
THE "INFO"-HALER



TAKE IN THE INFORMATION

An easy to understand, informative newsletter for our patients of all ages from the
Allergy & Asthma Associates of Michigan, P.C.

FOOD ALLERGIES

Approximately one out of every three adults believe they have food allergies. In reality only four percent of the adult population and three to five percent of children actually have food allergies. There are at least six different types of adverse reactions that may occur after eating certain foods, but only one type of adverse reaction qualifies as a food allergy.

In order for a reaction to be called a food allergy, there must be an IgE mediated response. In other words, your body must identify a certain food as being harmful to you and direct your immune system to produce IgE antibodies to fight the harmful food. For every harmful food the body recognizes, it produces specific IgE antibodies against that certain food. For example, if your body thinks peanuts are harmful to you, it will make anti-peanut IgE antibodies. These specific antibodies circulate the blood stream and bind to blood cells called basophils and tissue cells called mast cells. Basophils and mast cells are special cells in the body that produce and store chemicals such as histamine. Mast cells are primarily located in the skin, gastrointestinal tract, nose, throat, airways, and lungs. Your IgE antibodies sit on these cells and cause no harm until the specific food (allergen) they are targeting is ingested. The allergen is generally a protein in the food not broken down by cooking or by contact with stomach acids and enzymes. When you consume the problem food, the IgE antibodies irritate the mast cells and basophils causing them to release their chemical substances including histamine. Histamine then creates the allergic symptoms you may experience such as sneezing, coughing, runny nose, hoarseness, nasal stuffiness, skin rashes, eczema, hives, shortness of breath, wheezing, swelling of the throat, flushing, upper airway obstruction, abdominal pain, nausea, vomiting, diarrhea, swelling of the lips, throat, tongue, ears, hands, feet, headache, irritability, fatigue, and asthma attacks. The reaction is called anaphylaxis when several parts of the body experience the symptoms at the same time requiring emergency medical attention. Anaphylaxis due to foods results in approximately fifty deaths per year.

Food allergies are diagnosed by skin testing, RAST tests, ELISA tests, or double blind food challenge tests. Skin testing is imperfect, but remains the best available means for testing for food allergies at this time. If a person has a clear cut history of food sensitivity, the skin prick test is usually the most accurate. The RAST (radioallergosorbent test) and the ELISA (enzyme linked immunoabsorbent assay test) are blood tests which also can confirm a food allergy, but are thought to be less accurate than skin testing. Finally, the double blind food challenge test (where food is disguised in capsules and neither the Doctor nor the patient know which capsules actually contain the food in question) is the least common test. The test is expensive, takes lots of time to prepare and administer, is difficult if multiple food allergies are suspected, and is the most dangerous of all tests. People with severe food allergies may have life threatening reactions to food challenge tests. Most importantly for diagnosis, the Doctor needs to have detailed information regarding the patient's food history such as how soon after ingesting the food did the symptoms occur, what specifically were the symptoms, how much food was ingested to cause the symptoms, do the symptoms occur each time that particular food is ingested, did anyone else have symptoms after eating the same food, how was the food prepared, and how did you treat the symptoms at the time. It is helpful to keep a food diary for accuracy.

The only current treatment of food allergy is total avoidance of the problem food. There is no scientifically valid food desensitization treatment at this time. If there is any doubt about what food is causing the problem, then all suspected foods are to be eliminated from the diet for at least ten days then reintroduced one at a time under the

Doctor's supervision until the culprit is found. Patients with food allergies should learn to read all food label ingredients, wear a medic-alert bracelet, know how to take their medicines, and carry all necessary emergency medications prescribed by the Doctors with them at all times.

The tendency to develop allergies is inherited. Children with one allergic parent have twice the chance and children with two allergic parents have four times the chance of developing food allergies than children of non-allergic parents. Food allergies can begin at any age. The food a pregnant mother consumes during pregnancy does not affect the unborn child's tendency toward allergies so need not be restricted. However, a breast feeding mother may pass tiny microscopic amounts of food allergen to a nursing infant sensitizing the infant to the particular food. Eventually when the infant consumes the food on his own for the first time, he may have an immediate allergic reaction to the food. In general, however, the longer a mother nurses, the longer the time before a child is exposed to allergenic foods on his own, the longer the reaction-free period for some infants.

There are certain foods more likely to cause food allergies than others, and some people are so highly allergic to these foods that simply smelling or touching them causes a reaction. The primary food allergy culprits are peanuts, tree nuts (walnuts), milk, eggs, wheat, soy, fish, and shellfish (shrimp, crayfish, lobster, crab). Generally if you are allergic to one of the listed shellfish, you are allergic to all of them, but clams, oysters, scallops, and mollusks are usually safe. Peanuts, tree nuts, fish, and shellfish allergies are usually life long allergies while the other allergies may very well be outgrown.

There is a medical condition called OAS (oral allergy syndrome) which is caused by cross reactivity between identical allergens found in both pollen and fresh food. For example, the allergens found in birch trees are identical to those found in apples, kiwi, celery, and hazelnuts (filbert). The allergens in grass are the same as those found in wheat, and the allergens in ragweed are the same as those in bananas, melon, cucumber, and squash. Other foods that may cross react with pollens and may cause OAS are avocados, carrots, parsley, potatoes, tomatoes, fennel seeds, sunflower seeds, apricots, cherries, peaches, pears, and oranges. Mangos cross react with poison ivy and may produce a rash on the lips similar to a mild case of poison ivy. The symptoms of OAS usually include itching or swelling of the lips, tongue, throat or the roof of the mouth. The symptoms generally flare up during pollen season, but are less severe if a patient is taking antihistamines on a regular basis or receiving allergy injections for the pollen. Usually there is no problem if the foods are cooked or canned as heating destroys the allergen. There is a big difference between OAS and anaphylaxis. OAS symptoms are always limited to the lips, mouth, or throat and usually resolve without treatment. However, when in doubt, all food reactions involving the airways should be treated as medical emergencies.

Food allergies are thought to be on the rise because the food industry is using more and more protein additives in processed foods. These additives may contain milk, soy, or eggs yet are listed on the ingredients label simply as natural flavorings. If you have a food allergy to one of the common culprit food sources, ask our nursing staff to give you a copy of our list of common food allergens and places they can be found. Also included in that list is the name and address of FAN (Food Allergy Network) a fabulous non-profit organization established to help families living with food allergies and to promote public awareness of food allergy problems. FAN is an excellent investment for someone with food allergies!

Stephanie Cook R.N., B.S.N.
Allergy & Asthma Assoc. of Mi. P.C.