

Food allergy and intolerance: what you need to know

There are many myths and misconceptions surrounding food allergy and intolerance. Marianne Williams, an IBS specialist gastroenterology dietitian and medical adviser to The IBS Network, dispels the myths and explains what you need to know about food allergy, intolerance and IBS.

The first, and possibly the most worrying misconception, is that allergy and intolerance are the same. Yes, they can both be used to describe reaction to foods and they often result in similar gut symptoms, but they are very different conditions.

What's the difference?

Allergy involves the immune system and it is the immune system that causes the symptoms. For example, peanut allergy causing anaphylaxis.

Intolerance does not involve the immune system and is caused by the body's ability to process certain components within food. For example, lactose intolerance causing wind, bloating and diarrhoea; fermentable foods (FODMAPs) causing wind, bloating, abdominal pain, loose stools.

Food allergy or intolerance?

Allergy can affect numerous organs within the body, but in some people, it may only affect the gut. Intolerance can result in identical gut-related symptoms. This can make it difficult to work out if you are suffering with 'allergy' or 'intolerance'.

The majority of reactions to food are caused by 'intolerance'. This generally means that small amounts of the offending food can be eaten without any trouble. So, for example, those with lactose intolerance are usually able to consume small amounts of milk without any effects such as 30ml in a cup of tea or coffee. However, if the food is eaten in large amounts or too frequently then symptoms may occur.

In contrast, allergy will generally occur in response to tiny or even trace amounts of the offending food. The symptoms will occur every time the food is consumed, and in my experience, allergy often results in more severe gut symptoms. For example, frequent uncontrollable diarrhoea 10 or more times per day, severe reflux which is not controlled with medication, chronic constipation with one stool every seven to 14 days that may require manual manipulation.

Can you be 'tested' for an allergy or intolerance?

Frustratingly, no matter what you read or see on the high street, there are absolutely no tests for 'intolerance'. I wish there were as it would make diagnosis so much easier.

Rapid allergies, caused by Immunoglobulin E (IgE) immune cells, where symptoms occur within minutes and up to two hours, can be tested using specific IgE blood tests or IgE skin prick tests. However, many cases of gut-related food allergy are caused by what is known as 'non'-IgE immune cells where symptoms are delayed and can take between two to 48 hours to appear. There are no tests for this type of allergy as it uses a different part of the immune system. For this type of allergy, the only way to diagnose the food culprit is to use food elimination followed by food reintroduction with the guidance of a specialist dietitian.

In our clinic, at Somerset Partnership NHS Foundation Trust, while gut symptoms can be debilitating and appear continuous, patients seldom exhibit rapid/sudden reactions to foods. Hence, it is rare that we see any patients who can be reliably 'tested' for their symptoms. In these cases, the gold standard is food removal to determine if symptoms improve, followed by food reintroduction to determine if symptoms reoccur.

What you should know about allergy testing

IgE allergy testing is the only testing recommended. Be aware that many commercial allergy tests may offer Immunoglobulin G (IgG) testing. The presence of IgG is a normal response to food exposure and there is a lack of evidence supporting IgG testing for food allergy, with many world allergy organisations advising against its use.

As allergy testing is only useful for rapid and often severe reactions, for example, peanut allergy, it must be done in an environment with access to resuscitation equipment, in a hospital or GP surgery. Often there are long NHS waiting lists for these tests and understandably in desperation people often end up using other more readily available commercial allergy tests which may not be reliable.

If food restriction is advised following allergy testing, it is important that this is supported and managed by professionals until you have found the culprit foods. Restrictions should only be maintained if they have resulted in clear improvements in symptoms.



By Marianne Williams
Marianne is an award-winning advanced clinical practitioner and specialist gastroenterology community dietitian working for Somerset Partnership NHS Foundation Trust.

If you have a history of anaphylaxis or severe reactions to foods, then please seek specialist medical advice before embarking on any dietary interventions or allergy testing.

I often see patients in clinic who have been advised to remove one or more food groups from their diet and have seen absolutely no improvement in symptoms but have continued long term to use the extremely restricted diet. These patients are at high risk of malnutrition.

Fundamentally, foods should be removed for only two to four weeks and reintroduced immediately if no benefit has been seen.

Is IBS an allergy or an intolerance?

IBS is a functional bowel disorder and is not related to food allergy or immune reactions. However, it is often associated with food intolerance. For example, fermentable foods (FODMAPs).

NOTE: While there is research suggesting that some IBS patients are showing evidence of immune reactions within their gut, it is unclear if these patients are in fact food allergy patients who, due to the similarity of symptoms, have been wrongly diagnosed with IBS, or whether they are patients who are suffering with both food allergy and IBS.

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