Table 8. Food Allergy

Referral Guideline	Rationale	Evidence Type
1) Persons who have limited their diet based upon perceived adverse reactions to foods or additives.	Following allergy evaluation, an estimated one third of perceived adverse reactions to foods, and a small fraction of adverse reactions to additives, are verified.[1-3] Evaluation by an allergist/immunologist is likely to result in an individual's ability to liberalize their diet (thereby likely improving nutrition and quality of life).	Indirect outcome (avoiding unnecessary diet restriction)
2) Persons with a diagnosed food allergy	The allergist/immunologist can apply and interpret diagnostic tests (skin prick tests, serum food-specific IgE assay and oral food challenge) and advise patients on dietary avoidance and emergency care measures.[1,4,5] These are important aspects of care because: 1) many allergies are not permanent and should be monitored for resolution[2], 2) avoidance of allergenic foods and action taken in the event of exposure are difficult to undertake, prone to errors and can be dangerous, thus mandating proper education.[6,7]	Diagnostic Indirect outcome (food avoidance, early pharmacologic treatment of reaction)
3) Atopic families with, or expecting, a newborn who are interested in identifying risks for, and preventing, allergy.	Family history is the strongest predictor of allergy. A sibling born to a family who already has a child with peanut allergy has a risk for developing that allergy this is more than 10 times greater than the general population. Specific guidelines are in place to approach potential allergy in a food-allergy prone child (e.g., breast-feeding, avoidance of allergenic foods).[8,9] Meta-analyses of studies shows breast feeding and avoidance of cow's milk/soy in the first year may reduce the risk for allergic disease.[10,11] The allergist/immunologist can evaluate the risks and explain possible approaches.	Diagnostic Indirect outcome (prevention of sensitizaton)
4) Persons who have experienced allergic symptoms (urticaria, angioedema, itch, wheezing, gastrointestinal responses) in association with food exposure.	The allergist/immunologist can perform diagnostic tests such as skin tests, serum IgE tests and oral food challenges to determine the cause of the reaction.[1,4,5,12-14]	Diagnostic Indirect outcome (food avoidance)
5) Persons who experience an itchy mouth from raw fruits and vegetables.	These symptoms are typical of pollen-food allergy syndrome, or oral allergy syndrome, which can sometimes progress to, or overlap with, more severe allergic reactions.[15,16] The allergist/immunologist evaluates the reactions to determine the etiology and to advise which foods to avoid or not, identify other potential problematic foods, and assess risks for a severe reaction.	Diagnostic Indirect outcome (food avoidance)

Referral Guideline	Rationale	Evidence Type
6) Infants with recalcitrant gastroesophageal reflux or older individuals with recalcitrant reflux symptoms, particularly if they experience dysphagia.	Food allergy may be a cause of infantile reflux, and evaluation for food responsiveness is high (about 40%) for children in whom symptoms do not respond well to standard therapies.[17] Older individuals may have reflux symptoms and possibly dysphagia caused by eosinophilic esophagitis, a disorder that is also commonly food-responsive.[18,19]	Diagnostic Indirect outcome (food avoidance)
7) Infants with gastrointestinal symptoms including vomiting, diarrhea (particularly with blood), poor growth, and/or malabsorption whose symptoms are otherwise unexplained, not responsive to medical management, and/or possibly food-responsive (even if screening allergy tests are negative).	There are a group of food-responsive gastrointestinal disorders of infancy (including food protein induced enteropathy, enterocolitis, proctocolitis) that may be diagnosed, treated and monitored with modalities with which allergist/immunologists are expert including elimination diets and oral food challenges.[4,20-23] Most of the disorders affecting infants cannot be identified with simple screening tests.[20-23]	Diagnostic Indirect outcome (food avoidance)
8) Persons with known eosinophilic inflammation of the gut.	Eosinophilic gastroenteritis, esophagitis, and or gastroenterocolitis may be food responsive.[18,19] Patients may improve following identification and elimination of causal foods,[19] modalities for which the allergist/immunologist is expert.[24]	Diagnostic Indirect outcome (food avoidance)

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