

## Dairy foods and asthma: perception, association and evidence-based links

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Because asthma is a major public health problem in Australia it has been declared a national health priority area (1). It has been hypothesized that changes in dietary habits over the past 30 years may be responsible for some of the global increase in asthma prevalence, severity and mortality. At present, there is insufficient evidence to implicate any nutrients or foods as causal risk factors for asthma. However, data from several studies indicate that 25–75% of children and adults with asthma currently perceive that diet does play a role in their asthma control (2–4).

In Australia, dairy products are often the most commonly reported food item to be responsible for food-induced asthma (4). Our research group has recently completed a community based, cross-sectional study of 1601 young adults (mean age: 34.6, SD = 7.1 years) who were initially recruited via random selection from the federal electoral rolls in Melbourne. An unexpected finding was that the consumption of full cream milk and butter were negatively associated with asthma and that consumption of soy milk, ricotta cheese and low fat cheese were positively associated with various definitions of asthma and atopy (5). However, previous intervention trials of dairy product consumption on asthma outcomes have been negative (6–8). A likely explanation for our findings is that people with asthma may have changed the types of dairy products they consume following diagnosis. This explanation is also consistent with our findings that the overall intake of dairy products was not significantly different between those with and without asthma.

Current research suggests that people with asthma are modifying their intake of dairy products in the belief that there is a substantial link between dairy products and asthma, despite the scientific evidence suggesting that such a link is weak. Future research is required in two areas. Firstly, intervention studies are required to ascertain whether the modification of dairy product intake could be potentially beneficial in prevention or amelioration of asthma. Secondly, we need to ascertain why people with asthma have these beliefs about dairy products and asthma so that effective education campaigns can be conducted.

### References

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