

Adults Who Present for Evaluation of Multiple Food Allergies

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A “Practice Pearl” helps an allergist-immunologist practice more safely, effectively, timely, efficiently, equitably, or in a more patient-centered way. This feature is coordinated by Stuart Abramson, MD, Giselle Mosnaim, MD, and Andrew Murphy, MD, from the AAAAI Federation of Regional, State, and Local Allergy, Asthma, and Immunology Societies Assembly and by Editorial Board member Matthew Rank, MD. More information about submitting a “Practice Pearl” can be found on our web site (jaci-inpractice.org).

PRACTICE CHALLENGE

Adults who present to the Allergy/Immunology clinic for evaluation of multiple food allergies with symptoms atypical for IgE-mediated food allergy present a unique challenge. Symptoms such as abdominal bloating, fatigue, and cognitive disturbance are common chief concerns. Many have misattributed their symptoms to food allergy when food testing result is positive despite the absence of typical clinical symptoms. This may occur with both validated testing techniques (eg, skin prick testing and serum IgE testing) and nonvalidated testing techniques. Thus, it becomes a considerable challenge to explain inappropriate and/or misinterpreted testing and to provide a meaningful consultation that helps address the presenting symptoms.

PRACTICE SOLUTION

It is very important to understand the patients’ expectations, validate their symptoms, and allow them to relay their full story. When symptoms temporally coincide with food ingestion but are not consistent with an IgE-mediated response, it is helpful to clearly define different adverse food reaction types. Allergy testing should not be offered when the clinical history is inconsistent with IgE-mediated food allergy. Food intolerance syndromes should be discussed, especially when symptoms are primarily

gastrointestinal. Eating disorders and dietitian evaluation should be considered in situations in which severe food restriction or weight loss is occurring. Other mental health disorders such as anxiety and depression may also be important to consider because these associations have been found in patients with multiple drug allergies/intolerances.^{1,2} Supervised oral challenges, sometimes blinded, can be helpful when a concerning clinical history or patient anxiety may otherwise limit food reintroduction. Relaying an opinion that the symptoms are unlikely related to food allergy alone may be helpful and sharing a list of potential causes of the patient’s symptoms is advised. Enlisting a team consisting of internists, family practitioners, gastroenterologists, dietitians, mental health professionals, and others to address other possible explanations for their symptoms is most likely to lead to an accurate diagnosis and optimal management.

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