key points

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The prevalence of food allergy in children in the UK is now around 5% and the number of children put on restricted diets by their parents because of presumed allergy is likely to be much higher. Accurate diagnosis of food allergy is essential in order to ensure that the correct foods are carefully avoided while safe foods are not excluded unnecessarily.

IgE-mediated (immediate type) reactions are the result of mast cell degranulation leading to histamine release. The typical signs of lip swelling, urticaria and possible progression to respiratory compromise (anaphylaxis) are usually clearly described, occurring within minutes of exposure to the problem food. Non IgE-mediated (delayed type) responses tend to start two to six hours, occasionally longer, after exposure and cause less specific signs/symptoms which are less obviously allergic in origin.

The recent NICE guideline on food allergy in children advises that where an immediate type allergic reaction is suspected on clinical history, allergy testing should be performed to confirm the diagnosis. This could involve either skin prick testing or specific IgE blood tests. Results must be interpreted in the context of the clinical history. Alternative methods currently marketed commercially for use in the diagnosis of allergy such as IgG testing, Vega testing and kinesiology have no scientific validity. The NICE guideline is quite explicit that these have no place in allergy diagnosis.

The mainstay of management is allergen avoidance. The child and carers also need to know how to recognise and treat any future allergic reactions. There should be a written emergency plan in place. The plan should include advice to take a fast-acting antihistamine if any accidental exposure and reactions occur. Where there is a history of anaphylactic reaction or ongoing asthma, adrenaline auto-injectors should be prescribed as these are the major risk factors for future severe reactions. Nut allergy, living far away from medical help and high parental anxiety are all relative indications for adrenaline auto-injector prescription. It is essential that training on how and when to use the auto-injectors is given as well as a written emergency plan. Egg allergy is outgrown in 68% of children by their 16th birthday but peanut allergy is only outgrown in 20% of patients.

GORD and eczema are common diseases of infancy which may be related to allergy. Non IgE-mediated food allergy is most common in early infancy, although it often goes undiagnosed for an extended period. The most common causes are milk and soya, and less often egg and wheat. The diagnosis of non IgE-mediated food allergy relies on a two-stage process: Strict exclusion of suspected allergen(s), only one at a time; re-challenge with suspected allergen(s), one at a time, to see if symptoms recur. The prognosis is good with the majority of infants outgrowing non IgE-mediated allergy by school age.