



Why don't General Practitioners recognise food intolerance?

Members of the 18,000 member Food Intolerance Network frequently report that their food issues were not diagnosed or taken seriously by general practitioners. A dismissal such as “it is only anecdotal” or a report like “over 23 years, not a single doctor ever once asked if my condition might be caused by the food that I eat” are all too common.

Such attitudes drive people to alternative medicine, which might work although not for the reasons given, but in the process the practice of medicine may be brought into disrepute. Specialists can be worse, medicating for instance for epilepsy when the symptoms may be caused entirely by a single food. Misdiagnoses can be similarly damaging, even when the food link is clearly established, as for instance with infertility or Alopecia areata and gluten.

The main reason seems to be that doctors are not familiar with food intolerance. It is not part of their training and they are reluctant to accept that such a wide and often bewildering range of symptoms may have a single cause. Most importantly, they do not know that there is a reliable way to scientifically diagnose food intolerances. This article attempts to briefly address these issues.

What is food intolerance?

Food intolerance can be clearly distinguished from food allergy. Food allergy is an uncommon, quick immune system reaction, usually to proteins in food. Food intolerance is more common, and is usually a slow pharmacological reaction, like the side effects of a drug, to a specific chemical or range of chemicals in food. Both children and adults can be affected but the prevalence is unknown.

Food intolerance symptoms are protean, as seen in Box 1, with a range of mixed and variable expression. There is a marked reluctance in the medical fraternity to understand that mental and behavioural symptoms might be due to food, perhaps because of a simplistic received wisdom that food intolerance consists solely of red food colouring and hyperactive kids.

- irritability, restlessness, difficulty falling asleep
- mood swings, anxiety, depression, panic attacks
- inattention, difficulty concentrating or debilitating fatigue
- speech delay, learning difficulties
- eczema, urticaria and other itchy skin rashes; angioedema or swelling of the lips etc often associated with rashes
- reflux, colic, stomach aches, bloating, and other irritable bowel symptoms including constipation and/or diarrhoea, sneaky poos, sticky poos, bedwetting
- headaches or migraines
- frequent colds, flu, bronchitis, tonsillitis, sinusitis; stuffy or runny nose, constant throat clearing, cough or asthma
- joint pain, arthritis, heart palpitations, racing heartbeat

Box 1 Some symptoms of food intolerance

Conceptually, Figure 1 shows how a range of food sources of amines, which have known pharmacological effects, build up over time until a symptom threshold is reached. Unfortunately, it is usually the last food eaten that gets the blame, but that is not how food intolerance works. In this case, it would take elimination or reduction of all food and medication sources of amines over a period before symptoms would abate.

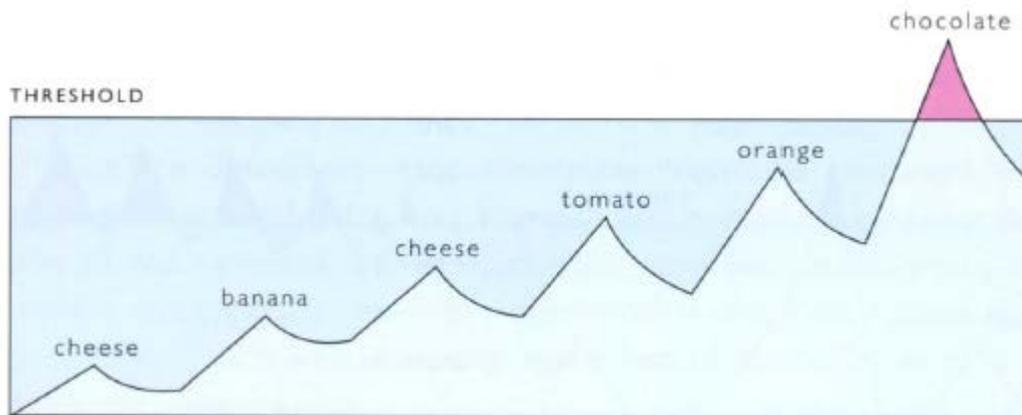


Figure 1 The cumulative and delayed nature of food intolerance (from *Friendly Food*, Murdoch Books 2004 ISBN 174045376X with acknowledgement to the Royal Prince Alfred Hospital Allergy Unit)

How can food intolerance be diagnosed?

It takes specialised knowledge to understand that all of the foods shown in Figure 1 contain, among other chemicals, natural biogenic amines. Fortunately, this clinical knowledge has been developed in the Royal Prince Alfred Hospital Allergy Unit Elimination Diet over 30 years.

The RPAH Elimination Diet works by avoiding a limited range of artificial and natural food chemicals over a three to six week period until, if food is in fact responsible, a stable baseline of symptom remission is obtained. This process is frequently accompanied by withdrawal symptoms, often a worsening of presenting symptoms, which itself provides evidence that food chemicals that were causing the symptoms. Systematic challenges over succeeding weeks then establish which food chemicals are responsible for the symptoms and dietary management within tolerance guidelines is implemented.

There are no known reliable laboratory tests for food intolerance.

Australia is fortunate in that there are now trained dietitians who regularly undertake the elimination and challenge process described. Because it can be complicated for families, an experienced and supportive dietitian is necessary for success. The Food Intolerance Network also provides free information and support for individuals and families through this process.

What are typical causes of food intolerance?

Most people with food intolerance react to between 3 and 6 food chemicals and effects are related to dose. Overall, the main culprits are a limited range of food additives and the natural food chemicals called salicylates, found in most fruit and some vegetables, as shown in Box 2. However everyone is different which is why the elimination diet and challenge protocol is required for scientific diagnosis. Surprisingly, other symptoms show a similar pattern. Symptoms may emerge or change with age, stage of life, stress and illness. Food intolerance can be triggered or even caused by some medications.

75% react to natural food chemicals in most fruit and some vegetables called salicylates
65% react to preservatives such as sorbates, benzoates, sulphites, nitrates and propionates
55% react to some artificial colours and a natural colour
40% react to MSG and other flavour enhancers, natural glutamates
40% react to synthetic antioxidants such as BHA 320
40% react to natural food chemicals called amines
20% react to dairy foods
<1% react to gluten (figures are higher for other symptoms, up to 20% for irritable bowel)

Box 2 Approximate percentage of overactive children likely to react to each challenge following the RPAH Elimination Diet (adapted from Loblay RH, Swain AR. Food Intolerance. In: Recent Advances in Clinical Nutrition' Vol 2, 1986. Libbey, London. Eds: Wahlqvist ML and Truswell AS, pp169-177)

Conclusion

Some general practitioners understand food intolerance. It was heartening recently to hear of an 11 year old boy who was able to avoid anti-depressants simply by reducing dietary salicylates, for instance.

For other GPs presented with a bewildering range of symptoms and any suggestion that food might be involved, referral to an experienced dietitian for a three week trial of the RPAH Elimination Diet is recommended as a reliable and non-invasive route to diagnose or exclude food intolerance.

References and more information

The development of the RPAH Allergy Unit elimination diet and challenges
<http://www.slhd.nsw.gov.au/rpa/allergy/resources/foodintol/development.html>

Distinguishing food allergy and intolerance
<http://www.slhd.nsw.gov.au/rpa/allergy/resources/foodintol/ffintro.html>

<http://www.fedup.com.au/factsheets/support-factsheets/allergy-or-intolerance>

Support and information for food intolerance www.fedup.com.au

Recommended dietitians <http://www.fedup.com.au/information/support/failsafe-friendly-dietitians-and-other-health-professionals>

Some further reports

<http://www.fedup.com.au/stories/2016/1417-salicylates-removal-avoided-anti-depressants-for-11-year-old-boy-december-2016>

<http://www.fedup.com.au/stories/2015/1367-medical-ignorance-of-the-role-of-food-in-alopecia-areata-patchy-baldness-november-2015>

<http://www.fedup.com.au/stories/2014/1295-amines-id-love-failsafe-to-become-common-practice-in-my-country-december-2014>

<http://www.fedup.com.au/stories/2014/1291-depression-and-food-intolerance-my-story-november-2014>

<http://www.fedup.com.au/stories/2013/1216-food-intolerance-linked-to-numerous-miscarriages-august-2013>

<http://www.fedup.com.au/stories/2012/1158-is-it-really-epilepsy-or-benign-nocturnal-myoclonus-october-2012>

<http://www.fedup.com.au/stories/2007/524-open-neglect-by-medical-establishment-january-2007-courage-award-story-for-january-2007-newsletter>

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