



Impact of Environmental Factors on the Rising Tide of Pediatric Allergies

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Introduction

Pediatric allergies have been developing at an alarming rate in recent years, raising substantial issues for public health and healthcare systems globally. Asthma, allergic rhinitis, eczema, and food allergies are all examples of allergies [1]. These disorders significantly influence the health and well-being of affected children and their families, resulting in significant morbidity and a reduction in their overall quality of life [2]. While genetic predisposition is important in the development of allergy disorders, environmental variables are increasingly being recognised as important contributors to this expanding epidemic [3]. This editorial aims to discuss the impact of environmental factors on pediatric allergies and investigate potential strategies to reduce their negative consequences.

Air Pollution and Its Impact on Pediatric Allergies

Air pollution, particularly from particulate matter (PM) and traffic-related pollutants, has been identified as a significant environmental risk factor for the development and exacerbation of pediatric allergies [4]. Exposure to air pollution during pregnancy and early childhood has been associated with a higher risk of developing asthma and allergic sensitization [5]. In a study by Gruzieva et al. [6], prenatal exposure to traffic-related air pollution was linked to an increased risk of sensitization to food allergens in children up to four years of age. Strategies to reduce air pollution, such as promoting cleaner transportation, stricter emission regulations, and urban green spaces, may help minimize air pollution's impact on pediatric allergies [7].

Indoor Allergens and Their Role in Allergy Development

Indoor allergens such as, house dust mites, pet dander, and molds have all been linked to developing and exacerbating allergy disorders in children [8]. Increased exposure to these allergens has resulted from the expanding trend of urbanisation and modern housing, which may contribute to the growth in pediatric allergies [9]. Indoor allergen reduction interventions, such as regular cleaning, allergen-proof bedding, and sufficient ventilation, may help lower the pediatric allergy load [7].

Climate Change and Its Effects on Pediatric Allergies

Pediatric allergies' increased prevalence and severity have been linked to climate change. Temperatures and carbon dioxide levels continue to rise, contributing to greater pollen synthesis and release by plants. This aggravates seasonal allergies and asthma symptoms in people who are prone to these disorders [10, 11]. Furthermore, climate change has been demonstrated to alter the distribution and quantity of allergenic species, resulting in longer allergy seasons [12]. To counteract the consequences of climate change on pediatric allergies, it is critical to reduce

greenhouse gas emissions, convert to renewable energy sources, and adhere to environmentally friendly practices [13].

Conclusion

To summarise, environmental factors substantially impact pediatric allergies and must be addressed collaboratively. In order to protect future generations' health, these efforts should prioritise lowering air pollution, minimising exposure to indoor allergens, and mitigating climate change. Healthcare professionals, governments, and communities all play an important role in this attempt. The growing prevalence of allergies among children, which impacts their quality of life and places a significant financial strain on healthcare systems, emphasises the need for action. Public awareness is critical to address this expanding public health concern, and preventive methods at the individual, community, and policy levels must be implemented.

References

1. Elghoudi A, Narchi H. Food allergy in children-the current status and the way forward. *World J Clin Pediatr.* 2022 May 9;11(3):253-269. doi: 10.5409/wjcp.v11.i3.253. PMID: 35663006; PMCID: PMC9134150.
2. Asher MI, Montefort S, Björkstén B, Lai CK, Strachan DP, Weiland SK, et al. ISAAC Phase Three Study Group. Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys. *Lancet.* 2006 Aug 26;368(9537):733-43. doi: 10.1016/S0140-6736(06)69283-0. Erratum in: *Lancet.* 2007 Sep 29;370(9593):1128. PMID: 16935684.
3. Bønnelykke K, Ober C. Leveraging gene-environment interactions and endotypes for asthma gene discovery. *J Allergy Clin Immunol.* 2016 Mar;137(3):667-79. doi: 10.1016/j.jaci.2016.01.006. PMID: 26947980; PMCID: PMC5004762.
4. Khreis H, Kelly C, Tate J, Parslow R, Lucas K, Nieuwenhuijsen M. Exposure to traffic-related air pollution and risk of development of childhood asthma: A systematic review and meta-analysis. *Environ Int.* 2017 Mar;100:1-31. doi: 10.1016/j.envint.2016.11.012. Epub 2016 Nov 21. PMID: 27881237.
5. Tingskov Pedersen CE, Eliasen AU, Ketzel M, Brandt J, Loft S, Frohn LM, Khan J, Brix S, Rasmussen MA, Stokholm J, Chawes B, Morin A, Ober C, Bisgaard H, Pedersen M, Bønnelykke K. Prenatal exposure to ambient air pollution is associated with early life immune perturbations. *J Allergy Clin Immunol.* 2023 Jan;151(1):212-221. doi: 10.1016/j.jaci.2022.08.020. Epub 2022 Sep 6. PMID: 36075322.
6. Gruzieva O, Bellander T, Eneroth K, Kull I, Melén E, Nordling E, van Hage M, Wickman M, Moskalenko V, Hulchiy O, Pershagen G. Traffic-related air pollution and development of allergic sensitization in children during the first 8 years of life. *J Allergy Clin Immunol.* 2012 Jan;129(1):240-6. doi: 10.1016/j.jaci.2011.11.001. Epub 2011 Nov 21. PMID: 22104609.
7. Kelly FJ, Mudway IS, Fussell JC. Air Pollution and Asthma: Critical Targets for Effective Action. *Pulm Ther.* 2021 Jun;7(1):9-24. doi: 10.1007/s41030-020-00138-1. Epub 2020 Nov 8. PMID: 33161530; PMCID: PMC7648850.
8. Pomés A, Chapman MD, Wünschmann S. Indoor Allergens and Allergic Respiratory Disease. *Curr Allergy Asthma Rep.* 2016 Jun;16(6):43. doi: 10.1007/s11882-016-0622-9. PMID: 27184001; PMCID: PMC4976688.
9. Peters RL, Mavoa S, Koplin JJ. An Overview of Environmental Risk Factors for Food Allergy. *Int J Environ Res Public Health.* 2022 Jan 10;19(2):722. doi: 10.3390/ijerph19020722. PMID: 35055544; PMCID: PMC8776075.
10. D'Amato G, Holgate ST, Pawankar R, Ledford DK, Cecchi L, Al-Ahmad M, et al. Meteorological conditions, climate change, new emerging factors, and asthma and related allergic disorders. A statement of the World Allergy Organization. *World Allergy Organ J.* 2015 Jul 14;8(1):25. doi: 10.1186/s40413-015-0073-0. PMID: 26207160; PMCID: PMC4499913.

11. Ziska LH, Makra L, Harry SK, Bruffaerts N, Hendrickx M, Coates F, et al. Temperature-related changes in airborne allergenic pollen abundance and seasonality across the northern hemisphere: a retrospective data analysis. *Lancet Planet Health*. 2019 Mar;3(3):e124-e131. doi: 10.1016/S2542-5196(19)30015-4. Erratum in: *Lancet Planet Health*. 2019 Nov;3(11):e446. PMID: 30904111..
12. Singh AB, Kumar P. Climate change and allergic diseases: An overview. *Front Allergy*. 2022 Oct 13;3:964987. doi: 10.3389/falgy.2022.964987. PMID: 36310569; PMCID: PMC9606573.
13. Watts N, Amann M, Arnell N, Ayeb-Karlsson S, Beagley J, Belesova K, et al. The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. *Lancet*. 2021 Jan 9;397(10269):129-170. doi: 10.1016/S0140-6736(20)32290-X. Epub 2020 Dec 2. Erratum in: *Lancet*. 2020 Dec 14;: PMID: 33278353.