

Dear Readers: This is the free newsletter of the Asthma & Allergy Foundation of America, Texas Chapter. If you do not wish to receive other newsletters from AAFA-TX, please request we remove your address. To subscribe, email your request to info@aafatexas.org. Addresses are never shared. Thank you. Please add new sender's email (joanhart@aafatexas.org) to your address book to ensure delivery. Welcome SAFER Houston, a food allergy, asthma and allergy support group affiliate of AAFA-TX.

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MORE ON FOOD ALLERGY

* In the USA, 3% of elementary aged children and 2% of adults have proven food allergies. Most other people will sometimes have an *unpleasant reaction* to a food – an *intolerance*. A true food allergy is an abnormal immune system response to a food; food intolerance is sensitivity, not an immune reaction. The difficulty is in **determining if a person does have a real food allergy or is only sensitive (intolerant) to a food.**

* **Children are most commonly allergic to** cow's milk, hen's eggs, peanuts (a legume, not a nut), tree nuts (like pecans, almonds, walnuts), soybeans and wheat. Note: **peanut allergy** in the US **has doubled** between 1997 and 2002. Sometimes children can "outgrow" or become "tolerant" to some of their allergies to milk, eggs, wheat and soybeans.

* **Adults are most allergic to** peanuts, tree nuts, fish, shellfish (shrimp, crabs and lobster), mollusks (clams, oysters and mussels), eggs, fruits and vegetables. Adults rarely learn to "tolerate" their food allergies.

* These aren't the only foods someone can be allergic to; **any food could cause an allergic reaction** including berries, cinnamon, citrus fruits, coconut, corn, mustard, pork, buckwheat, chocolate, sugar, tomatoes, dairy foods and wheat, among others. The **signs of food allergy** vary and can include any of these: **skin reactions** like hives; red sandpaper-like facial rash, or dry scaly itchy skin (mostly on the face); swelling in hands and feet; puffy eyelids; dark under eye circles; swelling lips; sore tongue; **respiratory reactions** like sneezing, runny or stuffy nose; wheezing; watery eyes; chest rattle; persistent cough; congestion; bronchitis recurring ear infections; **digestive** signs such as a burn-like rash around the anus; abdominal discomfort; diarrhea; constipation; intestinal bleeding; poor weight gain; bloating, gas, or excessive spitting up; vomiting; **behavioral** symptoms include fatigue; migraines; hyperactivity; crying; irritability; sleep problems; anxiety; crankiness; sore muscles and joints. Food allergy reactions can have such severe consequences (anaphylaxis leading to death) so it's vital to **always avoid food allergens, the substances that cause the allergy reaction.** To do this, the first step is a **proper diagnosis:** is it food allergy or food intolerance? If it is an allergy, **what are you allergic to?**

* **Food allergy testing** should be done by an allergy and immunology specialist. Some methods used to test for food allergies include **1) a RAST** (Radio-Allergo-Sorbent Test) **blood test**, which measures the antibodies in the bloodstream to certain food allergens. A RAST test has a **high degree of false negatives** meaning it doesn't detect all the food allergies a patient might have. **2) A skin prick test** is helpful in uncovering hidden food allergies, but they have a **high incidence of false positives**, meaning the skin test is likely to show that patients are allergic to a food when really they're not yet a **negative skin test** (the patient doesn't react to a certain food allergen injected in the skin) is reliable. **3) A Controlled Food Challenge** is usually the best test but these could be dangerous by triggering an anaphylactic reaction in the patient being "challenged" (eating a small amount of the suspected food). The test is "blind" in that patients don't know which food they're testing. **4) An Open Food Challenge** isn't blinded, the patient knows which food is being tested. In both cases, some of the suspected offending food is eaten, then after 15 minutes reactions might show up if there is an allergy to that food. Food challenges **should always be done in a physician's office** under medical supervision.

* Testing sounds complicated, doesn't it? It is. Many of the signs of food allergy could also be symptomatic of other health issues, making it even harder to diagnose food allergies. Many who think they have food allergy might not have an allergy at all or, maybe they do, because to complicate testing even further, **time** is a factor. Sometimes a food allergy reaction may not show up for many hours, even a day, after the food was eaten or tested. And, to make it more complicated, the **amount of a potentially allergic food** eaten can give different results. Some people have a severe reaction to just a tiny amount, (or even the scent or touch of a food as is sometimes the case with peanuts) and others can eat big quantities of the suspected food before they show any symptoms of an allergic reaction. Overall, **observation by either the patient or by the parents is key to a good diagnosis.** Keep a food allergy reaction diary if food allergy is suspected and share it with the doctor before any testing is done.

* Many physicians believe they can't rely on any one method alone for a diagnosis of food allergy. "Positive test results are frequently wrong indicating that someone is allergic to a food when the person can actually tolerate the food without symptoms, thus it is important to use an **"elimination and challenge"** process to determine if the positive test was accurate or not" believes Dr. Robert Rogers, pediatric allergist and immunologist of Ft. Worth.

* It's nearly impossible to pinpoint offending foods and what quantities might cause reactions. We don't want to eliminate nutritious foods from our diet without good reason so it may be a good idea to test (under physician supervision) results by reintroducing suspicious foods one at a time to see if the symptoms of food allergy reappear. If they do, that food goes on the no-no list for a few months. Later, the physician will check if the allergy reaction is dose-related by reintroducing the food, beginning with a small amount once every four days and then increasing both the amount eaten and how often it's eaten until the most annoying signs of a food allergy reaction reappear. This **threshold effect** is especially true for dairy allergies. Some people can't even drink one glass of milk a day, but yet they can tolerate a cup of yogurt, another dairy product, every other day. **Don't attempt any of these testing procedures** on your own. See your specialist if you suspect food allergies. It may save your life.

Upcoming Free AAFA-TX Programs: 1) June 18 "Tools To Manage Asthma & Allergies" Wellness Program, ExxonMobil, Las Colinas, Dr. John Meiser, faculty. For more info, write info@aafatexas.org **2) June 30, 7-9 pm, SAFERHouston open meeting, topic "Traveling with Food Allergies" Montgomery County South Regional Library, The Woodlands.** For more info, contact dorin@saferhouston.com.

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