



understanding food allergies

Allergies occur in 'atopic' people—those born with an overactive immune system that, when stimulated by exposure, is predisposed to produce specific 'IgE' antibodies against otherwise harmless protein substances ('allergens') in the environment or diet. Children with eczema are particularly prone to becoming sensitised to foods through contact with dry or inflamed skin.

Egg, milk, peanut and seafoods have been recognised as common food allergens since the early twentieth century. However, in the last two to three decades, probably as a result of changes in lifestyle and the way we eat, there's been a sharp increase in the incidence of allergies to peanuts, cashews and other tree nuts, particularly among young children. Fortunately, most grow out of their egg and milk allergies during later childhood or their teenage years, but peanut, tree nut and seafood allergies tend to persist into adult life.

Allergies to certain other foods such as wheat and soy can occur, but are less common and tend to be mild and transient. In cooler climates where birch pollen allergies are common, atopic people can develop localised oral allergy reactions to certain raw fruits and vegetables; however, with the exception of kiwifruit and one or two others, most reactions to vegetables, fruits, herbs and spices are due to chemical intolerances rather than allergies.

food allergy reactions

Acute food allergy reactions begin soon after ingestion and can vary in severity. Mild/moderate reactions (hives, stomach cramps, nausea, vomiting) can be transient, but may progress to life-threatening anaphylaxis, with rapidly spreading hives, tissue swelling, breathing difficulty and/or collapse.

People with a documented food allergy who are at risk of anaphylaxis are provided with an adrenaline auto-injector (EpiPen®) to have on hand at all times. This can be self-administered or given by a bystander as first aid treatment in the event of a severe reaction.

testing for food allergies

IgE antibodies to specific food allergens can be detected by skin-prick tests or blood tests (RAST). As a rule, the higher the antibody levels, the more likely the person is to develop an allergic reaction after eating the food. If there is uncertainty about the diagnosis, a graded-dose food challenge can be performed under medical supervision.

COMMON FOOD ALLERGENS

- * Egg
- * Kiwifruit
- * Milk
- * Peanut, tree nuts
- * Seafood
- * Sesame
- * Soy
- * Wheat

tick-related red meat allergies

In recent years it's been recognised that people who've previously had tick bites can develop unusual delayed-onset anaphylaxis episodes three to six hours after eating red meat (beef, lamb, pork). The incidence is increasing among people living in areas where tick contact is becoming more frequent due to habitat changes. In this condition, the IgE antibodies are specific for a mammalian allergen known as 'alpha-Gal'.

IgE-mediated wheat allergy

Wheat allergy in young children is relatively common and almost always occurs together with allergies to other foods such as milk and egg. Usually it's mild and transient, but occasionally it can cause anaphylaxis and may persist into the teenage years.

A rare form of wheat allergy can develop in adults, with anaphylaxis triggered by exercise if the person has eaten wheat two to four hours beforehand. This sequence of food followed by exercise is required for the allergic reaction to occur—wheat alone or exercise alone will cause no problems. The IgE antibodies characteristic of this condition are specific for a particular wheat protein (omega-5 gliadin) and can be detected by a RAST blood test.

