Fact Sheet

Information For Referrers: Food-Related Gastrointestinal Symptoms

Gastrointestinal symptoms in the absence of allergic features are not usually due to allergy and will not usually be booked in to the RAH Allergy/Immunology clinic.

Symptoms such as bloating, chronic/recurrent abdominal discomfort or pain, dyspepsia, and variable bowel habit are common. These symptoms are characteristic of “irritable bowel syndrome”. In the absence of other features such as food-induced urticaria, angioedema or anaphylaxis, **these symptoms are not consistent with IgE-mediated food allergy and allergy tests (skin prick testing or serum specific IgE (RAST) testing) have no place in their investigation**.

Abdominal symptoms such as these may *in some cases* be entirely or partially caused by non-IgE-mediated food intolerance. Some forms of food intolerance may be diagnosed by testing, whereas others may require empirical trials of food elimination followed by challenge. Some recognised syndromes include:

Immunological disease- diagnosis and management by gastroenterologists

- **Coeliac disease**- diagnosed by blood testing (antibodies to transglutaminase, tTG-IgA) or duodenal biopsy whilst on a gluten-containing diet.

Non-immunological syndromes

- **Non-coeliac gluten intolerance**- negative coeliac tests, diagnosed by symptom resolution on gluten elimination with recurrence on gluten challenge.
- **Lactose intolerance**- diagnosed by breath hydrogen testing, symptom resolution on lactose-free dairy products.
- **Fructose intolerance**- diagnosed by breath hydrogen testing, symptom improvement on low FODMAP diet.
- **Food chemical pseudoallergen intolerance** - diagnosed by symptom improvement on low salicylate/amine/glutamate/additive elimination diet (RPAH protocol), symptom recurrence on challenge.
- **Sporadic food intolerance** - foods or food groups may reproducibly cause gastrointestinal symptoms, without any particular pattern or known biological mechanism and should be excluded on an empirical basis.

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Dietary restriction in food intolerance

- Should be undertaken on medical advice and not on advice of alternative practitioners or popular fads.
- Should not be based on test results alone but on definite symptomatic improvement (except for coeliac disease).
- Need not be absolute - symptoms represent discomfort, not pathology or damage (except for coeliac disease).
- Small amounts might be tolerated without symptoms. Larger amounts can be eaten at the cost of some discomfort.
- **Should prompt referral for dietitian review to avoid nutritional deficiency.**

In many cases abdominal symptoms are not caused by specific food groups in which case the diagnosis is pure IBS and elimination diets are not helpful.

Food allergy in gastroenterological disease

These conditions may warrant referral to RAH Allergy/Immunology clinic:

- Eosinophilic oesophagitis or gastroenteritis may in some cases be caused or aggravated by food allergy (type 1 hypersensitivity, or unknown mechanism). Skin prick testing is indicated in patients who have a confirmed (biopsy-proven) diagnosis of gastrointestinal eosinophilic disease. Food elimination based on allergy test results or on an empirical basis (6 food elimination diet) may result in clinical and pathological improvement.
- Patients who have an **acute severe** gastroenterological reaction (abdominal pain, vomiting, diarrhoea) to **specific** foods (e.g. shellfish, eggs) within 2 hours of ingestion may have adult FPIES (food protein induced enterocolitis syndrome) which is a true allergy but confined to the gastrointestinal tract. Skin prick testing is negative (may be required to exclude anaphylaxis in severe or ambiguous cases). Diagnosis is made on characteristic history. Confirmation would require challenge testing but this is seldom done.

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For more information

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