wheat- and gluten-related reactions

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.

coeliac disease

Coeliac disease is caused by an immune reaction to gluten, a protein found in wheat, barley and rye. The reaction causes inflammation and damage to the lining of the small bowel, which impairs its ability to absorb nutrients.

Coeliac disease occurs in people with a genetic susceptibility, and can develop at any stage of life. Typical symptoms include fatigue, bloating, cramps and diarrhoea, but some people have no symptoms at all, and in others the only clue may be anaemia (due to iron or folic acid deficiency) or an unusual itchy skin rash (dermatitis herpetiformis). Coeliac disease often runs in families and can be associated with diabetes and/or thyroid disease.

Screening blood tests (to detect antibodies to tissue transglutaminase and gliadin) are available; if they are positive, a small bowel biopsy should be performed to confirm the diagnosis. The blood tests can become negative after a few months of strict gluten avoidance, so if you think there's a possibility you might have coeliac disease it's best to have the blood tests before you go on a gluten-free diet. If you're already avoiding gluten, four to six weeks of regular gluten ingestion is required before having blood taken for screening.

Currently, a life-long gluten-free diet is the only known treatment. Untreated coeliac disease carries a long-term risk of nutritional deficiencies, osteoporosis and/or bowel malignancy.

non-coeliac gluten intolerance

Many people with an irritable bowel experience improvement with gluten avoidance and find that eating wheat causes a relapse of symptoms, even though they don't have coeliac disease. This has come to be known as 'non-coeliac gluten intolerance', but from our observations it's rarely an isolated problem. If you've identified gluten as a problem, it's very likely that you also have unrecognised intolerances to one or more of the natural food chemicals, milk and/or soy.

FADS AND FASHIONS

Popular diets come and go, depending on what theories are currently in fashion. Those based on elimination of various food groups (for example wheat, milk, yeast, sugar, 'nightshades', 'acid' foods) or particular dietary components (for example FODMAPs) also eliminate a wide range of foods that are rich in natural chemicals, so it's not surprising that people with food chemical intolerances who follow these popular diets often feel better, at least temporarily.

If your health improves on one of these diets, it's easy to jump to the conclusion that you've identified the problem. However, when symptoms recur (as they usually do) you'll need to adopt a more systematic approach to tracking down the real culprits. The charts and recipes in *Friendly Food* are an excellent starting point.

DIAGNOSIS OF FOOD INTOLERANCE

There are no reliable skin or blood tests for diagnosis of food intolerances. Food intolerances are diagnosed by a dietary elimination and challenge process.