

PI PRO: Food Allergy Diagnosis Guide

The NIAID Guidelines recommend use of a thorough medical history as an important tool for identifying symptoms associated with food allergy and making a diagnosis. The history is important for identifying causative allergens and or to differentiate the reaction or symptoms from non-allergic disorders or from allergic reactions unrelated to foods.

The following aspects of the history should be considered. The AAAAI food allergy measures based on the Guidelines suggest documenting *at least 4 of the 10* following aspects of the history, although in any patient interaction, all or several of the factors may be important depending upon individual circumstances. Additionally, this list does not represent a comprehensive history because additional queries may arise for any given circumstance:

- 1) **Symptoms of concern following ingestion of a potential allergen that could indicate a food-allergic reaction (e.g., documentation of a history of possible food-induced urticaria, angioedema, vomiting, diarrhea, dysphagia, wheeze, oral itch, throat tightness, or signs of hypotension, etc.)**

These aspects may help to differentiate allergy and intolerance or identify another medical problem accounting for symptoms.

- 2) **Identification of the suspected causal food and whether this food has caused symptoms more than once (e.g., peanut eaten on 2 occasions with symptoms each time)**

This query identifies a potential trigger and begins to discern if the reaction occurs consistently, which would increase the probability that it is a causal allergen.

- 3) **Amount of the suspected food that was ingested to trigger symptoms (e.g., small taste vs. a full serving of scrambled eggs)**

Sometimes the amount ingested can be relevant to determining whether a reaction occurs or affects the severity of a reaction.

- 4) **Form of the food ingested (e.g., baked, raw, canned, etc.)**

This feature may account for otherwise inconsistent reactions to a specific food. For some foods, baking or extensive heating alters the proteins which makes them less allergenic, although this is variable.

- 5) **Timing from ingestion of the suspected food to onset and progression of symptoms**
Acute, IgE mediated reactions typically develop minutes and up to an hour or two following ingestion. Delayed symptoms may suggest non-IgE mediated food allergy, non-allergic triggers, or an unrelated disorder.

- 6) **Whether the potential trigger food was ever tolerated without symptoms, either before or since the adverse food reaction**

This query investigates the consistency of reaction to determine the probability the suspected food is causal. It is more likely the patient will develop a reaction to a known prior allergen than to a food already tolerated in the diet. A potential trigger is more likely to be confirmed an allergen if ingestion consistently resulted in symptoms.

PLEASE NOTE: Answers to this query could prompt additional questions regarding the possibility of a hidden ingredient, cross contact with an allergen, etc., and be assisted by review of ingredient labels and a food diary.

- 7) **Potential factors associated with the food reaction (e.g., exercise, alcohol, NSAIDs)**

Eliciting factors may cause a reaction to develop when a food is otherwise tolerated without the cofactor.

- 8) **Whether symptoms had been present without the food being ingested (e.g., history of urticaria with shrimp ingestion but also a history of urticaria without shrimp or other crustacean shellfish exposure)**

Chronic symptoms may falsely be attributed to foods.

- 9) **Treatment and duration of symptoms**

Determination of the response to therapy and course of symptoms may assist in excluding additional causes

- 10) **Last known exposure to the suspected food**

This query may inform approaches to the natural course of allergy. Remote reactions or recent ingestion without symptoms could signal allergy resolution.