

A doctor in a white coat is looking at a young boy. The doctor is on the left, and the boy is on the right, looking down. The image has a blue tint.

**Is it food allergy?**  
**Be sure. Be safe.**

**Phadia**  
Setting the Standard

# New NIH Guidelines: Correct diagnosis key to managing food allergy

## Food allergy: a growing and serious health problem

- Food allergy can cause severe allergic reactions and potential death. Prevalence is increasing, a recent US study estimates that 5 % of children under 5 years of age and 4 % of teens and adults have food allergies. Food allergy has a negative effect on quality of life for patients and caregivers.
- Self-reporting can be deceiving. 50–90 % of presumed food allergies are not actually allergies. Also, food allergy is often confused with food intolerance in primary care.
- The diagnosis and management of patients with food allergy may differ in different clinical practice settings.

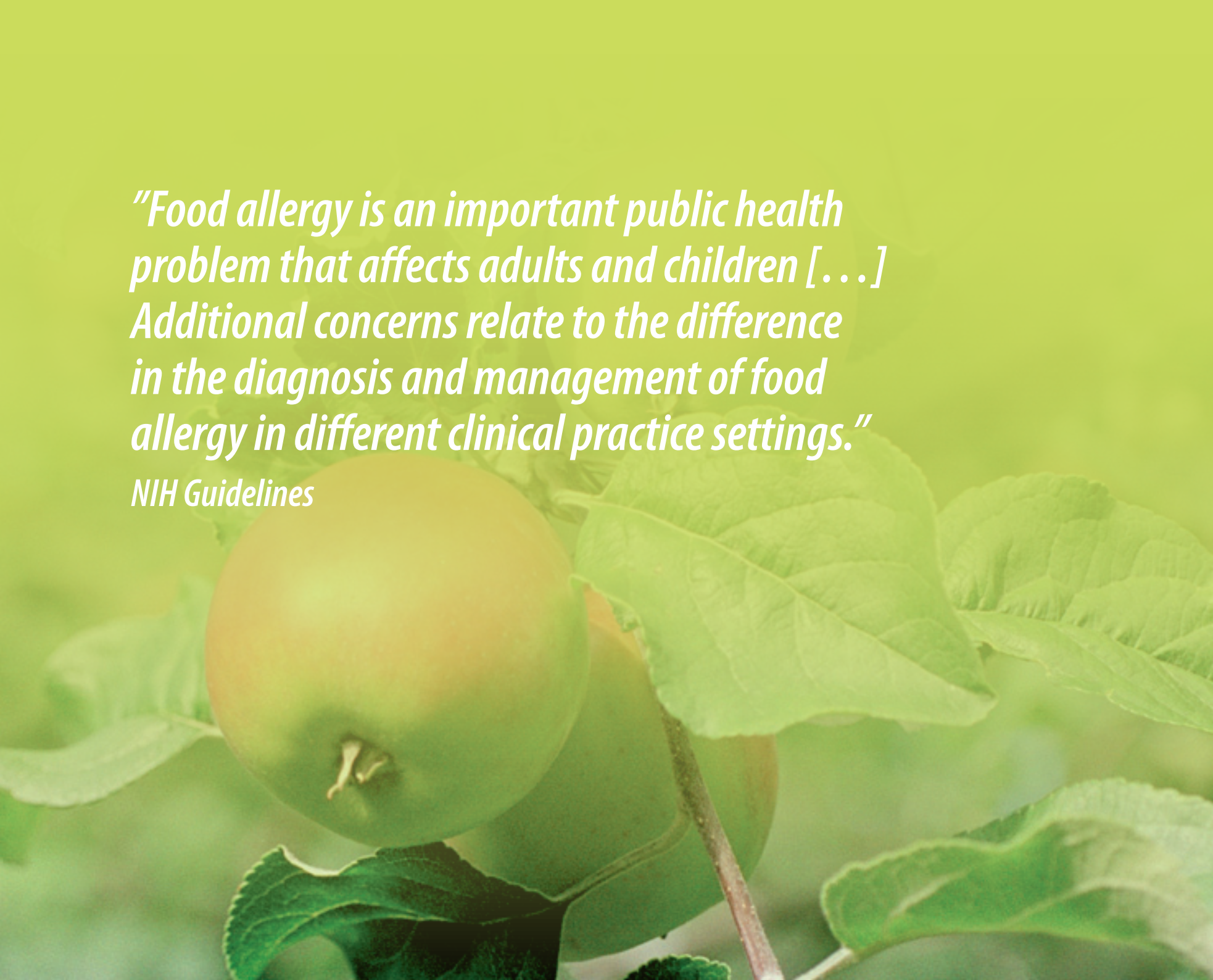
## New guidelines for improved care and well-being

- National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH).
- Co-operation with 30 professional organisations, federal agencies and patient advocacy groups.
- The first consensus document aimed at a broader group of health-care professionals\* on how to diagnose and manage food allergy.

\* allergists/immunologists and clinical researchers and practitioners in the areas of pediatrics, family medicine, internal medicine, dermatology, gastroenterology, emergency medicine, pulmonary and critical care medicine, and others.

*“Food allergy is an important public health problem that affects adults and children [...] Additional concerns relate to the difference in the diagnosis and management of food allergy in different clinical practice settings.”*

*NIH Guidelines*



# Translating the guidelines to your clinical practice

*“Early diagnosis can lead to better management of food allergies and reduce the risk of exposure to food antigens.” NIH Guidelines*

## 1. Test early

---

- *The first 5 years* are often decisive when developing allergies.
- *Ruling out* allergies is as important as confirming them to limit unnecessary food avoidance, worry and negative social impact.
- *Self-reports* are often incorrect. “. . . parent and patient reports of food allergy must be confirmed, because multiple studies demonstrate that 50 % to 90 % of presumed food allergies are not allergies.”

***“The Expert Panel recommends sIgE tests for identifying foods that potentially provoke IgE-mediated food-induced allergic reactions.” NIH Guidelines***

## 2. Be specific

---

- *Medical history alone is not enough.* “A thorough medical history is very important in identifying symptoms associated with food allergy and focusing the diagnostic work-up, but alone cannot be considered diagnostic.”
- *SPT is not enough.* “. . . SPTs have low specificity and low positive predictive value for making an initial diagnosis of FA. Thus, use of SPTs in clinical setting may lead to over-diagnosis.”
- *ImmunoCAP® provides precise, safe, quantitative and standardized results for accurate diagnosis.* The predictive values of ImmunoCAP® are superior compared to other systems.

***“Results of follow-up testing can guide decision-making regarding whether and when it is safe to introduce or re-introduce allergenic food into the diet.” NIH Guidelines***

## 3. Follow up

---

- *Regular follow-ups* ensure a proper management and medication.
- *Tolerance may develop* later in life, making medication and food avoidance unnecessary.
- *Annual testing* is often the practice for determining whether allergy to milk, egg, wheat, and soy have been outgrown and the testing interval is extended to 2 to 3 years for allergy to peanut, tree nuts, fish, and crustacean shellfish.”



## ImmunoCAP® – precise results for improved well-being

- Quantitative results can help predict and follow the disease development, help predict the risk of a severe reaction and explain cross-reactivity.
- Low-level detection of specific IgE antibodies is possible, thanks to the allergens and allergen components associated with ImmunoCAP®.
- The predictive value of ImmunoCAP® in diagnosing food allergy is superior to other assay systems e.g. Turbo-MP and Immulite.

### **Quick, safe, reliable and uncomplicated**

- Performed without procedure variations and the results are of excellent standardization.
- It can be performed irrespective of a patient's age, skin condition, medication, symptom, disease activity and pregnancy.
- Cost-efficient. Can quickly rule in or out allergies and guide towards proper management and medication.

### **Nail down the allergy. Liberate the patient.**

- Make substantiated decisions on management and medication.
- Improve symptoms of concomitant co-morbid conditions, e.g. asthma by eliminating correct food allergens.
- Improved quality of life with less worries and minimized social impact.
- Limit unnecessary food avoidance and possible malnutrition.

*“The predictive values associated with clinical evidence of allergy for ImmunoCAP® cannot be applied to Turbo-MP and Immulite.” NIH Guidelines*



## Test early

*"Early diagnosis can lead to better management of food allergies and reduce the risk of exposure to food antigens."* NIH Guidelines

## Be specific

*"The Expert Panel recommends sIgE tests for identifying foods that potentially provoke IgE-mediated food-induced allergic reactions."* NIH Guidelines

## Follow up

*"Results of follow-up testing can guide decision-making regarding whether and when it is safe to introduce or re-introduce allergenic food into the diet."* NIH Guidelines

## ImmunoCAP®

*"The predictive values associated with clinical evidence of allergy for ImmunoCAP® cannot be applied to Turbo-MP and Immulite."* NIH Guidelines

**Phadia**

Phadia AB, P O Box 6460, SE-751 37 Uppsala, Sweden  
Phone +46 18 16 50 00 Fax +46 18 14 03 58 [www.phadia.com](http://www.phadia.com)

Head office Sweden +46 18 16 50 00 Austria +43 1 270 20 20 Belgium +32 2 749 55 15 Brazil + 55 11 3345 5050 China +86 10 8800 3755 Czech Republic +420 220 518 743 Denmark +45 7023 3306 Finland +358 9 8520 2560 France +33 1 61 37 34 30 Germany +49 761 47 8050 Great Britain/Ireland +44 1 908 769 110 India +91 11 4610 7555/56 Italy +39 02 641 634 11 Japan +81 3 5365 8332 Korea +82 2 2027 5400 Netherlands +31 30 602 3700 Norway +47 21 67 32 80 Portugal +351 21 423 5350 South Africa +27 11 792 6790 Spain +34 935 765 800 Sweden +46 18 16 50 00 Switzerland +41 43 343 4050 Taiwan +886 2 2516 0925 United States +1 800 346 4364 Other +46 18 16 50 00

ImmunoCAP is a registered trademark of Phadia AB.