

THE TRUTH about food allergies

As recent tragic headlines have shown, food allergies can be fatal. So why are we becoming so sensitive to the food we eat? *Good Housekeeping's* nutritionist Anita Bean finds out...

Most of us take it for granted that mealtimes aren't going to harm us, but for those with a food allergy, each mouthful is an exercise in vigilance. Every year, 5,000 people with food allergies need hospital treatment for severe allergic reactions and 10 die from food-related anaphylaxis. For those at greatest risk, the tiniest trace of food allergen can trigger severe symptoms and, in some cases, fatal or near-fatal symptoms. Allergies can develop in anyone at any time, but are more common in children.

Last year, newspapers reported how 15-year-old Natasha Ednan-Laperouse



collapsed on a flight from London to Nice after eating a Pret a Manger baguette containing sesame seeds – an allergen not listed on the packet. She later died in hospital. This tragic case highlights how careful people with allergies need to be – as do food companies and restaurants.

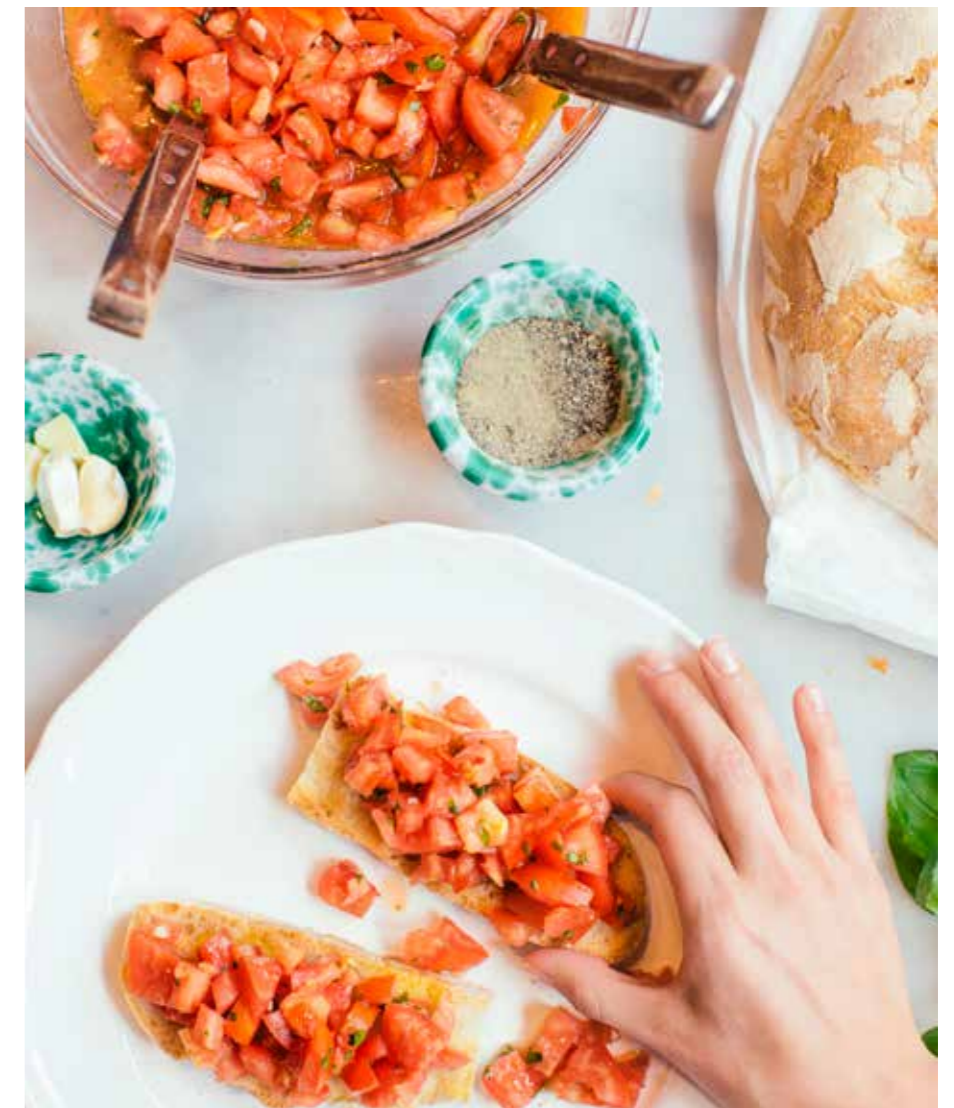
Thankfully, fatal reactions are rare, but they do happen. A food allergy occurs when the immune system – the body's defence against infection – mistakenly treats proteins found in food as a threat. It releases chemicals, which trigger an allergic reaction, usually within minutes after eating the food. Common symptoms include hives, vomiting, and swelling of the face, lips or around the eyes. More severe symptoms may include difficulty breathing, wheezing or life-threatening anaphylaxis. The most common triggers are eggs, milk, soya, wheat, tree nuts, peanuts, fish and shellfish.

There is little doubt within the medical profession that the number of food allergies in the UK is increasing. According to NHS Digital, the number of hospital admissions for allergic reactions and anaphylactic shock in England have increased by 33% in the past five years. Latest estimates put the number of people in the UK living with a diagnosed food allergy at 2 million, which is about 1-2% of adults and 5-8% of children. This translates to roughly two pupils in every classroom.

Why the increase?

That's a lot of people, and it's a problem that seems far more common than it was 20 or 30 years ago. Nobody knows for certain why, but there are a number of theories that may explain the rise. The hygiene hypothesis suggests that the lack of early childhood exposure to certain microorganisms in the natural environment results in a less diverse microbiome (the population of microbes that live in and on our bodies) and a weaker immune system, which makes us more susceptible to allergies. 'Modern lifestyles result in spending large amounts of time indoors in clean environments, including home, school and work, and less time outside, where exposure to a diverse range of good and bad bugs is more likely,' explains Holly Shaw, a nurse adviser from Allergy UK. Experts point to the benefits of playing outdoors, avoidance of antibiotics and eating a varied diet with lots of fruit, vegetables and fibre.

We also now know that delaying the



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introduction of allergenic foods for the first year of life may increase the risk of allergy rather than reduce it, as was previously thought. In one study, babies with high allergy risk were randomly assigned to either eat or avoid peanuts. Those who started eating them before they were one were less likely to have an allergy by age five than those who avoided peanuts. The NHS currently advises introducing cow's milk, eggs, fish, shellfish, wheat, nuts (not whole) and seeds before the age of one – adding them in small amounts to babies' diets one at a time after the age of six months.

There is also a strong link between

childhood eczema and food allergy risk. The earlier the onset and more severe the symptoms, the more likely a child is to develop a food allergy. It's thought that sensitisation to food can occur through the skin, and having dry skin may increase the risk for babies becoming sensitised to common allergenic foods. To reduce the risk of food allergy, Shaw recommends applying emollients to protect the skin barrier.

Another theory is that food allergies are a result of increased urbanisation. For example, less green space in cities can mean reduced exposure to sunlight (an important source of vitamin D). Australian

researchers found babies with a vitamin D deficiency are three times more likely to have an egg allergy and 11 times more likely to have a peanut allergy.

Are food businesses doing enough?

For those with a food allergy, eating out can be a distressing experience, as it's not always easy to find out if dishes contain allergens. Cases like Natasha Ednan-Laperouse's show how important it is that food outlets give people with allergies the right information. By law, all prepacked foods must show a list of ingredients on the label. There are 14 food ingredients that commonly cause allergic reactions and these must be included in the list if they are present: cereals containing gluten, crustaceans, eggs, fish, peanuts, soybeans, milk, nuts, celery, mustard, sesame, sulphur dioxide/sulphites, lupin and molluscs. They need to be highlighted, so could be in bold, contrasting colours or underlined.

So, why wasn't sesame on the label of Pret's baguette? Under regulation 5 of the UK's Food Regulations 2014, food outlets that prepare food on-site are only required to provide allergen information verbally, on the menu or on signs; they do not have to detail allergen information on product labels. While Pret acted within the law, campaigners say that big chains should do more than the bare minimum and put detailed allergy information on labels. The coroner for Natasha's case ruled that Pret's labelling had been 'inadequate' and indicated he would be writing to the Government.

Since the inquest into Natasha's death last September, Pret has agreed to list all allergens on its freshly made products on shelf tickets in front

of each item, as well as placing allergen awareness stickers on the packaging of its sandwiches and salads. Some big chains are starting to put codes on menus that you can scan with your phone, and the Government is currently reviewing food labelling laws. The Food Standards Agency, meanwhile, has launched a new campaign (Easy to ASK) to encourage young people to ask food businesses about allergens when eating out.

WHAT DOES 'MAY CONTAIN' MEAN?

It means the product has been made in a factory that also handles ingredients such as gluten, dairy or other allergens, so the manufacturer cannot offer a 100% guarantee that the product has not been contaminated. In most cases, the risk is extremely small but it's used by manufacturers to protect themselves from litigation.

Allergy or intolerance?

If the reaction activates the body's immune system, triggering an antibody response, it's an allergy. But if the reaction doesn't trigger the immune system, it's an intolerance. Common food intolerances involve substances that are difficult to process, such as lactose or gluten. Symptoms vary, but might include bloating, stomach pain, wind, fatigue and headaches. The onset of food intolerance symptoms is usually slower and may be delayed by hours after eating problem foods; the symptoms may also last for many hours. Food intolerances are rarely life-threatening.

Peanuts

About 1 in 50 children and 1 in 200 adults have a peanut allergy. Like many other allergies, a peanut allergy is one you don't grow out of; it often persists into adulthood. Symptoms are often mild, but are sometimes life-threatening. Peanuts are the most common cause of anaphylactic reactions and death. Symptoms often start quickly, within an hour of coming into contact with peanuts, sometimes within minutes. Peanuts can be listed as ground nuts, beer nuts, mixed nuts and monkey nuts. Download the FoodMaestro app, developed by dietitians at Guy's and St Thomas' NHS Trust, to help you check if a product is safe.

Shellfish

Seafood is one of most common allergies in adults and can develop at any time. Common culprits are prawns, crab and lobster. Symptoms include swollen lips and face, itching, hives and vomiting, but can be more severe. There's no cure, so sufferers must avoid all shellfish, including foods such as Worcestershire and oyster sauce.



Wheat

Wheat allergy is a reaction to proteins in wheat, triggered by the immune system, and usually occurs within minutes to hours of eating. Symptoms include rhinitis, asthma and hives. This isn't to be confused with coeliac disease, which affects about 1 in 100 people. Coeliac disease is an autoimmune condition, which means the body attacks itself when gluten is eaten. There's no cure and sufferers need to follow gluten-free diets, otherwise damage to the gut lining occurs. Around 13% of people claim to have non-coeliac gluten sensitivity – there's some debate as to whether it's caused by gluten or other wheat components. Symptoms often improve on a diet low in wind-causing carbs called FODMAPs.

Getting tested

If you strongly suspect you or a family member may have a food allergy, see your GP, who may refer you to a specialist for testing. You'll probably be given a skin-prick test or blood test, or put on an elimination diet. Steer clear of self-test kits and high street tests, such as IgG antibody testing, Vega testing, hair analysis, iridology, pulse testing and kinesiology – these have no scientific basis, are unreliable and have no useful role in the diagnosis of food allergy. □