

TERMS

- ★ *Food hypersensitivity*: umbrella term for undesirable, reproducible reactions to food in quantities that are tolerated by 'normal' people.
- ★ *Food allergy*: food hypersensitivity with immunological mechanism.
- ★ Oral allergy syndrome: burning, itching sensation on the lips, in the mouth or throat, sometimes with localised angio-oedema. Common with cross-hypersensitivity to inhalation allergens (pollen) and pip fruits, stone fruits or nuts. It is not necessary to avoid these food products.
- ★ *Coeliac disease*: allergy to gluten.
- ★ *Lactose intolerance*: abdominal symptoms, diarrhoea and flatulence after ingestion of milk as a result of a lactase deficiency. Total elimination of cow's milk is not necessary.

DIAGNOSTIC RECOMMENDATIONS FOOD ALLERGY

A food allergy usually results in a combination of *the same symptoms* from *different organ systems* usually *immediately after ingestion*:

- ★ skin (urticaria, itching rash, angio-oedema),
- ★ gastrointestinal system (itching and swelling in the mouth and throat, vomiting, stomach pain or diarrhoea),
- ★ respiratory tract (rhinitis, coughing, stridor or wheezing), and/or
- ★ circulation (tachycardia, hypotension or fainting).

Other causes are first considered as an explanation for the symptoms.

History

- ★ What are the underlying ideas of the patient (or carer)?
- ★ What are the symptoms and how long after ingestion do they occur?
- ★ Do the symptoms also occur without exposure to the suspected food product?
- ★ When avoiding the suspected food product: do the symptoms persist or do they return?
- ★ Does the patient have a first degree relative with atopy?

Physical examination

Primarily serves to exclude any other pathology. For children with persistent gastrointestinal symptoms, determine whether there is a deviation from the growth curve.

Additional investigations

An sIgE determination (previously RAST) is not recommended.

Evaluation

Consider a food allergy if two or more of the following criteria apply:

- ★ there is a clear and repeated link in time between food intake and the occurrence of the same symptoms each time;
- ★ the symptoms affect two or more different organ systems (gastrointestinal, skin, respiratory tract);
- ★ the symptoms persist despite adequate measures;
- ★ there is a positive family history for atopic conditions.

In the case of a suspected cow's milk allergy in children < 1 year: perform an open elimination-provocation test (refer to Protocol Elimination-provocation on www.nhg.org).

If the result is negative: a cow's milk allergy is very unlikely. If the result is positive:

50 % likelihood that the child actually has a cow's milk allergy.

In all other cases of suspected food allergy (cow's milk allergy in children ≥ 1 year, other allergens): refer to secondary care for diagnosis.

THERAPEUTIC RECOMMENDATIONS FOOD ALLERGY**Education**

In the case of a negative open elimination-provocation test: explain that the child is able to tolerate cow's milk. Offer a follow-up appointment to monitor the re-introduction of cow's milk.

In the case of a positive open elimination-provocation test: recommend temporary elimination of cow's milk with re-introduction after several months.

Non-drug treatment

In children < 1 year with positive open elimination-provocation test for cow's milk, who:

- ★ are breastfed exclusively: recommend elimination diet mother;
- ★ are formula fed: replace the standard formula with a formula based on strongly hydrolysed whey protein.¹

Follow-up

In the event of cow's milk elimination, perform follow-up at the ages of 9 and 12 months.

Discuss the symptoms and the reaction to any accidental ingestion.

Re-introduce cow's milk at the age of 9 months and if this fails at 12 months.

Referral

Refer to a dietician:

- ★ education about foods that should be eliminated and how to implement this practically;
- ★ if there is any doubt about the completeness of elimination of a food product;
- ★ if there is doubt about whether the diet being followed results in a balanced nutrition.

Refer to a paediatrician or internist, preferably with knowledge about allergology, for:

- ★ confirmation of the diagnosis of cow's milk allergy in the case of a positive elimination-provocation test at or after the age of 12 months;
- ★ confirmation of a food allergy to other allergens;
- ★ persistent symptoms or growth delay despite adequate dietary measures with previously diagnosed food allergy;
- ★ severe reactions to food.

RECOMMENDATIONS ON COELIAC DISEASE

Request blood tests (tTGA) in the case of *unexplained*:

- ★ chronic intestinal symptoms, or
- ★ weight loss (or growth delay in children), or
- ★ anaemia (refer to NHG Guideline on Anaemia).

If tTGA is normal: determine total IgA. If tTGA and total IgA are normal: reject the diagnosis of coeliac disease.

If tTGA is elevated or dubious: determine EMA. If tTGA and/or EMA is elevated: refer to a (paediatric) gastroenterologist.

Also always refer if there are clinical indications for coeliac disease and

- ★ IgA deficiency, or
- ★ a relative with coeliac disease, or
- ★ age < 2 years.

¹ Examples: Frisopep® or Nutrilon Pepti®. Alternatively, a formula based on strongly hydrolysed casein protein, for example Friso Allergy care® or Nutramigen® can be opted for.