	614,342 (18.4%)	2,725,052 (81.6%)
Sex		
<i>Male</i>	98,773 (15.7%)	255,846 (84.3%)
<i>Female</i>	109,671 (16.8%)	243,217 (83.2%)
Race *		
<i>Hispanic</i>	779,757 (14.3%)	4,670,977 (85.7%)
<i>White</i>	2,025,807 (16.2%)	10,454,495 (83.8%)
<i>Black</i>	634,480 (22.8%)	2,154,550 (77.2%)
<i>Other/Multiracial</i>	402,864 (13.7%)	2,535,387 (86.3%)
Smoker in household		
<i>Yes</i>	655,829 (18.9%)	3,129,239 (81.1%)
<i>No</i>	2,817,207 (15.9%)	16,576,756 (84.1%)

Results

Table 1. Weighted distribution of covariates among children 0-5 with and without allergies. Except where noted, values indicate percentages.

	Present allergies (weighted N = 3,842,908)	No allergies (weighted N = 19,815,409)
First formula		
<i>Before 6 months</i>	2,801,536 (17.0%)	13,672,663 (83.0%)
<i>6 months or after</i>	274,079 (18.3%)	1,225,300 (81.7%)
<i>Never</i>	668,792 (13.9%)	4,152,650 (86.1%)
First solids *		
<i>Before 6 months</i>	2,774,147 (17.1%)	13,443,713 (82.9%)
<i>6 months or after</i>	720,855 (16.5%)	3,642,073 (83.5%)
<i>Never</i>	149,389 (9.3%)	1,460,096 (90.7%)
Access to nutritious meals *		
<i>Always</i>	2,301,338 (14.4%)	13,659,427 (85.6%)
<i>Sometimes</i>	1,154,256 (20.3%)	4,546,878 (79.7%)
<i>Infrequently</i>	293,981 (22.2%)	1,029,471 (77.8%)
Months since last breastfed * \bar{X}(SE)	42.7 (0.8)	34.0 (0.48)

Results

Table 2. Crude prevalence ratios for allergies under different breastfeeding duration.

	Prevalence ratio	95% CI lower	95% CI upper
Breastfed duration			
<i>Never</i>	1.00	-	-
<i>< 6 months</i>	0.91	0.71	1.17
<i>6 to 12 months</i>	0.71	0.54	0.93
<i>> 12 months</i>	1.03	0.75	1.40

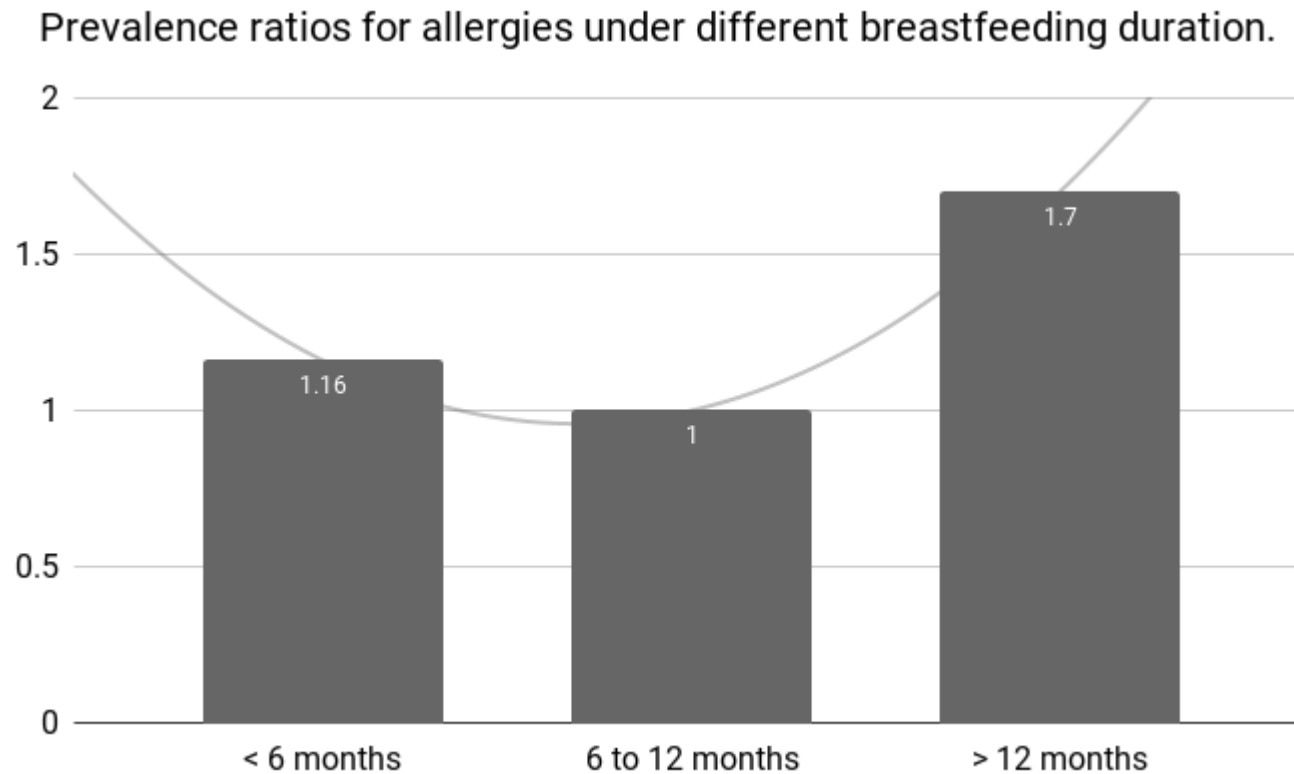
Results

Table 3. Adjusted prevalence ratios for allergies under different breastfeeding duration.

	Prevalence ratio	95% CI lower	95% CI upper
Breastfed duration			
<i>Never</i>	1.00	-	-
<i>< 6 months</i>	1.16	0.89	1.51
<i>6 to 12 months</i>	1.00	0.75	1.33
<i>> 12 months</i>	1.70	1.20	2.42

- ❖ Model adjusted for *Time of first solids, race, access to nutritious meals* and the *number of months since last breastfed*.

Results



Results

Secondary Objective

- ❖ Effect modification is present with borderline significance ($p = 0.046$)
- ❖ Term is only significant for children who had a breastfeeding duration of 6 to 12 months ($p = 0.013$)
- ❖ When *months since last breastfed* = 0 there is a 40% decrease in the prevalence of allergies ($p = 0.03$). There is approx. 1.0% decrease in this reduction per each month removed.

Conclusions

- ❖ Breastfeeding less than 6 months does not appear to affect allergy prevalence
- ❖ Breastfeeding between 6 to 12 months results in up to a 40% decrease in prevalence but each month removed is going to reduce this by 1.0%
- ❖ Breastfeeding more than 12 months appears to be associated with an increased prevalence

Conclusions

Strengths and Limitations

- ✓ Large sample size
- ✓ Missingness did not alter results
- ✓ New covariates were considered

- × Misclassification (e.g., access to nutritious meals)
- × Residual confounding
 - × No information on the nutrition and health background of the mother
- × No analysis by specific allergy type.

Questions



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