

additive-free claims, such as tartrazine-free and MSG-free, may be beneficial to consumer health as many sensitive consumers are avoiding them owing to food intolerance.^{22,23} The food label is often the consumers' only source of information about the product they want to buy. Legislators should duly consider 'free from' claims, whether allergen- or additive-free, as food manufacturers don't want information overload on their labels, but they should provide the consumer with as much product information as possible.

More studies of this nature should be conducted to highlight possible loopholes in the labelling regulations and the improvements that could be made by legislators and food manufacturers. The lack of studies of this nature restricted the discussion of this study. A similar study could be conducted once the new proposed draft labelling regulations are published and reach their implementation date. Other food categories not covered in this study could also be included in future evaluations.

Through accurate labelling that clearly indicates product composition, the food industry can help to manage the risk of adverse food reactions. This will assist a consumer, sensitive to a certain food or food ingredient, to avoid eating the product in question.¹ Food allergy prevention is the responsibility of the allergic consumer and the food manufacturer.³ Research is ongoing to define threshold levels of allergens able to trigger a reaction together with validated testing methods for the detection of food allergens. This is essential to implement effective hazard control procedures and address the problems of allergen cross-contamination in the food industry. This will assist the efforts to provide the consumer with valuable and trustworthy food label information.⁷

Declaration of conflict of interest

The authors declare no conflict of interest. This was an institutional study with no involvement from the corresponding author's employer in terms of the execution, funding and reporting of the research. The research proposal for her Master's thesis was approved, the checklist compiled and the product selection finalised before she took up her current employment.

Acknowledgements

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PRODUCT NEWS

ACCURATE ALLERGEN IDENTIFICATION NOW A REALITY

Labspec (Pty) Ltd is pleased to announce the launch of a national allergen-testing awareness campaign across South Africa, to let consumers and medical practitioners alike know that highly accurate, specific allergen identification is now within everyone's reach. Being able to identify exactly which allergen elicits an allergic response within an individual, may result in more specific treatment, an accurate overview of any lifestyle changes that may need to be made in the affected individual, and ultimately, enhanced quality of life.

As a subsidiary of Phadia, the world leader in diagnostics, Labspec is committed to helping medical practitioners make accurate diagnoses and sound management decisions.

We at Labspec have also initiated a national print media campaign both to consumers and medical staff, and a dedicated sales force will highlight the

benefits to paediatricians and general practitioners across the country.

Possibly the best part of requesting a Labspec allergen test, is the fact that the procedure is covered by most medical aids, thereby making the decision of whether to be tested or not, an easy one.

Please contact Labspec on 011-792-6790/1/2/3, or visit www.labspec.co.za.

Contact:

Charles Duff 011-792-6790/1/2/3
 Maria Ramsay 082-410-6053
 Angela Neveling 083-407-7654
 Jacque Larsen 083-273-2604



A PHADIA COMPANY

CHAIRMAN'S REPORT



It is an honour and privilege to serve on the ALLSA Excom. I would like to thank the previous Excom for all the hard work that they have put into this organisation to make it successful. I want to particularly thank Sharon Kling for the outstanding leadership that she gave this organisation over the past three years. The new Excom members are Andrew Halkas (secretary), Cas Motala (treasurer), Sharon Kling (past chairman), Robin Green, Matt Haus, Di Hawarden, Mohamed Jeebhay, Sam Risenga and André van Niekerk. The new Excom has remained almost the same as the previous one with one exception in that Heather Zar has not made herself available for this term and has been replaced by André van Niekerk. Heather Zar is the new president-elect of the South African Thoracic Society. We wish her well in this new position. Heather Zar together with Eugene Weinberg will continue as editors of *Current Allergy & Clinical Immunology*. On behalf of ALLSA, I want to thank Eugene Weinberg and Heather Zar for the tremendous amount of work and effort that they put into this journal. The journal has grown tremendously under their leadership and is one of the most important projects of ALLSA.

We have a number of challenges during our term in office:

1. Allergology subspecialist registration

This process has now started with formal recognition of allergology as a subspecialisation of paediatrics, internal medicine or family medicine by the HPCSA. We are waiting for this to be gazetted for the process to be completed, after which training programmes can

be established at various institutions. ALLSA will play a pivotal role in the setting up of these training programmes. Profs Cas Motala and Paul Potter have already done substantial work in this area.

2. Governance charter

ALLSA is in the process of adopting a governance charter. This process is already well advanced. This very exhaustive document together with our constitution will guide us in matters of governance.

3. Childhood asthma guidelines

The latest childhood asthma guidelines have been prepared after many months of deliberation. Prof Cas Motala has led this process. The document has been completed and submitted to the *SAMJ* for publication, and is currently in press.

4. Congresses

The 2009 ALLSA congress which was held in Durban was a great success. The scientific content, attendance, support from the industry and social programme were outstanding. The next congress will be held in Limpopo Province on 23-25 April 2010. We look forward to seeing you there.

5. Research

This project of ALLSA is very ably managed by Prof Mohamed Jeebhay. Our research funds have continued to grow over many years. We need to continually grow this fund to become self-sufficient over time.

We look forward to working together in this Excom.

Ahmed Manjra

Chairman

PRODUCT NEWS

PIMECROLIMUS CREAM 1% IN ATOPIC DERMATITIS: A 6-MONTH, OPEN-LABEL TRIAL IN PAEDIATRIC PATIENTS

Pimecrolimus, a new, non-steroid, inflammatory-cytokine inhibitor, has been shown to prevent progression to flare in atopic dermatitis (AD) and to improve long-term disease control when applied as a 1% cream. In this 6-month, open-label, multinational study, 177 infants aged 3-23 months and 489 children aged 2-17 years, with mild to severe AD, were included. The study was designed to evaluate the efficacy and safety of pimecrolimus cream 1% used as a first-line treatment. Treatment consisted of an initial bid regimen, for as long as signs and symptoms of disease persisted; this was followed by treatment as required at the first signs and symptoms of AD. Emollients were allowed as per the physician's normal practice, and topical corticosteroids could be used to treat severe flares at the discretion of the physician. Efficacy was assessed by evaluations of pruritus, and total-body and facial Investigators' Global Assessment (IGA). Results from the first return visit (day 7) showed an improvement from baseline of ≥ 1 in total-body and facial IGA for infants (59.1% and 72.8% of patients, respectively) and children (59.3% and 62.2%, respectively). Pruritus was absent or mild in 67.8% and 65.4% of infants and children, respec-

tively. This level of improvement in the patient population was maintained throughout the 6-month study. Adverse events occurred in 75.7% of infants and 71.1% of children. Most adverse events were common childhood illnesses that would be expected in this population (e.g. nasopharyngitis (infants 22.0%, children 12.8%), upper respiratory tract infection (infants 18.6%, children 11.9%) and cough (infants 8.5%, children 10.1%)). Concerning pimecrolimus's local tolerability, application-site burning occurred in 2.3% of infants and 7.0% of children, and local pruritus occurred in 0.6% infants and 1.0% children. Application-site reactions were most frequently reported during the first 6 weeks of treatment and were mild to moderate in intensity. In conclusion, pimecrolimus cream 1% was effective in the treatment of the early signs and symptoms of AD (including pruritus) in infants and children, and demonstrated a good safety profile.

Reference available on request.

Contact Claudine Spadoni, 011-929-9111



PRODUCT NEWS

Pediasure Complete, now with synbiotics

Pediasure Complete is a nutritional supplement designed to meet the nutrient needs of children 1–10 years of age.¹ It provides all the requirements for protein, fat, carbohydrates, vitamins and minerals to support optimal growth and development in the catch-up growth and failure to thrive child as well as in the 'picky eater'.¹ Clinical trials have shown that Pediasure Complete:^{2,3}

- Significantly improves weight for height and
- Effectively treats growth faltering and failure to thrive

Pediasure Complete is fortified with additional nutrients such as omega-3 and omega-6 to support brain growth and development⁴ and contains synbiotics to maintain a healthy gut, while supporting the development of a stronger immune system.¹

Synbiotics is the term used for the combination of probiotics and prebiotics:¹

- Probiotics are live, ingested bacteria that have a beneficial effect on human health.¹ Examples include *Lactobacillus acidophilus* and *Bifidobacterium* spp. Probiotics can be formulated as a dietary supplement to improve or restore intestinal microbial balance and suppress the growth of pathogenic bacteria.¹ Probiotics support immune function, improve digestion and facilitate the absorption of essential nutrients such as calcium and magnesium.¹
- Prebiotics such as fructooligosaccharides (FOS) are dietary substances that are not digested by the body but are the preferred substrates for the beneficial bacteria normally present in the human colon.² FOS, therefore, enhance the colonic growth and metabolic activity of probiotics.²

By modulating the gut microflora, orally administered synbiotics may enhance immunocompetence.² The effect of oral nutritional supplementation with synbiotics on sickness and catch-up growth was studied in 316 pre-school children.² Over the 4-month study period:

- The number of sick days per month decreased significantly in children 3-5 years of age.²
- The number of days of constipation was significantly lower, possibly related to the modulation of the intestinal flora.²

Pediasure Complete with synbiotics, therefore, promotes growth and development in children 1-10 years of age, including those with increased caloric needs.¹ The product achieves significant improvements in weight for height and supports immune function as evidenced by a decrease in the average number of sick days per month.^{2,3}

Pediasure Complete is now available in 400 g and in 900 g and in vanilla and chocolate flavours. For more information on Pediasure Complete, please contact Yvonne Macleod on 011-858-2000.

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Abbott Nutrition International, Abbott Place, 219 Golf Club Terrace, Constantia Kloof, 1709. P O Box 7208, Weltevredenpark, 1715, South Africa. Tel: 011- 858-2000. Fax: 011- 858-2041. 0007-1208-M713-A-0800, December 2008. MBR20-8 No.: 029988



Foratec HFA

Foratec HFA is another exciting addition to Cipla's range of respiratory products, emphasising our commitment to offering solutions for Total Asthma Control!

Foratec HFA (formoterol fumarate 12µg) is:

- a long-acting β_2 -agonist, giving up to 12 hours bronchodilation¹
- as fast-acting as salbutamol,² between 1-3 minutes¹
- the only available formoterol fumarate MDI
- a 120-dose MDI; 2 months' supply (at 1 puff b.d.)
- CFC-free, re-enforcing our global commitment to preserving our planet within our sphere of influence
- indicated as add-on therapy to inhaled corticosteroids in patients with chronic persistent asthma (GINA step 3)³ and for prophylaxis and treatment of symptoms in patients with COPD¹,
- priced at R69.60 SEP (excl VAT), the most cost-effective long-acting β_2 -agonist in SA!⁵



Isn't this enough reason to prescribe **Foratec HFA**?

Cipla offers you **Total Asthma Control through choice of molecules, choice of devices and a choice to treat cost-effectively!**

Prescribing information available on request. Please contact Elizma Kemp on 021-917-5620.

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PRODUCT NEWS

DUE TO ITS PERSISTENT RECEPTOR OCCUPANCY, XYZAL® REMAINS THE LAST WORD IN ALLERGY

Because antihistamines work by blocking the action of histamine, receptor occupancy is an accurate model to predict clinical effectiveness.¹ Compared to desloratadine and fexofenadine, Xyzal®, containing 5 mg levocetirizine 2HCL*, rapidly occupies a high proportion of histamine receptors resulting in a fast and sustained clinical response.^{1,2}

Thus, Xyzal® can be said to work faster at inhibiting the allergic response more effectively.³

Compared to other antihistamines, Xyzal® produced a potent, sustained and consistent blockade of histamine-induced reactions.³ Wheal and flare response decreased rapidly and was maximal at 4 hours,³ while complete inhibition was maintained throughout 12 hours. In this particular study Xyzal® was superior to the other treatments (placebo, fexofenadine, ebastine, mizolastine and loratadine), at most time points, throughout 24 hours.³

In a study against desloratadine, Xyzal® also achieved significantly lower pruritus scores from day 1 of treatment, while throughout the 4 week duration of the study, composite scores were markedly lower with Xyzal®.⁴

Further studies also showed that Xyzal® efficiently relieves the symptoms of persistent allergic rhinitis⁵ with symptoms such as nasal and ocular pruritus, sneezing and rhinorrhea improving as early as during the first week.⁶ In addition nasal congestion was improved from 3 months⁶ while Xyzal® was associated with reduced prevalence of co-morbidities, reduced absenteeism and improved quality of life.⁶

Xyzal® was also shown to control the symptoms of seasonal⁷ and perennial allergic rhinitis⁸ efficiently. In the case of perennial allergic rhinitis, relative improvement for major symptoms during the first week measured 86%⁸ while improvement in nasal congestion over 6 weeks was 83%.⁸

When compared to desloratadine, once more, Xyzal® provided more effective relief from nasal obstruction.⁷ Xyzal® was also found to have a similar safety profile in adults and children,^{8,9} compared to placebo. Additionally Xyzal® proved to be non-sedating⁹ and without measurable effect on psychomotor or cognitive performance.⁹

For full prescribing information refer to package insert

S2 Xyzal® 5 mg tablets. Each tablet contains 5 mg levocetirizine 2HCL. Reg. No.: 36/5.7.1/0425.

AHN Pharma (Pty) Ltd. Reg. No.: 1957/003938/07. P.O. Box 31036, Braamfontein, 2017, South Africa. Tel. no.: (011) 239 6370

- Further information on S2 Xyzal®, Reg No. 36/5.7.1/0425, may be obtained from AHN Pharma (Pty) Ltd. Tel. no.: (011) 239 6370.

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The last word in allergy

MIELE LAUNCHES TOP-CLASS RANGE OF VACUUM CLEANERS

A fact of modern life is the increase in allergies, with more and more adults and children suffering from asthma, rhinitis and hay fever. Allergies are made worse by household pets, and dust mites in carpets, mattresses and soft furnishings. In response to the growing need for appliances that can help alleviate the problems suffered by allergy sufferers Miele have developed a number of features and accessories to ensure excellent levels of cleanliness in the home.



The S5281 MedicAir Vacuum Cleaner is supplied with all the features and accessories to meet the specific needs of allergy sufferers. The unit is equipped with an innovation that offers additional security and comfort; the Allergotec Sensor floorhead for visible hygienic cleanliness.

Miele offers a choice of three filters placed behind the motor. Because of the airtight design, any air leaving the vacuum cleaner only leaves via the final filter. The **Miele Super AirClean filter** removes nearly 94% of the particles as small as 0.3 µ and, for this reason is the most suitable for everyday households. The **Miele Active AirClean filter** incorporates the Super AirClean filter and is designed for customers who have to vacuum up items with unpleasant odours. A tight-fitting filter cassette with a rubber seal prevents any air escaping. The active charcoal component absorbs and neutralises odours. The **Miele**

Active HEPA filter solves the problems of allergy sufferers. The Active HEPA filter retains 99.5% of particles.

For the true pet lover – the S5261 in Capri Blue and S5361 in Tayberry Red are Miele's Cat & Dog range of vacuum cleaners. Stubborn pet hairs do not stand a chance with the Miele Cat & Dog's Turbo Brush. This special floorhead is driven by the suction of the cleaner and rotates evenly to pick up hair and dirt from most types of carpets, while the smooth running floor head SBD takes care of most hard floor surfaces. The Miele Cat & Dog vacuum cleaner is specially fitted with an ActiveAirClean filter. The activated charcoal filling ensures any smell arising from the contents of the dustbag is absorbed before it leaves the cleaner and that the exhausted air is always fresh too.



Miele
Anything else is a compromise

Miele (Pty) Ltd Gallery of Fine Living (Head Office), PO Box 69434, Bryanston, 2021, ashley.merson@miele.co.za, www.miele.co.za, info@miele.co.za. Share call: 0860 000 622, Share fax: 0860 000 633.

PRODUCT NEWS

NEW DESIGN FOR SYMBICORD

AstraZeneca is proud to introduce a new design for Symbicord boxes and packaging. The purpose of the packaging change is to standardise the colours and design globally, so that wherever in the world you may be, the Symbicord packaging will look the same.

In line with these changes, we are also keeping these colours for our promotional and educational material, so that the design is standardised throughout. The new look is bold, positive, professional and modern, with an emphasis on clinically relevant and clear information. The approach is future-focused, to reflect the constant innovation and challenging of conventions that is the basis of our approach to medicine at AstraZeneca.

Please note that the ingredients and doses of Symbicord will remain the same.

In conjunction with the new look, AstraZeneca intends to introduce user-friendly educational and support material to assist and support people with asthma.

The new material is aimed at providing the busy physician and his/her patients with the tools that they need so that people with asthma can take responsibility for their own asthma control.

S 3 Symbicord® Turbuhaler® 80:4,5 µg/dose (Inhaler), Reg No. 35/21.5.1/0404. Each delivered dose contains as active constituents: Budesonide 80 micrograms and formoterol fumarate dihydrate 4,5 micrograms.



S 3 Symbicord® Turbuhaler® 160:4,5 µg/dose (Inhaler), Reg No. 35/21.5.1/0405. Each delivered dose contains as active constituents: 160 micrograms and formoterol fumarate dihydrate 4,5 micrograms.

S 3 Symbicord® Turbuhaler® 320:9 µg/dose (Inhaler), Reg No. 38/21.5.1/0187. Each delivered dose contains as active constituents: Budesonide 320 micrograms and formoterol fumarate dihydrate 9 micrograms.

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

AstraZeneca Pharmaceuticals (Pty) Limited, 5 Leeuwkop Road, Sunninghill, 2157, South Africa. Reg No. 92/05854/07. Tel: +27 11 797 6000. Fax: +27 11 797 6001. www.astrazeneca.co.za



MSD (Pty) Ltd is proud to announce the introduction of SINGULAIR 4 mg. Studies have shown that asthma in children under the age of six is on the increase worldwide.¹ SINGULAIR 4 mg is the first asthma controller therapy, that is not a steroid, to be approved in South Africa for children as young as 2 years old.²

Studies have shown improvements in symptom and activity scores from as early as day one, affirming the efficacy of SINGULAIR 4 mg in this age group.³ The current guidelines for treatment of asthma in children, as compiled by the Allergy Society of South Africa (ALLSA), call for the introduction of a leukotriene antagonist as a controller agent in this age group at step 2, after the use of short-acting reliever medication has proven to be inadequate in controlling asthma symptoms. In other words using leukotriene antagonist as a first line controller agent.⁴ At present, of the leukotriene receptor antagonists, only SINGULAIR is indicated for use in children under the age of 12.²

SINGULAIR 4 mg is indicated for the prophylactic treatment of mild to moderate asthma in the 2-5 year old age group. SINGULAIR 4 mg is presented in a 28-day pack and one tablet should be taken once daily at bedtime.² To date worldwide use is more than 2.2 million children in more than 90 countries. This puts SINGULAIR in the unique position of being the only controller therapy to be registered and indicated for asthmatic patients from 2 years old and up.²



The **FREEDOM** to be a **Child!**

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MSD (Pty) Ltd (Reg. No. 1996/003791/07), Private Bag 3, Halfway House 1685.

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Reg. No: 35/10.2.2/0397, SINGULAIR 4 mg **S3**



PRODUCT NEWS



NASONEX IS NOW INDICATED FROM THE AGE OF 2 YEARS!

Nasonex Aqueous Nasal Spray is indicated for use in adults, adolescents and children between the ages of 2 and 11 years to treat the symptoms of seasonal allergic or perennial allergic rhinitis.

In patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis, prophylactic treatment with Nasonex Aqueous Nasal Spray is recommended prior to the anticipated start of the pollen season.

Dosage and directions for use

Adults and adolescents: The usual recommended dose for prophylaxis and treatment is two sprays (50 µg/spray) into each nostril once daily (total dose 200 µg). Once symptoms are controlled, dose reduction to one spray into each nostril (total dose 100 µg) may be effective in some patients for maintenance.

Children between the ages of 2 and 11 years: The usual recommended dose is one spray (50 µg/spray) in each nostril once daily (total dose 100 µg).

For more information contact Gary Vine, Schering-Plough (Pty) Ltd, 011-922-3300.



BOEHRINGER INGELHEIM LAUNCHES INFLANAZE® 100.

It is with great pleasure and excitement that Boehringer Ingelheim, a leader in respiratory care, announces the launch of **Inflanaze® 100**.

Allergic rhinitis is a highly prevalent chronic respiratory disease that impacts significantly on the quality of life of patients.¹ The prevalence of allergic rhinitis is rising with a huge indirect and direct economic burden.¹ In addition nearly 80 % of asthmatic patients have coexisting allergic rhinitis.² Topical corticosteroids are highly effective first-line treatment of allergic rhinitis.³ Budesonide is comparatively an effective corticosteroid which is well tolerated for all classifications of allergic rhinitis.⁴

Inflanaze® 100, 100µg budesonide per metered spray, provides another option for healthcare professionals to treat this common respiratory disease. **Inflanaze® 100** provides high dose budesonide for the allergic rhinitis patient and allows tapering down of medication to the lowest dose adequate to control symptoms.⁵ With its less number of sprays per day, the new 100 dosage allows for better patient compliance.¹ It is registered from the age of 6 years allowing for use in children.

Inflanaze® 50 and 100 possess a broad actuator making the administration of medication to children and patients who struggle to use nasal sprays easy and comfortable.

Inflanaze® 100 contains 200 doses, contains no alcohol and has potassium sorbate as its preservative.⁶

This product addition shows that Boehringer Ingelheim, with its wide range of medication for asthma and allergic rhinitis, is committed to optimising respiratory care.



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5. Inflanaze® 100 Package Insert.
6. Data on File

- S3 Inflanaze® 50 Aqueous Nasal Spray. Each metered dose contains 50µg budesonide. Reg. No 32/21.5.1/0532
 S3 Inflanaze® 100 Aqueous Nasal Spray. Each metered dose contains 100µg micronised budesonide. Reg. No. 41/21.5.1/0238

For full prescribing information refer to the package insert.
 Applicant details: Ingelheim Pharmaceuticals (Pty) Ltd,
 407 Pine Ave, Randburg. Tel: +27 (011) 348-2400.
 Fax: +27 (011) 787-3766. Cpy Reg. No. 1966/008618/07.
 BI Ref. No. 72/2009 (Mar 09).
 NOPO



PRODUCT NEWS

NEW WORLD, NEW RELIEF FOR NOSES AND EYES

Allergic rhinitis is a common condition that affects the airways, nose and eyes.¹ In a survey conducted to establish the burden of allergic rhinitis, 71% of people with the condition reported that they experience both nasal symptoms and ocular symptoms.¹ Many allergic rhinitis patients resort to polypharmacy to control their symptoms.¹ Allergic rhinitis has a significant impact on the patient's quality of life and on society in terms of socioeconomic and health care costs.^{1,2}

Avamys, from GlaxoSmithKline, is a new treatment for allergic rhinitis that delivers relief for both nasal and ocular symptoms.³⁻⁵ Ocular symptom relief is registered for patients from 12 years. New Avamys contains a single active, fluticasone furoate, a glucocorticoid with a novel molecular structure.⁶ Fluticasone furoate is characterised by its potent and selective glucocorticoid activity, rapid uptake, sustained pharmacological action, and enhanced binding affinity for the glucocorticoid receptor.² It has proven 24 hour efficacy in treating the nasal and ocular symptoms of allergic rhinitis in adults and adolescents.² New Avamys is registered for use in adults and children from 2 years.

The Avamys delivery system was designed with the patient in mind.² Its ergonomic design allows for improved handling and comfort during use, and the system delivers a consistent dose.² The fluticasone

furoate nasal spray itself has a favourable profile in terms of its sensory attributes, including reduced taste and scent, reduced dosing volume and fine consistent mist.²

The world of allergic rhinitis treatment will never be the same again.

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3. Fokkens WJ, Jogi R, Reinartz S, *et al.* Once daily fluticasone furoate nasal spray is effective in seasonal allergic rhinitis caused by grass pollen. *Allergy* 2007; **62**: 1078-1084.
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5. Kaiser HB, Naclerio RM, Given J, *et al.* Fluticasone furoate spray: a single treatment option for the symptoms of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2007; **119**(6): 1430-1437.
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Long-chain polyunsaturated fatty acids influence the immune system of infants

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Several events occur during the first months of life that allow the immune system to become competent and functional. The aim of this article is to review the rationale and evidence of an influence of (n-3) long-chain PUFA (LCPUFA) on the immune system of infants. The (n-3) LCPUFA exert their immunomodulatory activities at different levels. The (n-3) LCPUFA metabolites induce eicosanoid production, alter gene expression, and modify lipid raft composition, altering T-cell signalling; all contribute to immunological functional changes. However, the roles of these mechanisms and the types of T or other immunological cells involved remain unclear at present. Moreover, the effect of (n-3) LCPUFA on the immune system of infants may



vary according to dose, time of exposure, and profile of the immune system (T-helper, Th1/Th2). Most of the interventional studies in infancy have been performed for the prevention of allergy. They all confirmed influence on T-cell function and cytokine profiles, but clinically beneficial effects are more conflicting. Supplementation of the maternal diet in pregnancy or early childhood with (n-3) LCPUFA is potentially a noninvasive intervention strategy to prevent the development of allergy, infection, and possibly other immune-mediated diseases. However, any long-term *in vivo* effects on (n-3) LCPUFA early in life for immunomodulatory defense in infants and later on immune status and health remain to be assessed.

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For more information please contact Nestlé Consumer Services on 0860 09 67 89