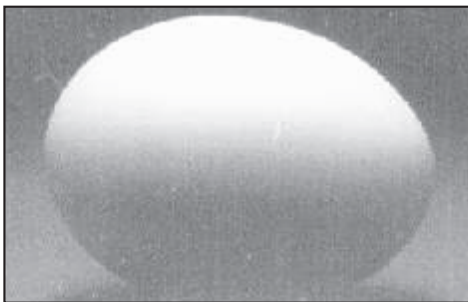




Information Sheet

FOOD ALLERGY



What is food allergy?

Food allergy refers specifically to adverse (untoward) reactions to a particular food in which the body's immune (defence) system is directly involved. This is most usually the IgE antibody. For example, most people can drink a glass of milk or eat an egg without any problems. However, for a small number of people, their body's immune system responds unfavourably to that food, and produces IgE antibodies against that particular food. Not all adverse reactions to food(s) involve the immune system. Non-immune (non-allergic) adverse reactions to food are termed food intolerance.

True food allergy always involves an immune mechanism (IgE or non-IgE mediated) and should not be confused with the many causes of intolerances to food such as lactase deficiency, toxins contained in contaminated foods, food additives (e.g. tartrazine) and naturally occurring chemicals in food (e.g. tyramine in cheese).

The only reliable means of diagnosing food intolerance, and of identifying the problem foods causing food intolerance, is by Challenge testing.

How common is food allergy?

Food allergy represents approximately half of all cases of adverse reactions to foods. Food allergy affects

about 5% of infants in the first year of life. In selected groups, such as children with eczema, the prevalence of food allergy may be as high as 25%. Food allergy is less common in adults (< 1% of the population).

What foods may cause an allergy?

Nearly any food can cause food allergy. Amongst the most common are cow's milk, egg, wheat, peanut, fish and soya.

What kind of allergic reactions do we see?

Allergic reactions can be of many types and happen at different times after eating the offending food. Some happen from a few minutes up to an hour or two (early reactions). These early reactions often present as skin rashes or swelling of the face and/or other parts of the body, vomiting, a flare up of eczema, a runny nose or asthma.

Other reactions can start many hours or even a day or two after eating the food (delayed reactions). These include pains in the stomach, vomiting diarrhoea and eczema. In babies, food allergy can cause colic, but not all colicky babies have food allergy.

Rarely, a severe collapse that can threaten the life of a person (anaphylaxis) can be due to food allergy. It is therefore very important that any severe reaction to a

food be taken seriously.

Symptoms such as fatigue, hyperactivity and irritability have been implicated with food allergy, but this has not been substantiated.

How can food allergy be diagnosed?

A true allergic reaction will occur each time the problem food or foods are eaten. Thus a careful description of what happens with different foods can be very helpful to the doctor to help him ascertain firstly that the patient really is food allergic, and secondly, to identify what foods the patient is allergic to.

There are three different tests that can be used in routine clinical practice to reliably identify the foods to which a patient may be allergic.

Skin Prick Tests can be used to identify foods to which the patient is allergic. A nurse or doctor places a range of one up to several small drops of the suspected allergenic foods on the skin of the forearm, and a small prick is made through each drop of allergen into the skin. After 15 minutes the skin is observed for a wheal and flare reaction at each site on the skin. A red, raised and itchy response indicates the food(s) to which the patient is allergic.

Blood tests ("CAP-RAST") can be used to identify a very wide range of potential allergenic foods. A small blood sample is taken by the nurse or doctor and sent to the laboratory for investigation. There is a single screening test that reliably identifies if a child is allergic to one or more of the most common allergenic foods, namely cow's milk, egg white, peanut, wheat, fish and soya. This is the "CAP RAST fx5 Paediatric Food Mix". A negative result reliably excludes these foods as being the cause of the patient's apparent food allergy. Other food allergens, or other types of adverse reactions, should be considered. A positive result with the "fx5" screening test would then be followed up with CAP RAST tests to each of the six individual component allergens in order to identify the exact problem food(s). Alternatively, if the doctor already has a strong suspicion from the clinical history of the identity of the problem food, then a single CAP RAST test of the particular food would be done to confirm the suspicion. The doctor must choose carefully from a very wide range of over 160 different foods that can be tested for. Other food allergen screening tests for nuts, or cereals, or sea-foods, or spices, etc., are also available.

Skin tests/or CAP RAST tests may be used to identify the foods that should be tested in the Elimination-Challenge procedure.

Note that not every child with food allergy will have positive skin or blood tests.

The Elimination-Challenge Test is the most important test for the diagnosis of food allergy and identification of the problem food(s). It involves the demonstration of relief of the symptoms on removal of food(s) suspected of causing an allergic reaction, and recurrence of symptoms on it's (their) re-introduction. This test must be performed only by specially trained staff. There are a number of other tests that are promoted by their suppliers for the diagnosis of food intolerance but these are not reliable, not scientifically documented and validated, and must therefore only be used for specialised research projects.

How can food allergy be treated?

Avoidance of the offending food(s) is the best treatment. It is therefore very important to reliably identify the problem food(s). In infants and young children, it is advisable to eliminate as few foods as possible and for as short a period of time as possible. Avoidance-treatment must be under the guidance of a dietitian. Offending foods need not be eliminated for life. Cautious re-introduction of a "prohibited" food under the watchful eye specially trained medical staff is usually attempted after 6 - 12 months. Medication is usually necessary if the allergic condition does not clear up even with avoidance of the allergenic foods(s).

Will my child grow out of food allergy?

Most children grow out of their food allergy by 5 years of age. However, some very allergic children will still have problems after this age, especially with fish and peanut, and sometimes with milk and other foods.

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See the ALLSA Internet site at:
<http://www.allergysa.org>

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Is it allergy?

Children always benefit from early diagnosis

Today 1 child in 4 is allergic

Identify allergies using UniCAP RAST testing in
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