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COPING WITH FOOD ALLERGIES

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......Diagnosis of food allergies is difficult and time consuming. Babies and young children are most often affected. Prevalence for this group is estimated at between 0.3 and 7.5% The incidence is believed to decline with age, down to under 2% for American adults. Some adults develop an allergy to food after eating it for years, however.

Most health professionals agree that food reactions fall into four categories:

FOOD INTOLERANCE. An unusual, generalized reaction to a food component or additive. Lactose intolerance is an example.

FOOD TOXICITY. Caused by a toxic component in the food, as in poisonous mushrooms, or by contaminating microorganisms, like Salmonella.

FOOD IDIOSYNCRASY. An individualized, strong response to a small amount of a food substance or additive that would have no effect on most people. The response is unrelated to metabolic, pharmacologic or immune reactions.

FOOD ALLERGY. Strictly defined as a reaction involving the body's immune system. The food substances most likely to trigger an immediate allergic reaction are glycoproteins (a white fish, shellfish, auts and peanuts.

In diagnosing allergies, the first step is a complete physical examination with a detailed history of the illness. An elimination diet may be tried as a preliminary step but Skin tests are the most usual method. An extract of a specific food is applied under the surface of the skin. Reddening and swelling within 15-20 minutes indicate an immediate reaction. The tests are done in a clinic or hospital, in case of serious reaction.

Elimination challenge testing is the most precise way to confirm a cause and effect relationship. The suspect food is removed from the diet. If there is no significant improvement after two week, either the suspect is cleared or a stricter diet must be tried.

If there is a decided improvement, the challenge phase begins - very carefully. The patient should be in good health, experiencing minimal symptoms and taking little or no allergy medication.