

## **Can Food Allergies Be Undiagnosed?**

Has your child ever exhibited a reaction after eating a particular food? It could have been as mild as hives or swelling. However, severe or life-threatening reactions (also called "anaphylaxis") often include vomiting, difficulty breathing, or loss of consciousness. The prevalence of food allergies has climbed rapidly in the past several years. Varying theories seek to explain this alarming trend, although experts have not been able to pinpoint an exact cause.

### **TYPICAL FOOD ALLERGIES**

Individuals with a food allergy typically experience a reaction every time they eat a particular food allergen. Up to 90 percent of food allergies are due to cow's milk, egg, soy, wheat, peanut, tree nuts, fish, and crustacean seafood. Most children eventually outgrow allergies to milk, egg, wheat, and soy. Unfortunately, only a small number of children ever outgrow nut or seafood allergies. Food allergies to peanut, tree nuts, and seafood can be associated with more severe allergic reactions.

### **TREATMENT**

Currently, there are no approved treatments for food allergies. Instead, we rely on making an accurate diagnosis, avoiding food allergens, and being prepared in the event of a severe reaction. Food allergies can have serious effects on children and families, such as heightened anxiety about food contamination, medical costs, and the risk of social isolation. Allergy specialists are trained to make the most accurate food allergy diagnosis, usually by combining the patient's clinical history and test results. One limitation to these tests (usually skin or blood tests) is a significant "false positive" rate. In other words, the test is "positive" even though the patient is not actually allergic to that food. Food allergy experts caution against over-testing since it can lead to incorrect, or over-diagnosing, food allergies.

Food allergy experts recommend following up every 6-12 months to reevaluate childhood food allergies. In some cases, repeat testing is reassuring, or there is reason to think a child is no longer allergic. If so, he or she may be a candidate for an oral food challenge (OFC). During an OFC, a patient is given increasing doses of the suspected food in a supervised medical setting. If there is a reaction, the patient's symptoms are treated, and the food allergy is confirmed. However, if there is no reaction, then the patient is not allergic and effectively "undiagnosed" of their food allergy. Whenever possible, undiagnosing a food allergy can lead to improved quality of life for patients and families alike.

### **WHAT TO WATCH FOR**

Patients who are more likely to have a true food allergy have:

- an allergic reaction every time they eat a particular food
- positive skin or blood testing to that food

Patients who are less likely to have a true food allergy, and may be a candidate for OFC:

- have never actually eaten (or had an allergic reaction to) a particular food
- may have accidentally eaten that food, but there was no reaction
- have negative skin or blood testing to that food school-aged children who had eczema as an infant or toddler (due to the high rate of false-positive food allergy tests)

## FOOD SENSITIVITIES

Incidentally, many of our clients also ask about food "sensitivity" and "intolerance" which have become more common in recent years. These conditions can be difficult to define or diagnose, especially since there are no proven tests for this problem. The best "test" may be to avoid a trigger food and see if your symptoms improve. An elimination diet can help test for food sensitivities. Please contact us for a sample elimination diet or with any questions.

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