

FOOD ALLERGY IN ADULTS

IgE-mediated



REFERRAL INFORMATION FOR PRIMARY CARE

PLEASE CONSIDER REFERRING PATIENTS WHO PRESENT WITH THE FOLLOWING 3 KEY FEATURES:

1. Suggestive symptoms *reproducibly* associated with ingestion of specific food(s)
2. Symptoms presenting *within 1 hour of ingestion*
3. Suggestive symptoms:
 - oral itching/tingling
 - urticaria and/or angioedema (mucosal or cutaneous)
 - symptoms of bronchospasm
 - symptoms suggestive of hypotension (e.g. syncope)

THE PRESENCE OF ANY OF THE FOLLOWING FEATURES SUGGESTS SYMPTOMS ARE NOT DUE TO FOOD ALLERGY:

- there is no consistent relationship to a particular food trigger, either by ingestion, inhalation (such as via aerosols from cooking) or contact (in the case of localised contact urticaria); a diary of symptoms and foods ingested within an hour of onset would be helpful to assess reproducibility/association;
- symptoms are spontaneous, without any apparent triggering factor, or come on overnight or before breakfast in the morning, (i.e. several hours after the patient last ate);
- symptoms have physical triggers, such as minor trauma, temperature changes, sweating or exposure to water;
- symptoms persist for several days at a time, with or without variation in intensity over that period;

SOME EXCEPTIONS - ATYPICAL PRESENTATIONS:

There may be exceptions to the 3 key features above. Referrals *with full details* can be made in these cases:

- occasionally, typical symptoms (as detailed above) can develop beyond 1 hour of food ingestion, but the longer the interval the less the likelihood of food allergy;
- need for co-factors;
- atypical allergen.

CO-FACTOR-ENHANCED FOOD ALLERGY (CEFA)

An inconsistent association between symptoms and ingestion of a specific food can be due to a necessary contribution from co-factors (such as, exercise, NSAIDs, alcohol, viral infections, sleep deprivation, emotional stress, menstrual period, ingestion of food after a period of fasting). As an example, wheat may be tolerated in the absence of exercise but may cause symptoms when ingested in temporal association with exercise.

ALPHA-GAL ALLERGY:

Allergy to the carbohydrate alpha-gal (galactose-alpha-1,3-galactose), present in mammalian meats; symptoms can develop up until 3 – 8 hours after ingestion of mammalian meats (beef, pork, lamb, etc.) and may not develop with every instance of ingestion; please refer in these cases.

ADDITIONAL NOTES TO CONSIDER:

- Random screening for specific IgE to foods should ***not*** be done. These tests should be targeted to allergens suggested by the history. Testing to individual allergens rather than mixtures (e.g. peanut and cashew nut rather than ‘mixed nuts’) is recommended.
- Gastro-intestinal symptoms (e.g. bloating, abdominal cramps, nausea, vomiting, diarrhoea) if occurring in isolation, are highly unlikely to be due to food allergy.
- In adult patients with eczema only, there is little to be gained by investigating for food allergy, and advising food exclusion can be harmful risking loss of tolerance and the possibility of IgE-mediated reactions on subsequent re-exposure. Please consider referring to dermatology according to severity. Note that patients with atopic eczema and a high total IgE frequently have false-positive IgE results to food allergens, so dietary advice should not be given on this basis alone.
- Weight loss, weight gain, headache (including migraine), confusion, depression, lack of concentration, vertigo, tiredness (including chronic fatigue syndrome) and hair loss can never be explained in terms of allergy. The same is almost always true of isolated abdominal symptoms such as bloating. Even if “food intolerance” exists as a diagnostic entity beyond the well-defined entities of gluten intolerance (i.e. coeliac disease) and lactose intolerance (an enzyme deficiency), there are no validated diagnostic tests or therapies (other than avoidance).