

Food For Thought

Experts answer your questions about content in the Food Allergy Guidelines

By Hugh Sampson, MD, FAAAAI

Although millions of people in the United States suffer from food allergies, until now no standard recommendations were available to help diagnose, treat and manage patients with known or suspected food allergy.

Newly released [Guidelines for the Diagnosis and Management of Food Allergies](#) are technical and designed for healthcare professionals, but there is plenty of useful information for patients as well. The leading experts in food allergy got together to answer basic questions.

■ **If my family physician reads these Guidelines, will he/she be better able to diagnose and treat food allergies?** Yes, the Guidelines provide your physician with the latest information on diagnosing and managing food allergies. With this, your physician will have a clearer understanding of diagnostic tests available and know more about working with a specialist to monitor and treat your food allergies.

■ **With these Guidelines, will consumers be able to self-diagnose food allergies?** No. Only a trained physician using proper testing can accurately diagnose a food allergy. Additionally, it takes an expert to identify all of the allergens that have the potential of triggering a cross-reactivity response. When it comes to the potential for life-threatening food allergies, consulting with professionals is extremely important.

■ **The Guidelines define a food allergy as “an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food.” What is an adverse health effect?** This is any type of allergic reaction to a food. It could involve:

- the skin: hives, swelling and/or eczema
- the gastrointestinal tract: abdominal pain, vomiting and/or diarrhea
- the respiratory system: congestion, cough, wheezing and/or difficulty breathing
- the cardiovascular system: low blood pressure
- anaphylaxis, in which multiple body systems are involved

■ **What is cross-reactivity?** If your immune system overreacts to a protein in a particular food group, it might also cross over and trigger a response to a similar allergen found in something else.

■ **How do you define “reproducibly”?** With food allergy, a reaction is likely to occur over and over again with each exposure to the problem food. Yet the specific symptoms may vary from one reaction to another.

■ **Can you have a food allergy without ever having eaten that specific food?** You must first be in contact with that particular food, but that doesn't necessarily have to be from eating it. For example, the exposure could occur through skin contact, inhaling it or *in utero*.

■ **Is it possible to outgrow a food allergy?** Allergies to egg, milk, wheat and soy are often outgrown, although some people remain sensitive throughout the teen and early adult years. In contrast, most people allergic to peanut, tree nuts and seafood will not outgrow their disease and must maintain strict elimination diets throughout life.

■ **Are there any medications to prevent food allergic reactions?** Epinephrine is the first choice for treating anaphylaxis and antihistamines might block a minor reaction. But there are no drugs or medications that prevent severe reactions.

■ **When do you think that peanut and tree nut immunotherapy will be ready for use by patients?** The current studies are very encouraging but they are all small and very preliminary. We expect that it will be a minimum of 5 years, and more likely 10 years, before this will be ready for general use.

■ **The Guidelines include a section on “natural history.” What does that mean?** Natural history is what happens to the allergy over time without treatment.

