



Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG FIHSCM

Food Allergy or Intolerance?

These days, intolerance or allergies to foodstuffs are common topics both in magazines and periodicals and in medical publications and they are the subjects of considerable research. In many ways the interest in them is hardly surprising because the rate at which both are occurring is increasing rapidly. It is important to understand the causes of each, and the manifestations and potential consequences of experiencing either.

Food Allergies

They are increasing in number and indeed research from Imperial College London indicates that reporting of allergic reactions have doubled in the decade from 2008-2018, most significantly in children under the age of four.

They now affect over one in 160 people in every 100,000 in the UK. Review of multiple research sources suggests that, globally, the incidence of food allergies has risen from about 3% of the population in 1960 to about 7% in 2020.

The symptoms may be very severe. After consuming even a small amount of the foodstuff, the individual may quickly experience itching, swelling, the development of 'nettle rash', and more seriously, vomiting, tightening of the throat and breathing difficulties.

Severe reactions may result in vomiting, slowing of the pulse, fall in blood pressure and

constriction of the airways. The condition, **anaphylaxis**, is life-threatening and can be fatal.

It can be difficult to assess exactly what the true rise in allergy is.

There is certainly more awareness of allergy and diagnosis has improved, but may be over-diagnosed because of confusion with intolerance.

The gold standard of food allergy testing is to feed the individual very small quantities of the suspected food in controlled medical conditions but the test is costly and is not without risk.

So, why are allergies increasing?

Six or seven decades ago, food emergencies were almost exclusively caused by seafood, milk and nuts.

However, such reactions are now associated with a wide variety of food products.

One theory of suspected cause is associated with the organisms which populate the gut and suggests that in simple terms, the more diverse the bacterial flora in the gut, the better 'educated' is the body's immune system.

It has been postulated that children born through the birth canal acquire more bacteria and are less likely to have allergic reactions than those born by Caesarian section.

It is also thought that modern-day cleanliness, and the more antibiotics given during childhood, are likely to increase allergy risk by killing the valuable bacteria which colonise the gut.

It is also clear that allergies may be precipitated through very minor contact with the allergen.

For example peanut allergy can develop as a result of a person who has eaten peanuts handling a small child with eczema, and

introducing the allergen through the skin. It is even possible to develop an allergy through contact with peanut oil on furniture or in creams.

Some allergy specialists suggest that, for example, introducing peanuts to children between 4 months and one year, dramatically reduces the risk of peanut allergy.

Peanut allergy is virtually non-existent in countries where peanuts are not eaten. Other research suggests that Vitamin D deficiency may be associated with increased risk of allergy. It is clear that knowledge is incomplete and much more study is required.

Food intolerances are common. They reportedly affect about 20% of the population. Such intolerances are **not** associated with the immune system but is caused by the body not being able to digest a component of the food consumed.

The effects of a food intolerance usually develop a few hours after eating the food to which the individual is intolerant.

Common symptoms are nausea, fatigue, flatulence, reflux, abdominal pain, bloating, diarrhoea and flushing. Less commonly, headache, constipation joint pains and rashes may occur.

There are a number of foodstuffs to which an individual may be intolerant and the most common are:

- Lactose, a sugar mainly found in milk, cheese and yoghourt
- Gluten, found in foods like bread and pasta and wheat, rye and barley

Other intolerances may be to:

- Caffeine, found in tea, coffee and some carbonated drinks
- Histamine, found in cheese and wine
- Alcohol
- Salicylates, found in fruits, vegetables and some spices
- Sulfites, found in some alcoholic drinks
- Monosodium glutamate (MSG), found in savoury foods, meat which has been cured and in some fruits.

Some people with food intolerances **may** be able to eat small quantities of the foodstuff concerned without developing symptoms.

If a food intolerance is suspected, a GP may refer to an expert in nutrition, sometimes via a gastroenterologist.

There are a number of tests which may help in diagnosis:

- Diary of food and symptoms maintained over a period
- Blood tests
- Breath tests if lactose intolerance suspected
- Diet testing. A diet designed without the food to which the individual might be intolerant is eaten for a few weeks and then a normal diet is restarted. If the symptoms subside or disappear on the special diet and then recur with eating normally, an intolerance is likely.

Management of food allergy and intolerance is by avoiding the causative food.

Clearly, because of the potentially severe symptoms associated with allergy, it is essential that every precaution is taken and anyone with a food allergy should always carry an ***Epipen*** (adrenaline) for emergency use and, because of the rapidity of response in severe cases, should ensure that those people who may accompany the person should be aware of the *Epipen* and its use.

paullambden@compuserve.com