

Food Allergy and Intolerance

**CPC Seminar June 2015
Clare Wall**

Outline

- What is food allergy and food intolerance ?
- How prevalent is it?
- How do we diagnose it?
- How do we manage it?

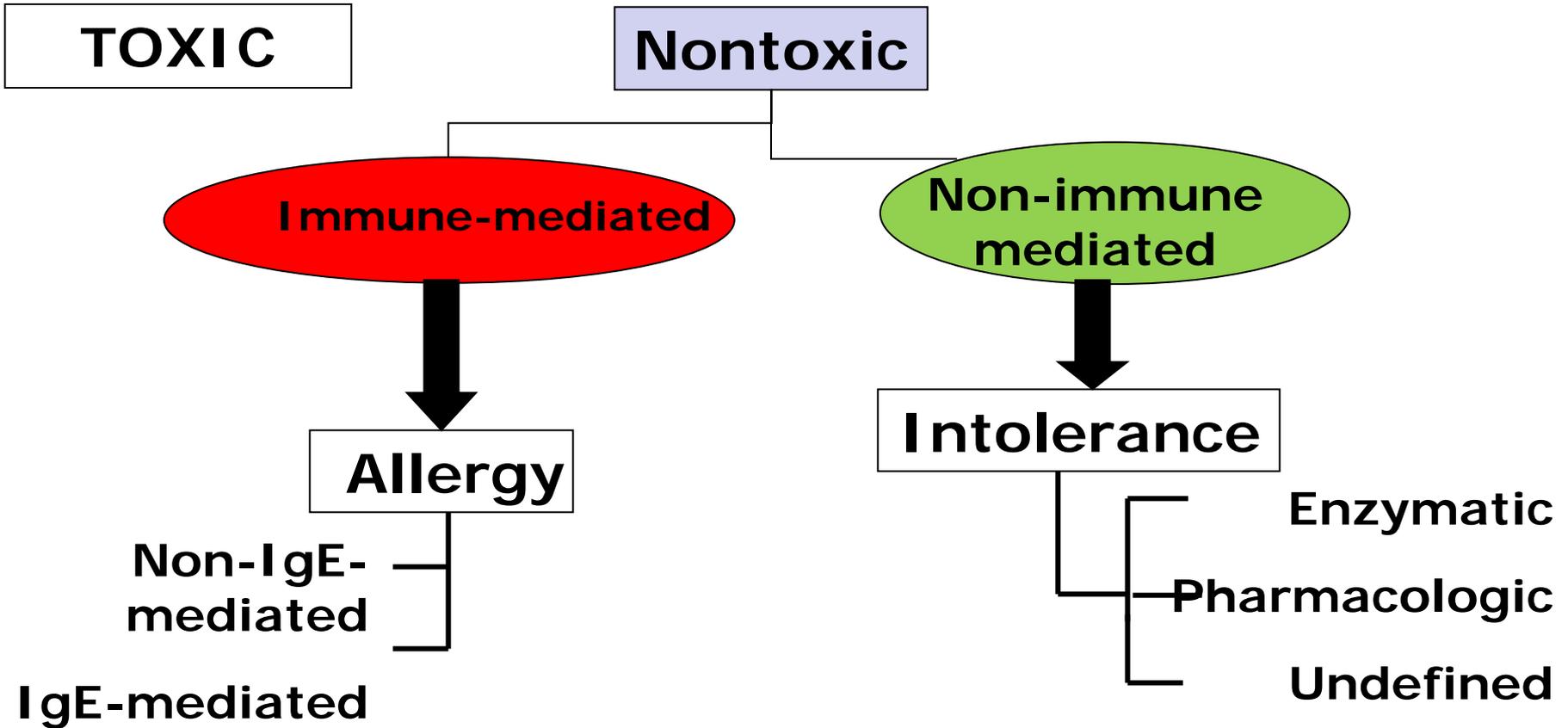
Adverse reactions to food: definition

Any abnormal clinical response attributed to ingestion, contact or inhalation of any food, a food derivative or a food additive

- Toxic
- Non toxic or hypersensitivity

Adverse reactions to food

AND HEALTH SCIENCES



Exposure

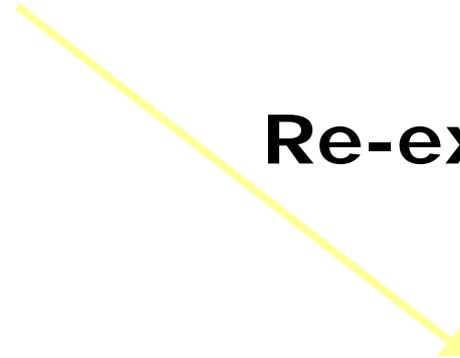
**Genetic
Predisposition**

Sensitization

Re-exposure

Allergy

Symptoms



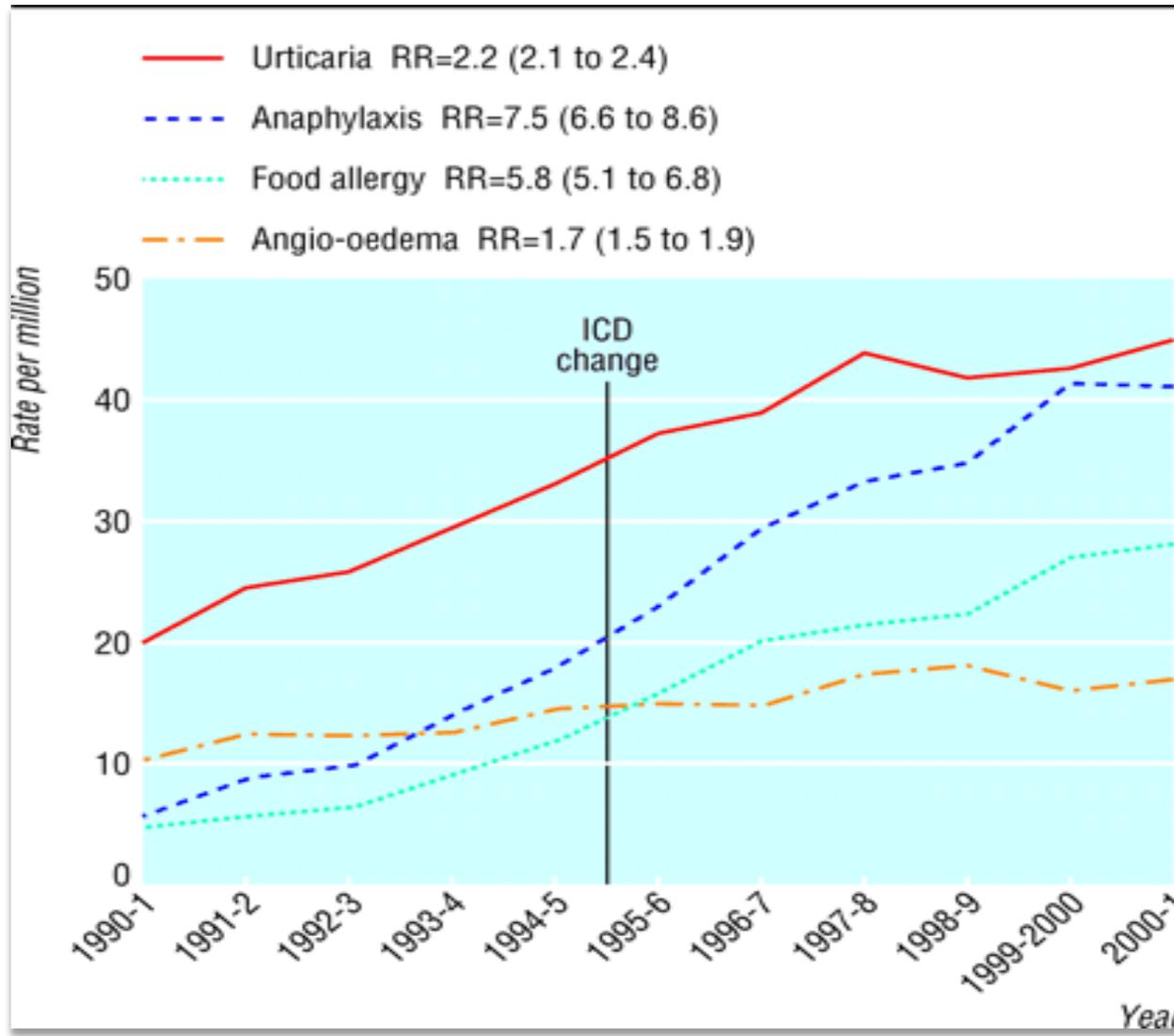
Prevalence of food allergy

Precise prevalence is unknown: Self report vs diagnosis

- Adults: 1.4% - 2.4%
- Children < 3 years: ~ 6%
- Atopic dermatitis (mild/severe): ~35%
- Asthmatic children: 6 - 8%
- Prevalence depends on: Genetic factors, age, dietary habits, geography and diagnostic procedures

Increasing prevalence of allergy

Hospital admissions data from 1990/91 to 2000/01 in England.



Over 11 years total admissions for these disorders increased from 0.02% - 0.06%. (1960 to 6752 out of 49,300 admissions in total).

FOOD ALLERGY Vs FOOD INTOLERANCE

Food allergies, particularly to peanuts, are on the rise, although they are still relatively uncommon, as is allergy to bee and wasp stings.

Symptoms

- Mouth and lips tingling
- Your face swelling
- Feeling sick
- Urticaria (nettle rash or hives)
- Colicky pains in your abdomen
- A feeling of tightness around your throat



In the UK about

1 in 100

people have an allergy to peanuts

1 in 200

people have an allergy to tree nuts.

& about

Common food allergens



EGG



NUT



SESAME



SOYA



SEAFOOD

ANAPHYLAXIS

Anaphylaxis is an extreme form of allergic reaction. It can cause swelling of the lips and tongue, breathing problems, collapse and loss of consciousness. Anaphylaxis can cause death and is therefore a medical emergency.

About

20

people a year die in the UK due to anaphylactic reactions. In about half of these cases, there is no known cause (idiopathic anaphylaxis).



What is intolerance?

A food intolerance is not the same as a food allergy. A food allergy is when the body's immune system reacts abnormally to specific foods. No allergic reaction takes place with a food intolerance.

People with a food intolerance may get digestive symptoms such as



DIARRHOEA



STOMACH CRAMPS



BLOATING

In the UK

ONE in FIVE

thought they suffered with a food allergy

but on formal testing

THE PLACEBO-CONTROLLED
FOOD CHALLENGE

showed that only

7 IN EVERY 500

of adults showed signs of allergy.

In a nutshell (well not if you're allergic!)

Food intolerances are never life-threatening, whereas some allergies are - they can cause anaphylaxis.

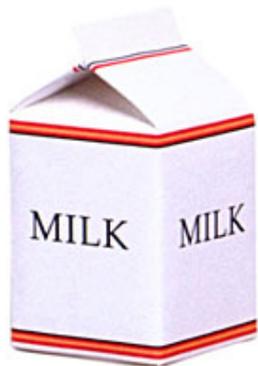
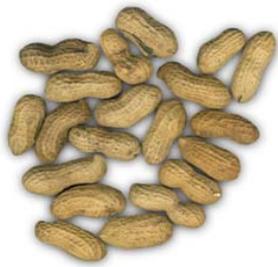


Why increase in Food Allergy ?

- Hygiene hypothesis
- Age of introduction of allergenic foods to infants
- Methods of food processing
- Development of allergy to food by skin exposure

Food Allergy Facts

- Eight foods account for 90% of all reactions

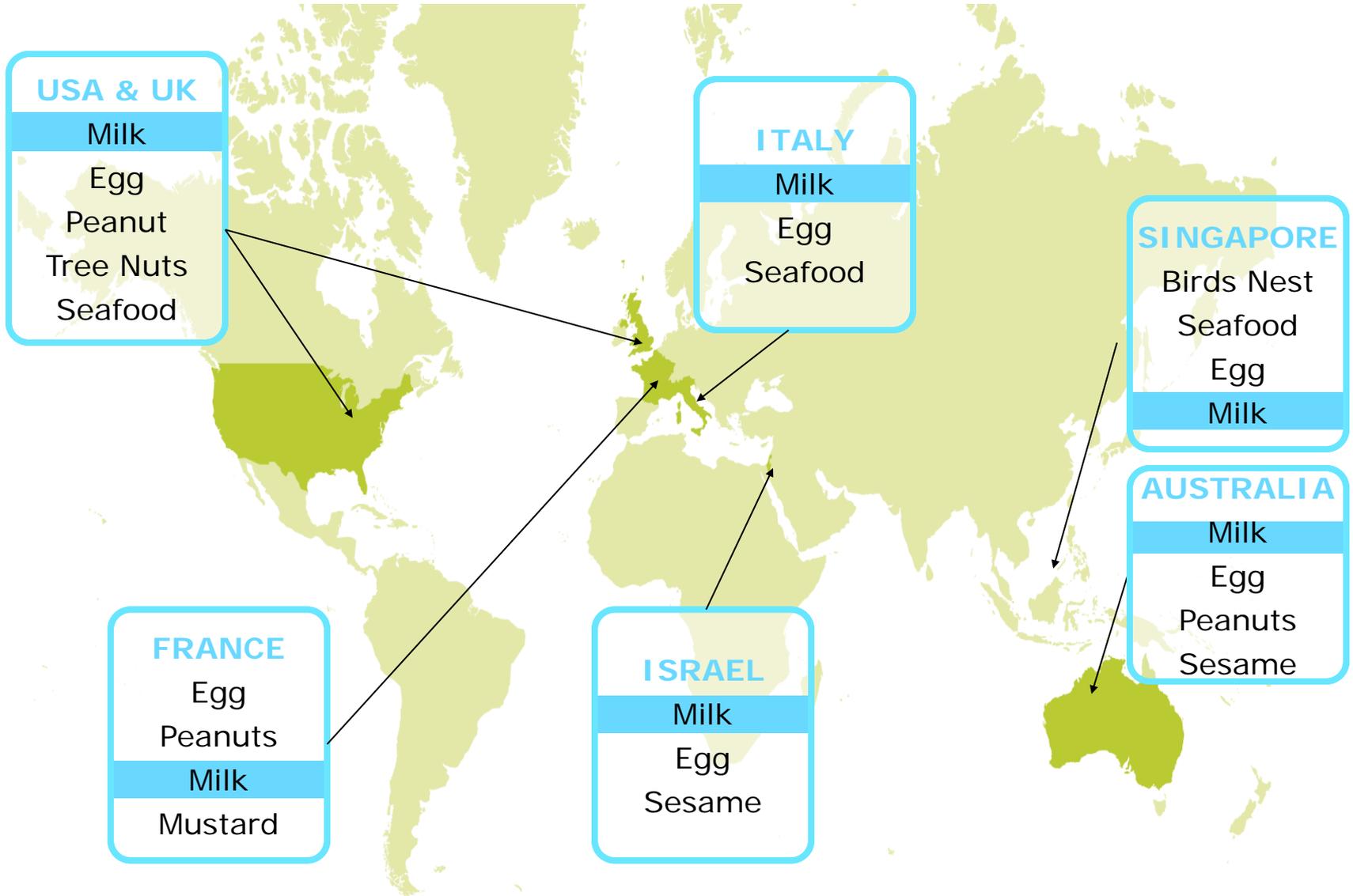


Food Allergy Facts

- Food allergy usually proves to be restricted to 1 or 2 foods
- Young children: milk, egg, peanut, tree nuts, soy, and wheat account for about 90% of cases
- Adolescents and adults: peanut, fish, shellfish, and tree nuts account for about 85%



Food allergy in children: international



Food allergens

Class 1 food allergens:

- Primary sensitizers
- Sensitization may occur through the gastrointestinal tract
- Large Proteins
- Stable to heat, acid and proteases

Class 2 food allergens (cross-reactive):

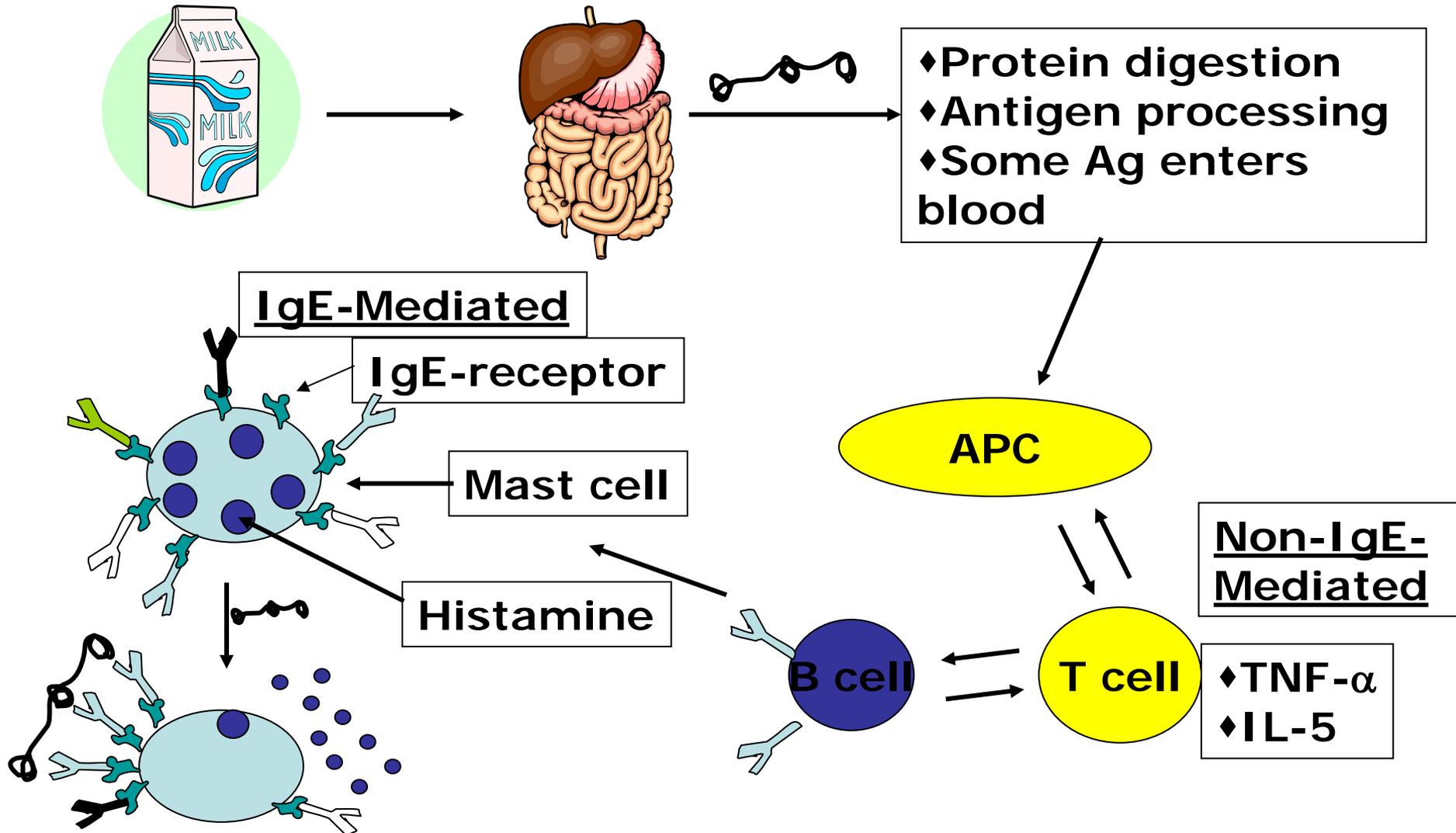
- Generally plant-derived proteins
- Highly heat-labile
- Difficult to isolate
- No good, standardized, extracts are available for diagnostic purposes

If Allergic to:	Risk of Reaction to at Least One:	Risk:
A legume* peanut 	Other legumes peas  lentils beans	5% 
A tree nut walnut 	Other tree nuts brazil  cashew  hazelnut 	37% 
A fish* salmon 	Other fish swordfish  sole 	50% 
A shellfish shrimp 	Other shellfish crab  lobster 	75% 
A grain* wheat 	Other grains barley  rye 	20% 
Cow's milk* 	Beef hamburger 	10% 
Cow's milk* 	Goat's milk goat 	92% 
Cow's milk* 	Mare's milk horse 	4% 
Pollen birch  ragweed 	Fruits/vegetables apple  peach  honeydew 	55% 
Peach* 	Other Rosaceae plum  pear  apple  cherry 	55% 
Melon* cantaloupe 	Other fruits watermelon  banana  avocado 	92% 
Latex* latex glove 	Fruits kiwi  banana  avocado 	35% 
Fruits kiwi  avocado  banana 	Latex latex glove 	11% 

Cross reactivity

Sicherer JACI 2001

Immune mechanisms



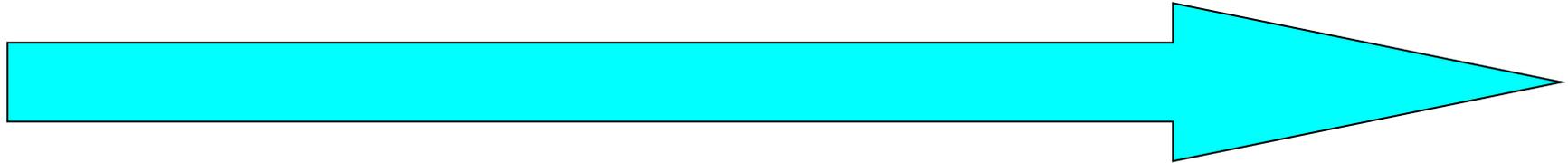
Food allergy: clinical signs

AND HEALTH SCIENCES

IgE

IgE/Non-IgE

Non-IgE



Urticaria/angioedema
Rhinitis /Asthma
Anaphylaxis

Atopic dermatitis

Protein-induced
proctocolitis/enterocolitis

Oral allergic syndrome
Gastrointestinal
symptoms (GIT)

Eosinophilic
gastro-intestinal
disorders

Coeliac disease
Contact dermatitis
Herpetiform dermatitis

Cutaneous food hypersensitivities: atopic eczema

- Generally begins in early infancy
- Food allergy plays in about 35 % of moderate-to-severe atopic dermatitis in children



Cutaneous food hypersensitivities

Acute Urticaria and Angioedema:

- ◆ The most common symptoms of food allergic reactions
- ◆ Acute urticaria due to contact with food is also common



Diagnosis of Food Allergy

- Detailed history
 - Food(s) suspected
 - Specific symptoms
 - Timing of symptoms
 - Reproducibility of reaction
- History may be diagnostic with some acute reactions - verified only 30 – 40% of the time

Skin prick tests – (presence of IgE)

Used for inhalants, foods, venoms and some drugs

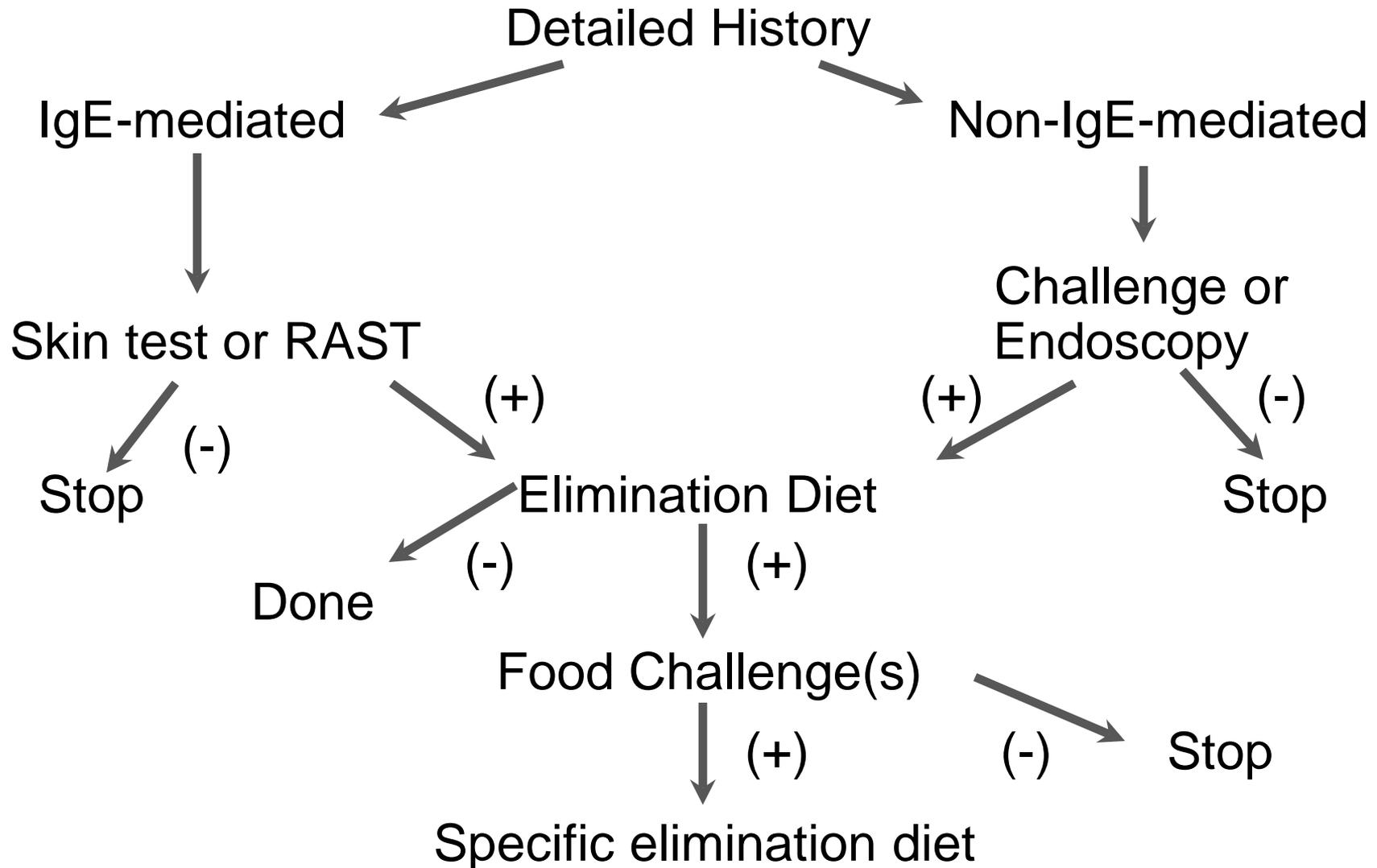
Detect specific IgE bound to cells in the skin



The Diagnosis of Food Allergy

- Is difficult!
- High rate of false positive skin tests and RASTs (poor positive predictive value)
- Must be carefully interpreted
- Oral challenges are the only tests that are more (but still not completely) definitive

Food Allergy - Diagnosis



Food allergy: Management

FSANZ Food Standards Code

- Food Standards Code 1.2.3 includes mandatory labelling of common allergens included as an ingredient, part of compound ingredient, food additive or processing aid.
- Mandatory allergens include:
 - Peanut
 - Tree nuts
 - Cow's milk
 - Egg
 - Soy
 - Fish
 - Shellfish
 - Sesame
 - Gluten (must state grain source)
- Despite this regulation, some labels may not comply and therefore it is still important to educate about the various names for the allergens



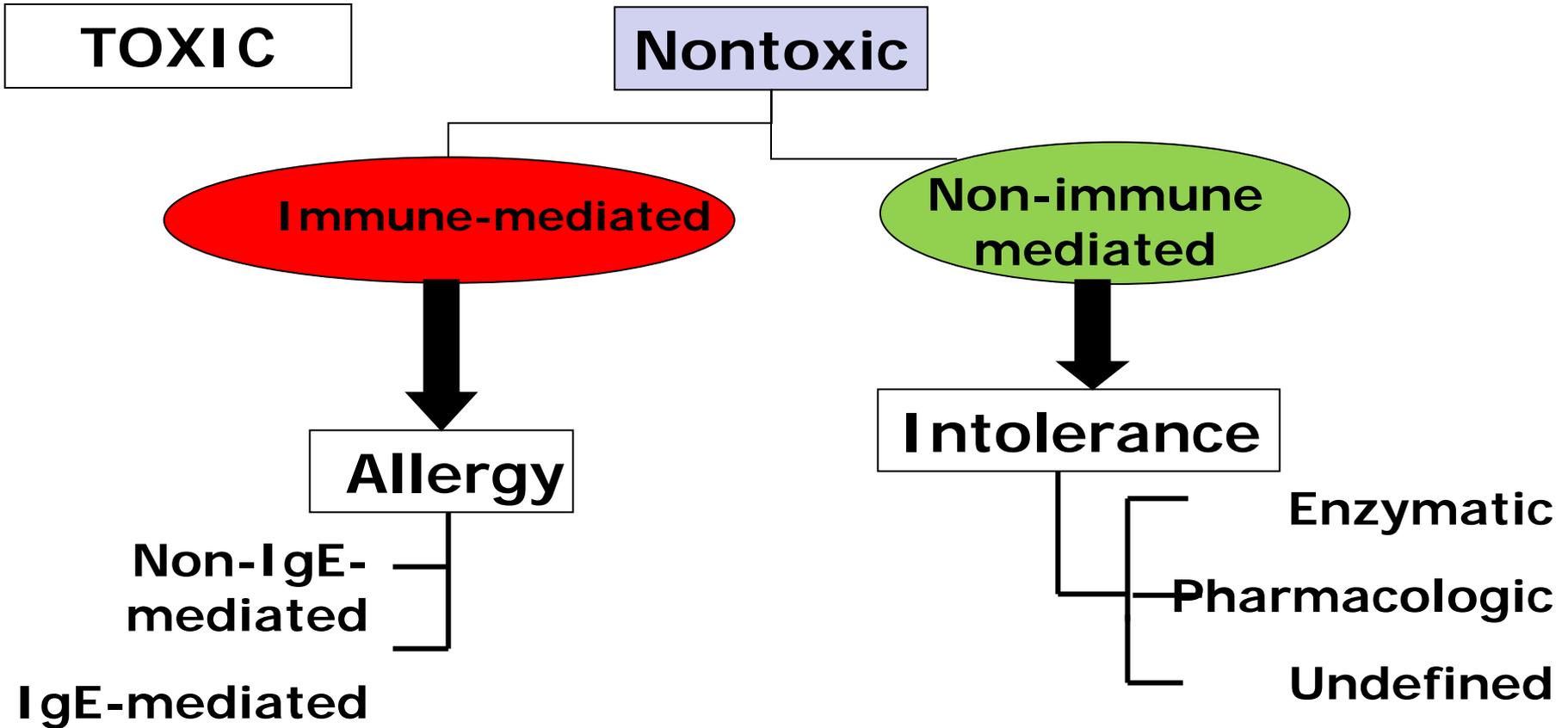
Nutrients at risk with exclusion diets:

Food	Nutrients at risk with exclusion	Substitute food
Cow's milk	Calcium Protein, fat Vit A, Vit D, Vit B12, riboflavin, pantothenic acid, phosphorus	Calcium: soy or specialised formula; fortified soy, rice, nut or oat beverage Protein, fat, Vit D: meat, poultry, legumes, nuts, wholegrains, soy beverage, specialised formula
Soy	Thiamine, phosphorus, riboflavin, magnesium, Vit B6, iron, folate, calcium	Meat, wholegrains, legumes
Egg	Vit B12, pantothenic acid, riboflavin, selenium, folate, biotin Protein, fat	Meat, poultry, legumes, wholegrains
Wheat	Thiamine, riboflavin, niacin, iron, selenium, folate, biotin Protein, fat	Oats, rice, quinoa, aramant, rye, buckwheat, barley, corn, millet
Nuts	Niacin, Vit E, magnesium, manganese, chromium	Meat, wholegrains, legumes, vegetable oils
Fish, shellfish	Niacin, Vit B6, Vit B12, Vit E, phosphorus, selenium, iodine	Meat, poultry, grains, legumes, vegetable oils
Meat (beef, chicken)	Iron, zinc, Vit B12, protein	Fish, shellfish, wholegrains, legumes, seeds, nuts

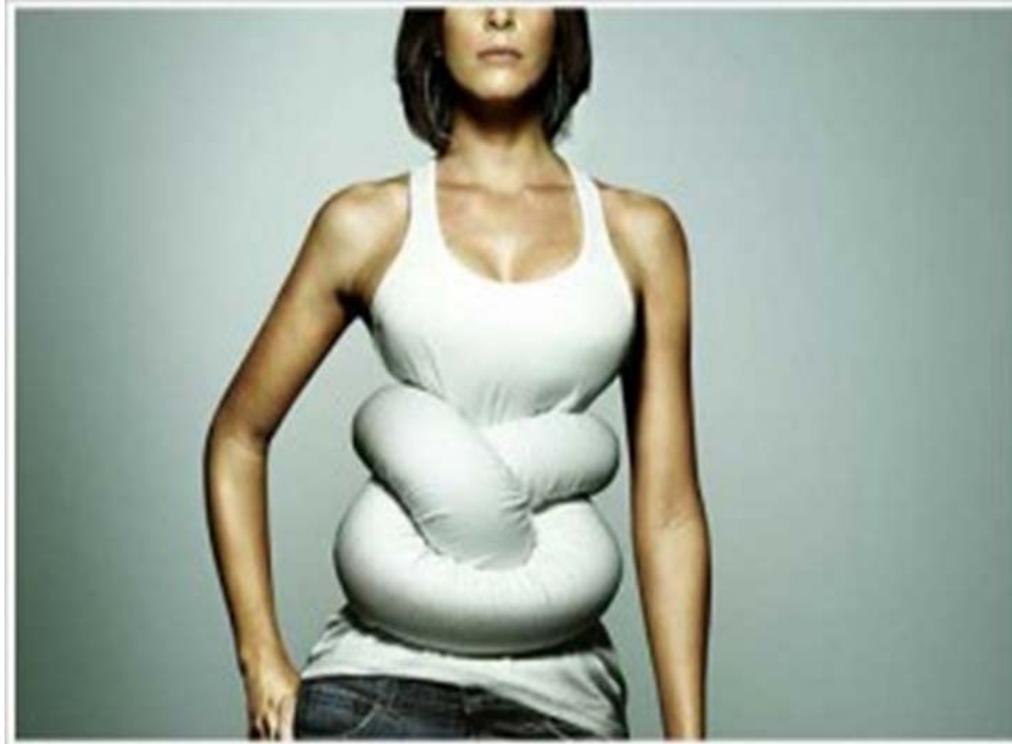
Ref: Pediatric Annals 37:8 August 2008.

Adverse reactions to food

AND HEALTH SCIENCES



Food Intolerance - IBS



Dietary exclusions – Irritable Bowel Syndrome

- IBS - multiple food sensitivities
 - Intolerance rather than allergy
- Exclusion diets - patients diaries etc and foods with recognized association with IBS
- 50% response rate
 - Depends on enthusiasm of patient and dietitian
- Recent interest in FODMAPs diet
 - fructose intolerance – better response in motivated patients

Fermentable



Fructans



Oligosaccharides

Galactans



Disaccharides

Lactose



Monosaccharides

Fructose



And

Polyols

Sugar Alcohols



Low FODMAP diet for Irritable Bowel Syndrome

- ▶ [Dept of Gastroenterology home](#)
- ▶ [Irritable Bowel Syndrome - Low FODMAP diet home](#)
- ▶ [Research](#)
 - [FODMAP diet updates](#)
 - [Participants sought](#)
- ▶ [Resources & products](#)
 - [Low FODMAP Diet App](#)
 - [Low FODMAP Diet Booklet](#)
 - [Workshops/Seminars](#)
 - [2013 public lecture](#)
- ▶ [Frequently Asked Questions \(FAQs\)](#)
- ▶ [Low FODMAP Certification Program](#)
 - [About the scheme](#)
 - [For industry](#)
 - [Eligibility](#)
 - [Checklist](#)
 - [Expression of Interest For Consumers](#)
 - [For Health Professionals](#)
 - [Certified Products](#)
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The Low FODMAP diet was developed by researchers at Monash University. The Monash team, led by Peter Gibson, provided the first evidence that a Low FODMAP diet improves IBS symptoms. Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder affecting one in seven Australian adults and is also common in the USA, Europe and many Asian countries. IBS is characterised by chronic and relapsing symptoms; lower abdominal pain and discomfort, bloating, wind, distension and altered bowel habit (ranging from diarrhoea to constipation) but with no abnormal pathology. The diagnosis of IBS should be made by a medical practitioner.

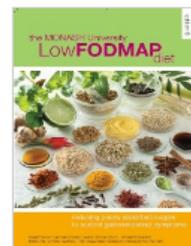
Join the Conversation



The Monash University Low FODMAP diet

The research team at Monash University have developed a diet to control gastrointestinal symptoms associated with IBS/FGID focusing on a group of carbohydrates called FODMAPs. Current research strongly suggests that this group of carbohydrates contributes to IBS/FGID symptoms.

Low FODMAP resources [Read more FODMAP news](#)



- [More about the Low FODMAP App](#)
- [iPhone \(launch December 2012\)](#)
- [Android \(launch November 2013\)](#)
- [Online purchase of the Monash University Low FODMAP Diet booklet \(hard copy only\)](#)
- [Order form for the Monash University Low FODMAP Diet booklet \(hard copy only\) when paying by cheque](#)
- [Participants sought for research studies](#)
- [Monash University FODMAP blog](#)
- [Monash University Seminars & Workshops](#)

COMMON FOODS CONTAINING FODMAPs

EXCESS FRUCTOSE	LACTOSE	FRUCTANS	GALACTANS	POLYOLS
<p>> Fruits apples, pears, nashi, mangoes, tinned fruit in natural juice, watermelon</p> <p>> Sweeteners fructose, high fructose corn syrup</p> <p>> Large total fructose dose concentrated fruit sources, large serves of fruit, dried fruit, fruit juice</p> <p>> Honey</p> 	<p>> Milk cows', goats' and sheeps' milk, yoghurt, ice cream</p> <p>> Cheeses soft and fresh (eg. ricotta, cottage)</p> 	<p>> Vegetables artichokes, beetroot, asparagus, Brussels sprouts, cabbage, fennel, garlic, leeks, okra, onions, spring onions (white part), shallots</p> <p>> Cereals wheat and rye when eaten in large amounts (eg. bread, pasta, couscous, crackers, biscuits)</p> <p>> Fruits watermelon, custard apples, persimmons</p>	<p>> Legumes chickpeas, lentils, red kidney beans, baked beans</p>  	<p>> Fruits apples, apricots, cherries, lychees, nashi, nectarines, pears, peaches, plums, prunes, watermelon</p> <p>> Vegetables avocados, mushrooms</p> <p>> Sweeteners sorbitol (420), mannitol (421), xylitol (967), maltitol (965), isomalt (953)</p> 

✓ SUITABLE ON A LOW-FODMAP DIET

FRUIT	VEGETABLES	MILK PRODUCTS	GRAIN FOODS	OTHERS
<p>> Fruit bananas, grapefruit, blueberries, grapes, honeydew melons, kiwifruit, lemons, limes, mandarin, oranges, pawpaw, passionfruit, tangelos, raspberries, rock-melons, strawberries, tangelos</p> 	<p>> Vegetables bamboo shoots, bok choy, carrots, celery, capsicums, chokos, choy sum, corn, eggplant, green beans, lettuce, chives, parsnips, pumpkins, silver beet, spring onions (green part only), tomatoes</p> <p>> Onion/garlic substitutes garlic-infused oil</p>	<p>> Milk lactose-free, rice milk</p> <p>> Cheeses 'hard' cheeses, and brie and camembert</p> <p>> Yoghurt lactose-free</p> <p>> Ice-cream substitutes gelati, sorbet</p> <p>> Butter substitutes milk-free spread</p> 	<p>> Cereals gluten-free bread/ cereal products</p> <p>> Bread 100% spelt bread</p> <p>> Rice</p> <p>> Corn</p> <p>> Oats</p> <p>> Polenta</p> 	<p>> Sweeteners sugar (sucrose), glucose, artificial sweeteners not ending in '-ol'</p> <p>> Honey substitutes maple syrup, golden syrup</p> 



KEEP
CALM
ITS
GLUTEN
FREE

Gluten related disorders

Pathogenesis

Autoimmune

Coeliac Disease

Dermatitis herpetiformis

Gluten Ataxia

Symptomatic

Silent

Potential

Allergic

Wheat Allergy

Respiratory Allergy

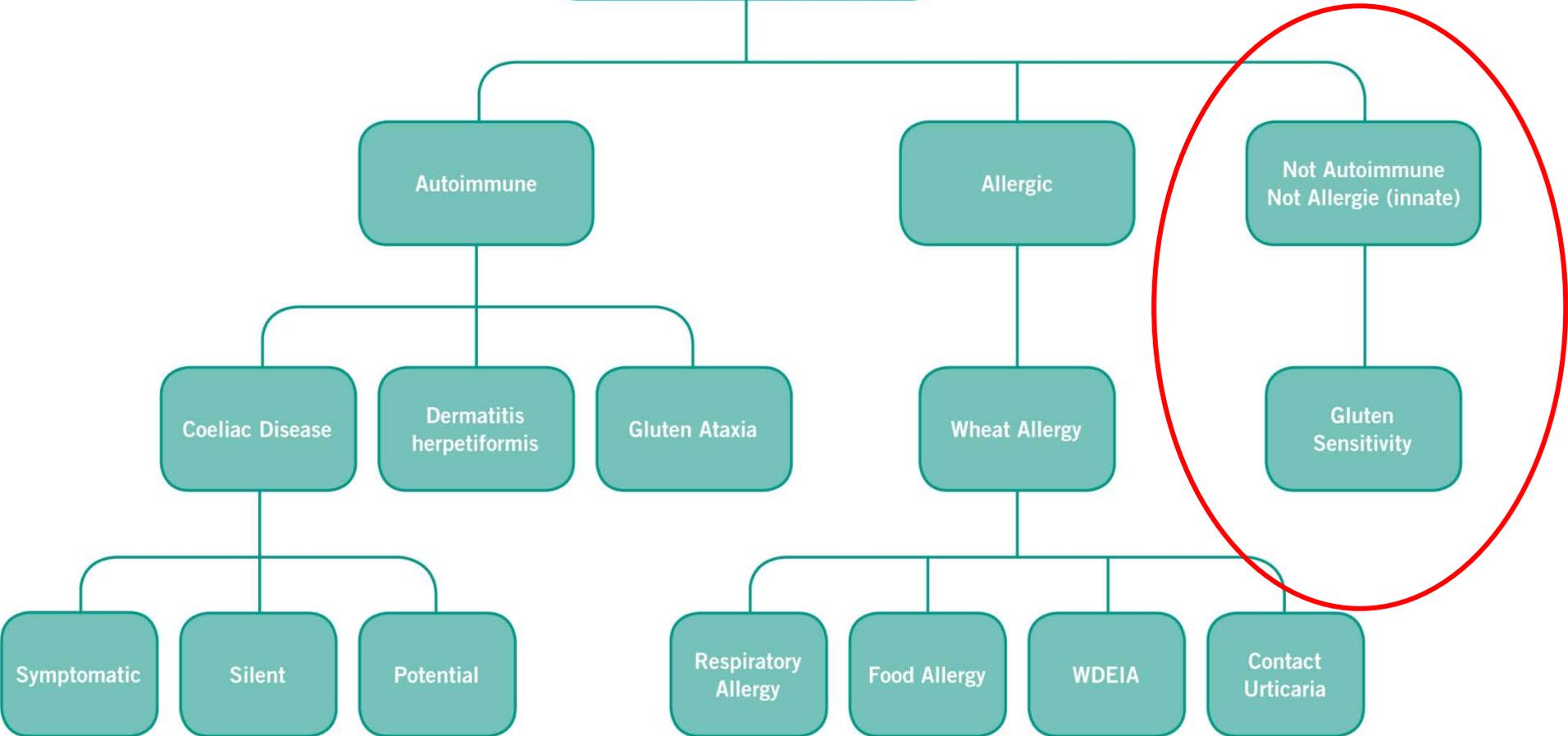
Food Allergy

WDEIA

Contact Urticaria

Not Autoimmune
Not Allergic (innate)

Gluten Sensitivity



Gluten

Grain

Prolamines



WHEAT

GLIADINS



BARLEY

HORDEINS



RYE

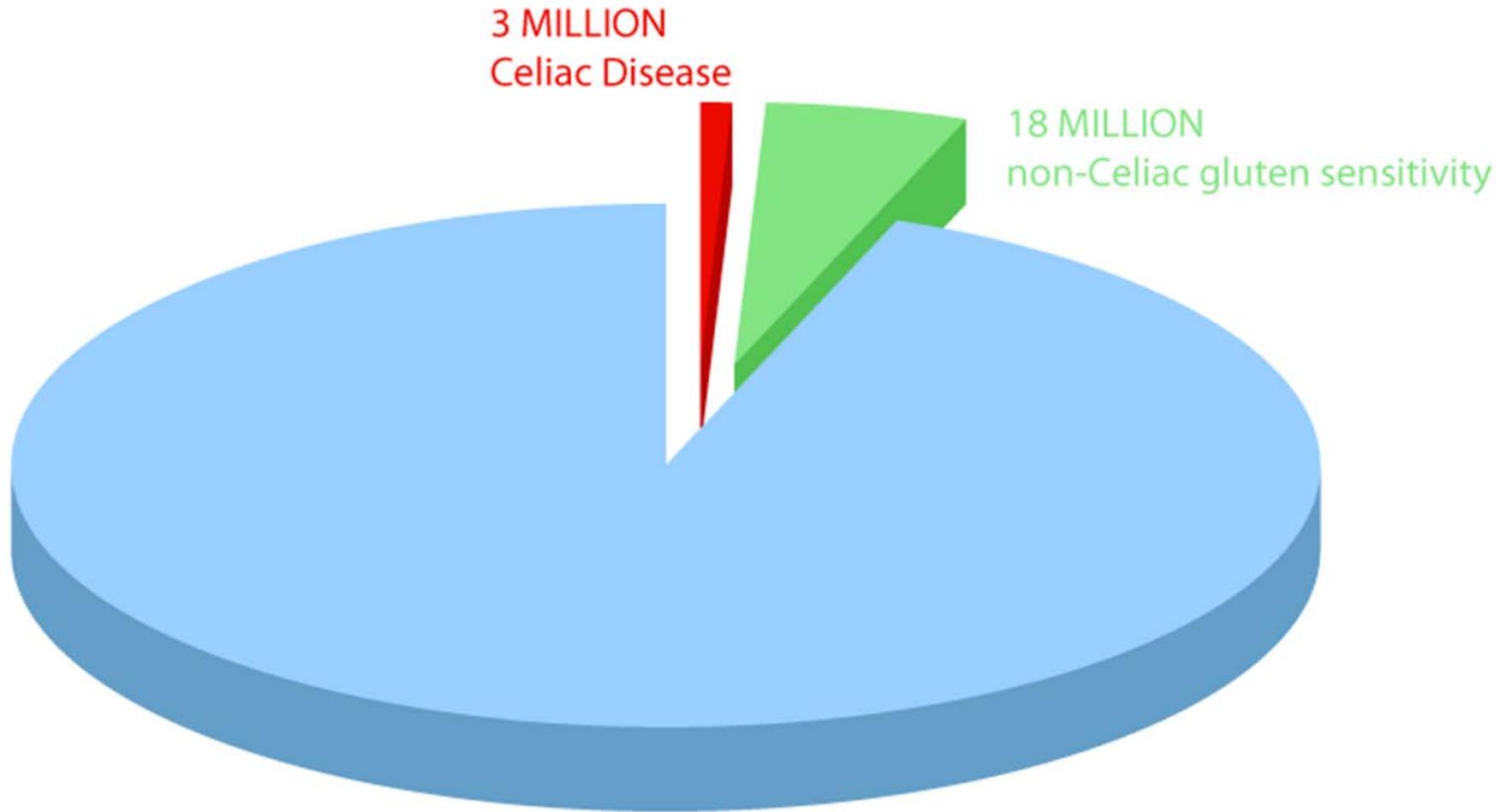
SECALINS



OATS

AVENIN

US Data



Sources of Gluten

- **OBVIOUS**

- Bread
- Bagels
- Cakes
- Cereal
- Biscuits
- Pasta / noodles
- Pastries / pies
- Rolls



- **Not so OBVIOUS**

- Sauces
- Gravy
- Cornflakes
- Deli Meats
- Meat products
- Seasonings
- Lipsticks
- Medication
- Stamp glue
- Play dough



- Amaranth
- Arrowroot
- Buckwheat
- Corn
- Flax
- Millet
- Montina
- Oats ?
- Potato
- Quinoa
- Rice
- Sorghum
- Tapioca
- Flours made from nuts, beans and seeds





Gluten Free



Food Standards

FSANZ



Gluten Free

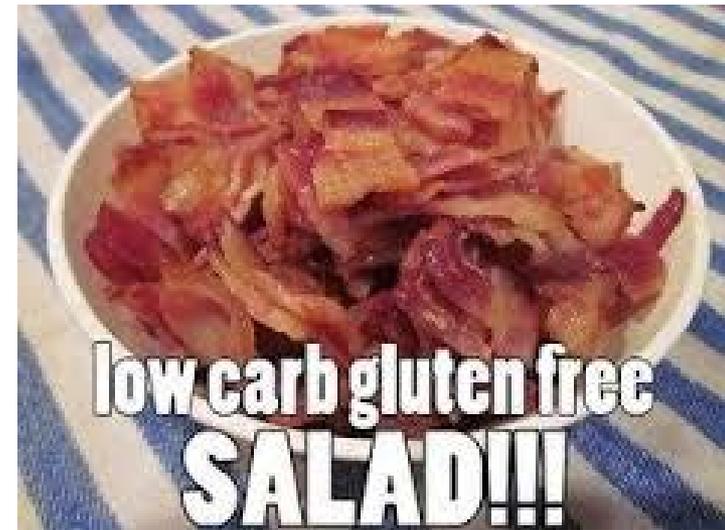
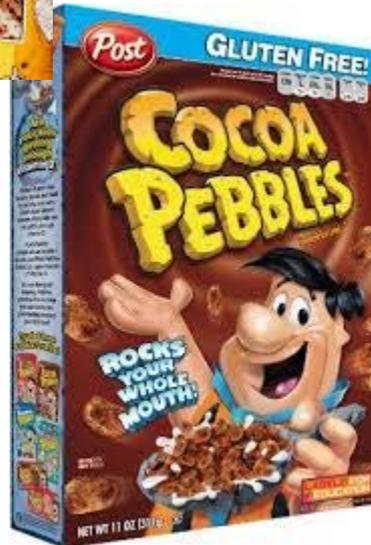
No Detectable Gluten

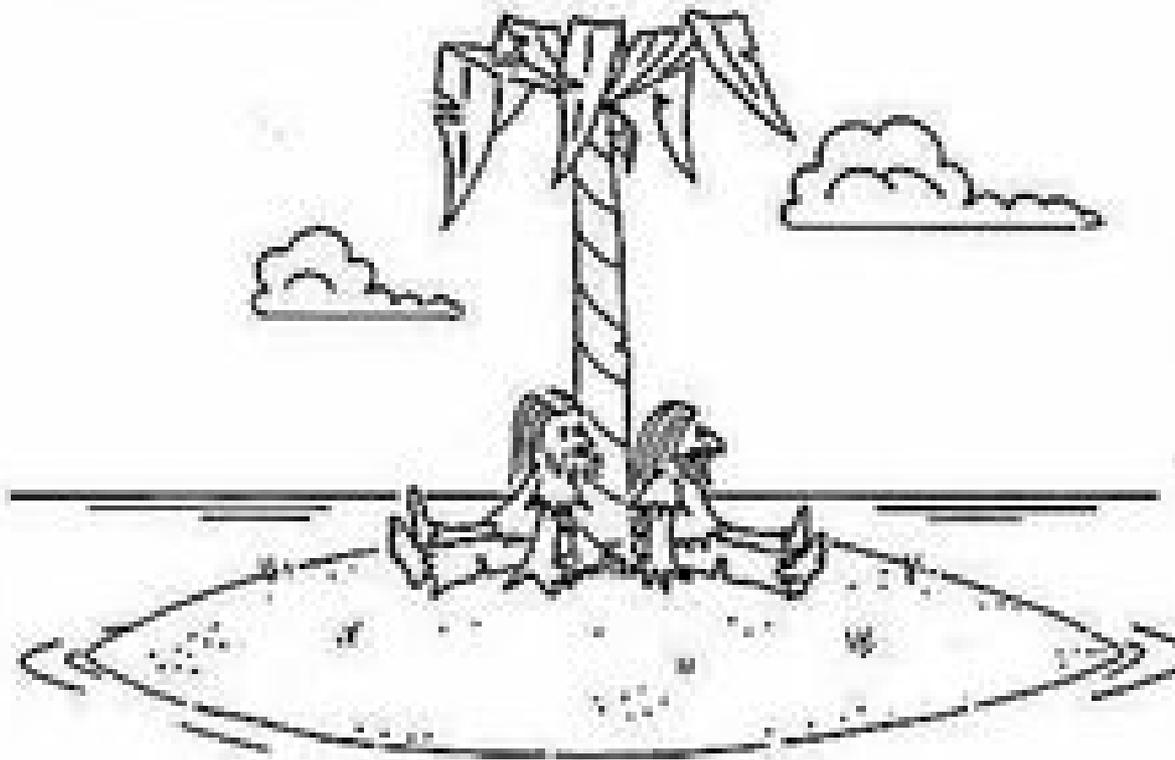
CODEX



< 20 ppm Gluten

Gluten Free Healthy-Yeah Right !





*"I REALLY HOPE
COCONUTS ARE GLUTEN FREE"*

Summary

- ✓ Main foods causing food allergy are milk, eggs, peanuts, wheat, soy, tree-nuts, fish and shell-fish
- ✓ Rates of food allergy have risen significantly
- ✓ Up to 5% of the population overall are likely to have food allergy
- ✓ Important to have correct diagnosis
- ✓ Dietitian should be involved with management
- ✓ Important to ensure nutrient intake is adequate
- ✓ Food intolerances are difficult to diagnose
- ✓ Dietary management of food intolerance is complex
- ✓ Going gluten free isn't always the answer!

Allergy New Zealand website:

<http://www.allergy.org.nz/>

Coeliac New Zealand website:

<http://www.coeliac.org.nz/>

Food Standards Australia New Zealand website:

<http://www.foodstandards.govt.nz/>