





Risk of respiratory allergy depends on the earliness and multiplicity of allergic sensitization, involved allergens, and allergen-specific IgE levels

To the article:

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Introduction

For clarifying the relationships between the natural history of allergic sensitization and the development of allergic diseases in childhood, we aimed to:

- Identify allergic sensitization profiles in children
- Identify allergic morbidity profiles in children
- Study relationships between profiles of allergic sensitization and of allergic morbidity

Methods

The study was conducted in the on-going French population-based prospective Pollution and Asthma Risk: an Infant Study (PARIS) birth cohort.

Allergic sensitization profiles were based on allergen-specific IgE levels measured twice:

- 4 aeroallergens and 12 food allergens at age 18 months
- 7 aeroallergens and 12 food allergens at age 8 years
- → Identified by *k*-means using "kmeans.ddR" R package

Allergic morbidity profiles were based on:

- Symptoms, symptom severity, treatments, and lifetime doctor-diagnoses of asthma, allergic rhinitis, and atopic dermatitis
- Lower respiratory infections before age 2 years
- → Identified by latent class analysis using "poLCA" R package

Relationships between profiles were studied by multinomial logistic regression:

- Adjusted for gender, history of allergy, gestational age, season of birth, birth weight, body mass index at 8 years, exclusive breastfeeding, socio-economic status, parental smoking (prenatal, postnatal, and/or current), and furred pet ownership
- Weighted by morbidity latent class membership probabilities

Results

714 children were included in this study.

5 allergic sensitization profiles were identified (Figure 1):

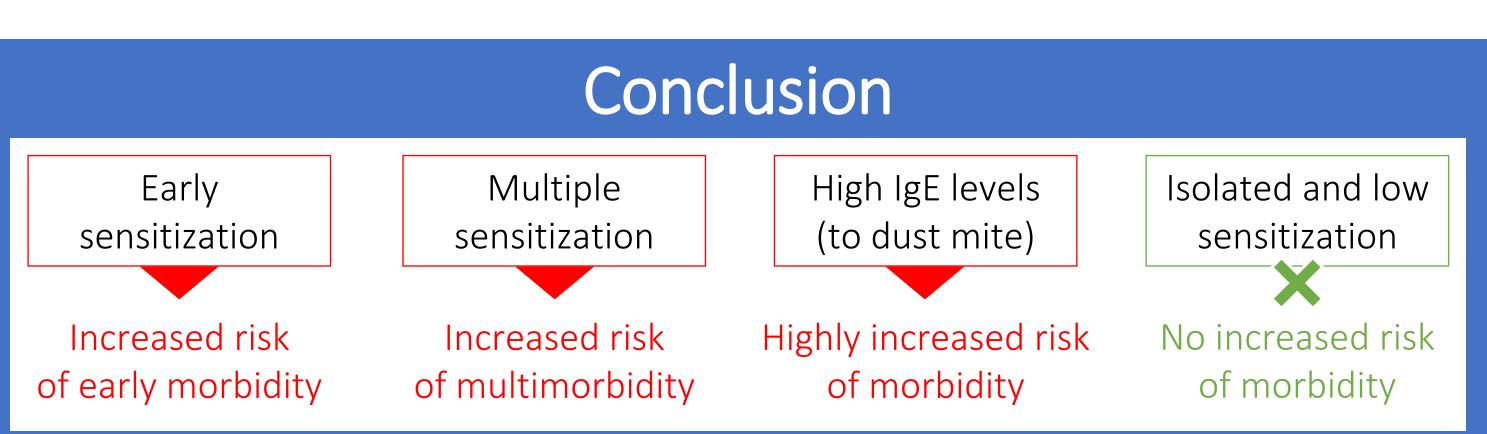
	Not or mildly sensitized	N = 548 (76.8%)
	Mainly sensitized to egg or milk at 18 months	N = 35 (4.9%)
	Strongly sensitized to dust mite at 8 years	N = 64 (9.0%)
	Sensitized to timothy grass at 8 years	N = 38 (5.3%)
•	Early and persistently sensitized	N = 29 (4.1%)

5 allergic morbidity profiles were identified (Figure 2):

	No allergic disease in childhood	N = 389 (54.5%)
	Asthma-like symptoms at 18 months only	N = 114 (16.0%)
•	Asthma at 8 years, with or without allergic rhinitis	N = 48 (6.7%)
•	Allergic rhinitis at 8 years without asthma	N = 61 (8.5%)
	Isolated atopic dermatitis in childhood	N = 102 (14.3%)

Regarding relationships between profiles (Table 1):

- The highest risk of asthma and allergic rhinitis was observed in children strongly sensitized to dust mite at 8 years
- An increased risk of asthma and allergic rhinitis was observed in children early and persistently sensitized or sensitized to timothy grass at 8 years



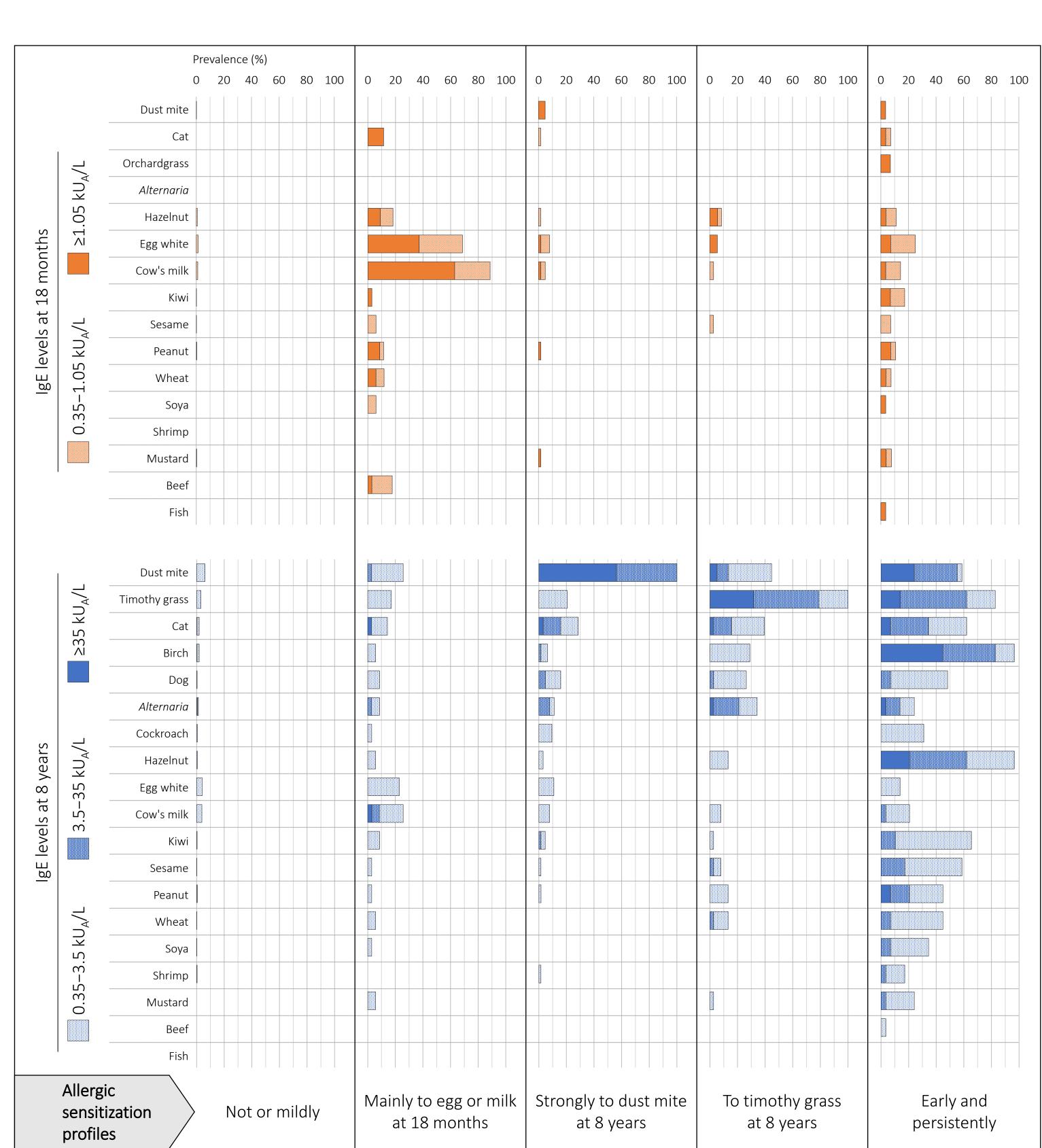


Figure 1. Unsupervised identification of allergic sensitization profiles over the first 8 years of life in PARIS birth cohort children (N = 714).

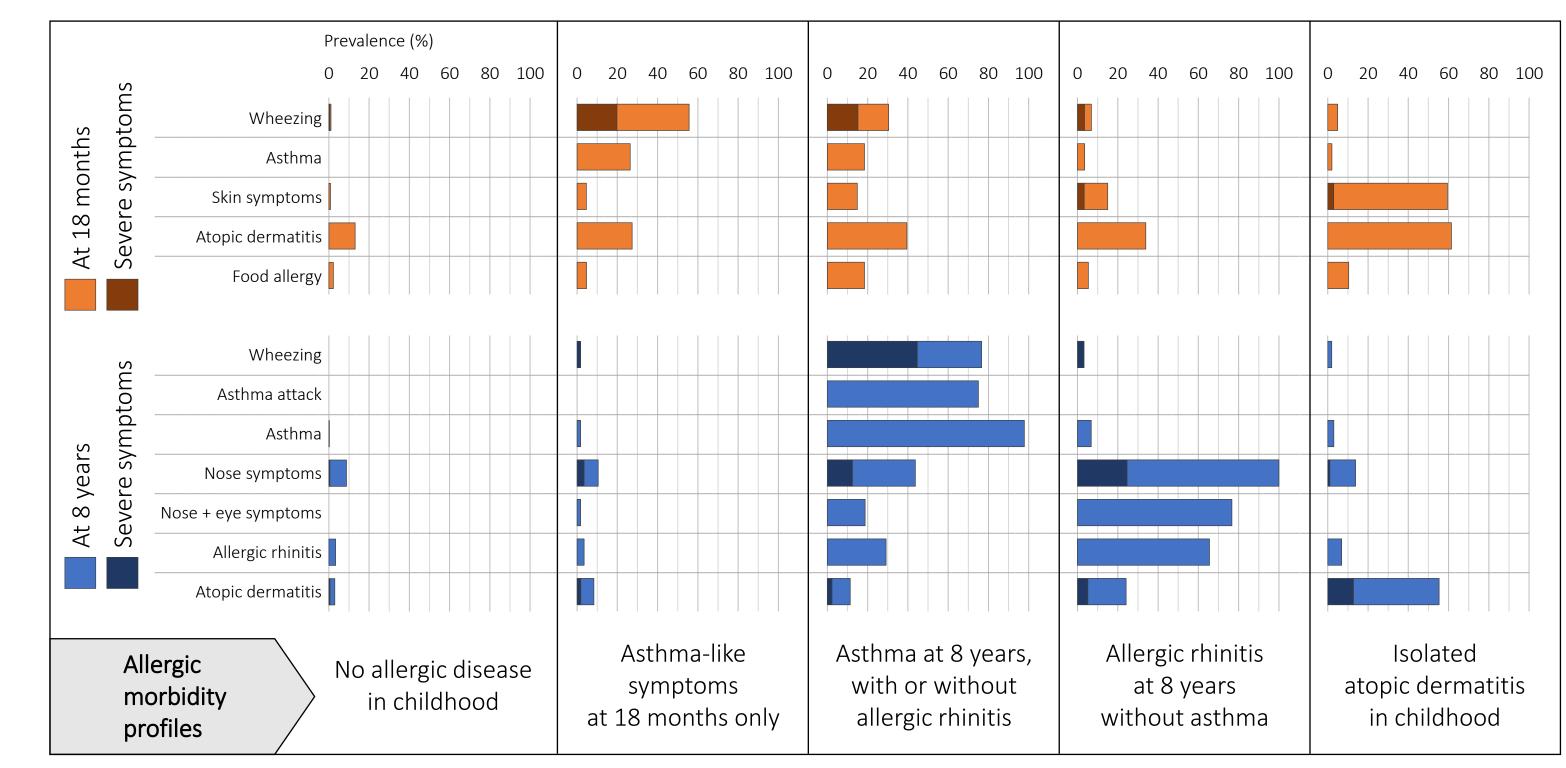


Figure 2. Unsupervised identification of allergic morbidity profiles over the first 8 years of life in PARIS birth cohort children (N = 714).

Table 1. Associations between profiles of allergic sensitization and of allergic morbidity over the first 8 years of life in PARIS birth cohort children (N = 714).

Allergic morbidity profiles	Asthma-like symptoms at 18 months only		Asthma at 8 years, with or without allergic rhinitis		Allergic rhinitis at 8 years without asthma		Isolated atopic dermatitis in childhood	
Allergic sensitization profiles	OR (95%CI)	<i>p</i> -value	OR (95%CI)	<i>p</i> -value	OR (95%CI)	<i>p</i> -value	OR (95%CI)	<i>p</i> -value
Not and mildly	1		1		1		1	
Mainly to egg or milk at 18 months	1.47 (0.61–3.53)	0.39	4.59 (1.34-15.69)	0.015	3.23 (0.98–10.63)	0.054	2.43 (1.00-5.92)	0.051
Strongly to house dust mite at 8 years	1.64 (0.67-4.01)	0.28	10.46 (4.40-24.88)	<0.001	19.44 (9.15-41.30)	<0.001	2.42 (1.10-5.31)	0.027
To timothy grass pollen at 8 years	1.16 (0.39–3.42)	0.79	5.84 (1.96-17.41)	0.002	13.42 (5.37–33.51)	<0.001	1.62 (0.58-4.48)	0.36
Early and persistently	_	_	5.22 (1.32–20.57)	0.018	14.33 (4.84–42.46)	<0.001	5.11 (2.01–13.00)	0.001

OR between "Early and persistently sensitized" and "Asthma-like symptoms at 18 months only" profiles could not be assessed due to a lack of subjects.

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