

Early or delayed introduction of food? Misunderstanding is in the air.

Simona Di Mario MD, MPH 1, Vittorio Basevi MD, PhD 1, Costantino Panza MD 2, Sergio Conti Nibali MD 3, Adriano Cattaneo MD, MSc 4.

1 SaPeRiDoc-Documentation Centre on Perinatal and Reproductive Health, Regional Health Authority of Emilia-Romagna, Bologna, Italy

2 ACP- Cultural Association of Paediatricians and Local Health Authority of Reggio Emilia, Italy

3 ACP- Cultural Association of Paediatricians and Local Health Authority of Messina, Italy

4 Free-lance epidemiologist, Trieste, Italy

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To the Editor:

Two recent articles by Koplin et al¹ and Feenay et al² discuss some features of the LEAP (Learning Early About Peanut allergy) study³. We would like to express our worries about what we consider common misinterpretations of that study. Koplin et al write that the LEAP study “provided direct evidence in high-risk infants [...] that delayed introduction of dietary peanut increases the risk of peanut allergy”. Feenay et al state that “early introduction of dietary peanut results in a marked reduction in the development of peanut allergy in high-risk infants”. They add that the “study intervention disagrees with current World Health Organization advice, which recommends that infants should be exclusively breast-fed for the first 6 months of life”⁴. The former interpretation encourages health professionals to recommend introduction of complementary food before 11 months of age, the latter between 4 and 6 months, not later. The difference is remarkable. The first interpretation accepts that infants be introduced to solids when they are developmentally ready and simply gets rid of old and unsubstantiated dietary restrictions. The second imposes strict age limits that will lead to force feed infants when they are not yet developmentally ready, depriving them and their mothers of the possibility to go ahead with exclusive breast-feeding and profit from its benefits⁵. Especially if, as observed in Italy, most pediatricians interpret the 4- to 6- month recommendation as “starting at 4 months”.

We think that the Feenay's et al's interpretation is incorrect. Most of the infants enrolled in the intervention arm of the LEAP study were older than 6 months, as shown in the trial database (available at <https://www.itntrialshare.org/>) and as correctly reported in the article: the mean and

median age was 7.8 months. Thus, the LEAP study does not challenge the World Health Organization global public health recommendation to exclusively breast-feed infants till 6 months of age. Being a public health recommendation, it allows to advise the parents of each individual infant based on his or her developmental readiness and nutritional, as well as social, requirements. In this way, mothers and infants would fully benefit from the advantages of exclusive breast-feeding and would at the same time reduce the risk of allergy, by introducing complementary foods without delay, as shown also by other studies^{6,7}. Finally, to avoid misinterpretation and misunderstanding, we would recommend researchers in this field to avoid the generic term “early”; it may be very misleading and deceptive.

Corresponding author

Simona Di Mario, pediatrician, MD MPH, SaPeRiDoc-Documentation Centre on Perinatal and Reproductive Health, Regional Health Authority of Emilia-Romagna, Bologna, Italy
simona.dimario@regione.emilia-romagna.it

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