

Recognizing Food Allergies

Let's face it. We all enjoy eating in one way or another. It doesn't matter whether you are really health conscious, watching the fat, calories, fiber and trying to diet, or whether you have the kind of metabolism that lets you eat anything and never gain weight. Eating is just one of the finer, little pleasures of life. But all of us need to know that sugars, proteins and additives can cause mild and even serious, life threatening reactions. Food allergy hypersensitivity occurs in an allergic individual when the immune system reacts to the food or something in the food, and causes symptoms similar to ragweed allergy or a bee-sting. This is different from food intolerance, a more general term that which describes any abnormal reaction to a food or additive, and is not an allergy.

How common are food allergies? Studies are limited, however, in a study of Danish children, cow's milk allergy was found to be 2.2%. In another study, approximately 4% of children up to age 3 were found to have food allergies. Studies in adults are even more limited, with as many as 2.4% having food allergy and intolerance. Reactions to additives are very infrequent, occurring in less than 1% of adults.

Only a few foods cause most allergic reactions, and symptoms usually occur within minutes of eating the food. These reactions occur in all age groups, and the individuals that react to foods usually have other allergies, asthma or eczema. In allergic infants and children, because the gastrointestinal system is also immature, food substances may also penetrate the system and cause reactions. And some studies suggest that exclusive breastfeeding may prevent some food allergies and eczema from occurring.

Can one outgrow food allergies? Interestingly, some, but not all, children and adults may outgrow milk, egg, and wheat allergies if foods are avoided for at least 1-2 years. Peanut and shellfish allergies are more serious and last a lifetime, although some new research suggests that 20% of peanut allergic individuals may outgrow the allergy. In children, the foods commonly causing allergies include egg, milk, peanut, tree nuts and (less commonly) wheat, fish, soy, shrimp and pea. In adults, foods causing most allergies include fish, shellfish, tree nuts, peanuts, and seeds (sesame). Food proteins are often resistant to heat and therefore cooking or boiling may not prevent the food from causing symptoms.

In adults and children, food allergy may cause a wide variety of symptoms and reasonable typical pollen allergies or a bee-sting. For mild to moderate itching, runny nose, eye itching or hives, one can use one of the newer non-sedating antihistamines, such as Clarinex or Xyzal. Nasal steroids such as Nasonex, are effective for nasal congestion or drainage. For mild coughing or wheezing, immediate use of a fast acting bronchodilator such as Proventil. Should help reduce and eliminate symptoms. More severe reactions may include chest tightness, wheezing, abdominal pain, nausea, vomiting, diarrhea, flushing, hives or swelling. On rare occasions, anaphylaxis may occur which is associated with a decrease in blood pressure, lightheadedness and shock. You should immediately use an adrenaline (epinephrine) auto-injector, call your physician and/or 911, and start antihistamines.

If you suspect a food allergy or intolerance, consult your allergist for a thorough history, physical examination and testing. Food prick skin testing or blood antibody testing can reliably rule out an allergy. Food intolerances are more difficult to evaluate, and commercially prepared foods may have hidden sources of problem foods. For individuals who have experienced severe reactions or anaphylaxis, preparation of special diets and careful elimination and challenge, should be done under the guidance of a physician in conjunction with a dietitian in a hospital or special setting.