

Food Allergies - Fact or Fiction?

Introduction

As many as one in five people believe themselves to be intolerant (or 'allergic') to a food. In fact, less than 1% of the adult population have a true food allergy. With more people self-diagnosing a food allergy, there is a risk of unnecessarily cutting out important foods from the diet and risking nutrient deficiencies.

Allergy or intolerance - what's the difference?

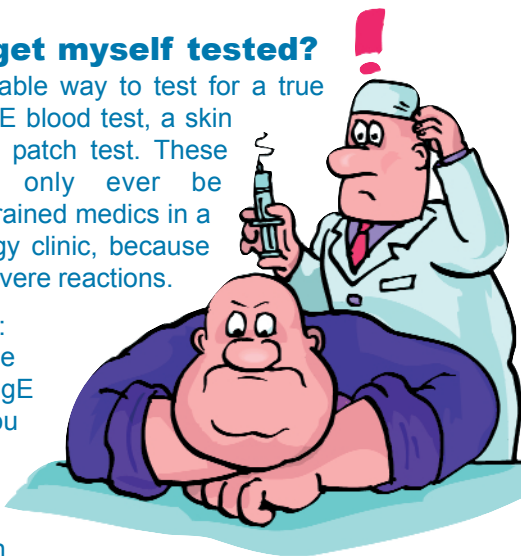
Food intolerance is a term used to describe a whole range of adverse reactions to food, including allergies, enzyme deficiencies and pharmacological effects. It is thought that just 1-2% of adults and no more than 5-8% of children are affected by adverse reactions to food.

A true food allergy is an immediate and sometimes severe reaction by the body to a protein found in a particular food, for example nuts. The allergic response produces lots of IgE antibodies and this can make you feel ill immediately after eating the food. True food allergy is thought to affect 1-2% of children and less than 1% of adults.

How do I get myself tested?

The only reliable way to test for a true allergy is an IgE blood test, a skin prick test or a patch test. These tests should only ever be performed by trained medics in a specialist allergy clinic, because of the risk of severe reactions.

- Blood tests: measure the amount of IgE antibody you produce when you come into contact with an allergen (the food you are allergic to).
- Skin prick tests: work by pricking the skin with a minute quantity of suspect allergens. A reaction shows as a small, red, swollen spot or weal on the skin.
- Patch tests: similar to skin prick tests, except the suspected allergens are applied to the skin, usually the back, using patches. The patches are worn for 48 hours and problem foods will show a red mark on the skin.



Other allergy tests

There are dozens of other tests available, often at a hefty price. Many of these tests are not regarded by

conventional medicine as being effective, and have no place in the diagnosis of true allergies. Be extremely sceptical about:

- Applied Kinesiology (measures muscle strength, and your resistance to foods).
- The Auricular Cardiac Reflex method (tells you about your allergies by monitoring your pulse when suspect foods are offered to you).
- Hair samples (some centres offer a diagnosis by looking at your hair samples, others will place drops of suspect foods under your tongue and monitor how you respond).
- Vega Testing (where your magnetic field "gives away the secrets" of your allergies).

So what if I think I've got a problem?

Be cautious of dubious practitioners around who can give inappropriate advice and may charge you a fortune in the process. If you do want an allergy test, you can find out where recognised tests are carried out in your area through your GP. If you do have a food allergy you may be referred to a registered dietitian who will advise you on any dietary changes that are necessary. It is particularly important to obtain proper medical advice in case symptoms are caused by a medical condition rather than an allergy or intolerance.

If you suspect that your children may have a problem, then it's imperative that you don't dive in without help. Kids need a very well-balanced diet to grow and develop properly and excluding particular foods may cause problems and could put them at serious nutritional risk.

The bottom line is that food allergy and intolerance are both complicated to diagnose and are not as common as some would have us believe. They need a proper medical diagnosis and advice from a registered dietitian for safe and effective management. They also need to be regularly reviewed as allergies and intolerances to foods may change over time.



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