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Food Allergy vs. Food Intolerance, How Can We Tell the Difference?

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Introduction

Food intolerances are much more common than food allergies and luckily, less severe! Unfortunately, food allergies seem to be increasing worldwide.

So, a patient comes to you with a burning sensation on the skin, diarrhea, and a headache, and claims he has a food allergy. On questioning, you discover that he usually has a small piece of chocolate every day, but earlier that morning, he was really hungry, so he went for the whole bar. This is not a food allergy. This is food intolerance! Food allergies and intolerances can have very similar presentations. Let's look at some of the differences.

A food allergy is an abnormal immune system response to the protein constituent of certain foods. Symptoms occur very soon after consuming the food, and can be very severe, leading to anaphylactic shock and death. Whereas food intolerance is a chemical reaction that some people have to certain foods, it is dose dependant, thus a small amount of the food may be tolerated, while a larger amount may cause symptoms, which are not necessarily immediate, and can take several hours to appear.

Symptoms of food intolerance can include:

- Nervousness, tremor
- Sweating
- Palpitations
- Rapid breathing
- Headache, migraine
- Diarrhea
- Burning sensations on the skin
- Tightness across the face and chest
- Breathing problems - asthma-like symptoms
- Allergy-like reactions.

Common foods causing food intolerance include:

- Chocolate
- Eggs, particularly egg white
- Dairy products, including milk, cheese and yoghurt

- Strawberries, citrus fruits and tomatoes
- Wine, particularly red wine
- Food additives
- Flavour enhancers such as MSG (monosodium glutamate)
- Histamine and other amines in some foods.

A food allergy can be inherited, the person may be born with it, in which case he may outgrow it or not, or he may develop it later in life. The symptoms of food allergy can be life threatening.

Common symptoms include:

- Itching, burning and swelling around the mouth
- Runny nose
- Skin rash (eczema)
- Hives (urticaria – skin becomes red and raised)
- Diarrhea, abdominal cramps
- Breathing difficulties, including wheezing and asthma
- Vomiting, nausea.

90% of all food allergies are caused by just 8 different foods (referred to as the big 8). These are:

1. Milk
2. Egg
3. Wheat
4. Soy
5. Peanut
6. Tree nut
7. Fish
8. Crustacean shellfish

(Tree nuts include: Almond, Hickory nut, Beechnut, Lichee nut, Brazil nut, Macadamia nut, Butternut, Nangai nut, Cashew, Pecan, Chestnut Pinenut Coconut, Pistachio, Filbert, Sheanut, Ginkonut Walnut, Hazelnut).

Identification of the allergen:

When symptoms appear within a few minutes of eating the particular food, it makes pinpointing the allergen an easy task. However, if the cause is unknown, diagnostic tests may be needed, such as:

- Keeping a food and symptoms diary to check for patterns
- Removing all suspect foods for two weeks, then

reintroducing them one at a time to test for reactions (except in cases of anaphylaxis).

- Skin prick tests using food extracts
- Blood (RAST) tests. (IgE antibodies)

Early prevention:

1. Exclusive breastfeeding during the first four to six months appears to protect against the development of allergies in early childhood. Exposure to cigarette smoke and starting solids early can increase the risk of developing allergies in early childhood. If a baby is known to be allergic to a particular food, a breastfeeding mother should avoid eating that food.

Studies have shown that using soy milk formula does not prevent the development of allergies in children.

Partially hydrolyzed formula – these are cow's milk based and have been processed to break down most of the proteins that cause symptoms in infants who are allergic to cow's milk. They reduce the risk of developing eczema and cow's milk allergy in infancy and early childhood.

Prognosis:

Most children outgrow allergies to milk, egg, soy, and wheat by 10 years old, often by age 5. Peanuts, tree nuts, fish and/or shellfish are generally lifelong allergies.

Treatment:

1. The easiest way to treat a food allergy or intolerance is to eliminate it from the diet. Sometimes, the body can tolerate the food if it is avoided for a time, then reintroduced in small doses, particularly for food intolerances.

If avoidance is not possible, then:

2. Antihistamines are used for mild reactions
3. Epinephrine is used for severe reactions. The patient is taught to use an epi-pen which he carries with him, in case of emergency.
4. Food oral immunotherapy (OIT): Under close supervision, a person takes in small daily doses of a food allergen by mouth or under the tongue. The goal is to try to make the immune system tolerate the allergen so that the body won't react as badly to it. This is called desensitization.