

FOOD ALLERGY



REFERRAL INFORMATION FOR PRIMARY CARE

PLEASE CONSIDER REFERRING PATIENTS WHO PRESENT WITH THE FOLLOWING:

1. Consistent symptoms upon ingestion of specific food(s)
2. Symptom presenting within 2 h 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 cooking vapours) or contact (in the case of localised contact urticaria)
- symptoms are spontaneous, without any apparent triggering factor, or come on overnight or first thing in the morning (several hours after or before the patient has eaten anything)
- 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
- the patient develops angioedema while on treatment with an ACE inhibitor

ATYPICAL PRESENTATIONS:

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); please refer in these cases.

FOOD-DEPENDENT EXERCISE-INDUCED ANAPHYLAXIS/ALLERGY (FDEIA)

- symptoms varying in severity from anaphylaxis to isolated urticaria can develop in the context exercising and ingesting specific foods (most commonly wheat), either before or after exercise; of note intensity of physical activity need not be especially strenuous.

CO-FACTORS

- there are several co-factors that have been reported to lead to allergic reactions when associated with food ingestion, in addition to exercise, such as NSAIDs and alcohol, emotional stress, menstrual period, viral infections.

ADDITIONAL NOTES TO CONSIDER:

- A delay of more than 2 hours between food ingestion and onset of symptom is extremely rare;
- 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 patients with eczema only, there is little to be gained by investigating as allergy; please consider referring to Dermatology according to severity;
- 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 vague abdominal symptoms such as bloating (these can, however, be due to irritable bowel syndrome, undiagnosed coeliac disease or other organic pathologies). Even if “food intolerance” (e.g. to wheat) does exist as a diagnostic entity, there are no validated diagnostic tests or therapies (other than avoidance).