

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.

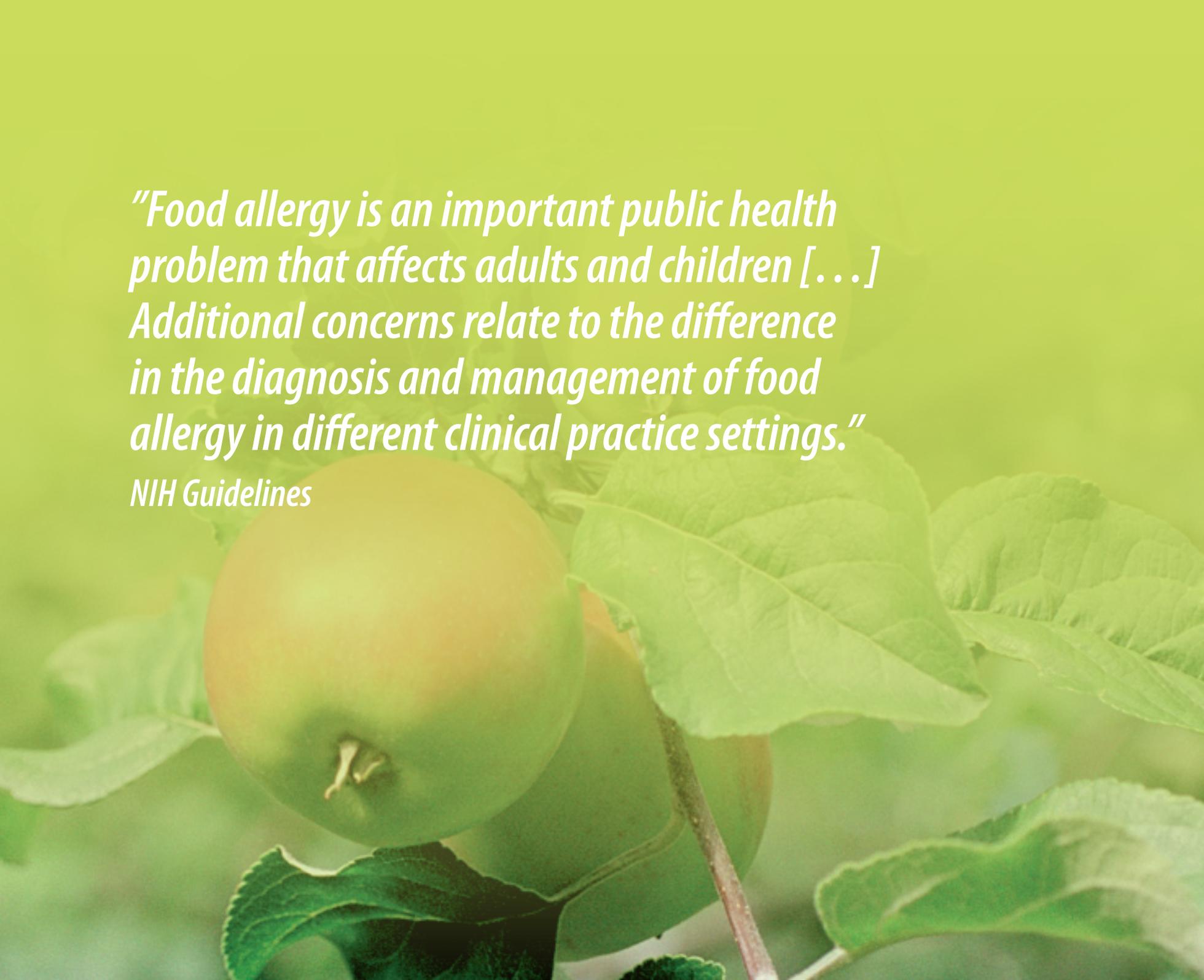
New guidelines for improved care and well-being

- 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



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