



AM I FOOD ALLERGIC?

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Nearly 40% of all Americans who experience adverse reactions related to eating a meal attribute these reactions to food allergy. And yet, for most of these people, food-related problems are not due to allergy but rather to food intolerance, food dislikes, food poisoning and a variety of other nonallergic conditions. In the United States only 6% of children and 1% of adults are affected by true food allergy.

FOOD ALLERGY:

- The most common food to which infants are allergic is cow's milk. Fortunately, allergic reactions to cow's milk are usually mild and are typically characterized by skin rashes, diarrhea, abdominal pain and colic. Infants are often switched to soybean milk and, by age five or six, generally lose their cow's milk allergy and can resume milk consumption. Also, infants who are egg allergic often lose this allergy with time.
- In children and adults, peanuts, tree nuts such as macadamia and walnut, and shellfish such as shrimp and crab are the most common foods that produce serious, often life-threatening allergic reactions referred to as anaphylaxis. In most cases allergy to these foods is lifelong. Allergic reactions to these foods often occur within minutes of eating the food. Reactions that occur many hours or days after eating a food are typically not due to true food allergy.
- Patients who experience true food allergy present with the sudden onset of one or more of the following: itching, hives, facial swelling, eczema, diarrhea, vomiting, tightness of the throat, wheezing, lightheadedness and unconsciousness.
- If food allergy is suspected, the patient should be evaluated by an allergist and skin tested to suspected foods. If skin tests confirm food allergy, the food should be eliminated from the diet. Since each year there is a 30% risk of inadvertently eating a food to which one is allergic, especially at restaurants, an injectable adrenaline-containing kit called an EpiPen should be carried by all adults with severe food allergies; in children the EpiPen should be available for use at all times including at school. An EpiPen can be lifesaving!
- Several exciting, new therapies for the treatment of food allergies are on the horizon. An innovative molecularly engineered drug, Xolair, has recently been approved by the FDA for the treatment of severe asthma. This drug, which eliminates the serum protein (IgE) that causes allergic reactions, may soon be available for the prevention of life-threatening food allergic reactions.

FOOD INTOLERANCE:

- Lactose intolerance: Many individuals stop producing an enzyme, lactase, in their gastrointestinal tract as they enter their twenties and thirties. In these individuals stomach cramps, diarrhea and gas may develop after consuming cow's milk or foods with high milk content. Avoiding cow's milk or adding lactase enzyme to cow's milk products will improve this condition.
- Food additive reactions: Large quantities of MSG, often added to food in restaurants as a flavor enhancer, may lead to headaches, chest pain and a burning sensation. Fortunately, there are now many restaurants serving Chinese and other Asian foods which do not contain MSG.

MISCONCEPTIONS RELATED TO FOOD ALLERGY:

Contrary to information published in numerous newspapers and popular non-medical journals, food allergies generally do not contribute to such disorders as chronic fatigue, depression, autism, headaches and chronic hives. Skin tests to foods in individuals with these problems are usually negative, and food elimination diets generally prove ineffective.