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- I'm a consultant for National Peanut Board
- Southern Fried Nutrition Services is my nutrition communications and consulting firm, and I also see some private clients
- I'm a podcaster (Southern Fried Girlfriends podcast), writer, and speaker

Disclosures

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Learning Objectives

1

Direct parents and patients using the latest guidelines for nutrition intervention to prevent food allergies, obtain an accurate food allergy diagnosis, and successfully manage food allergies.

2

Implement an evidence-based approach as RDs educate patients in order to reduce the risk of food allergy reactions while protecting quality of life.

3

Understand and use the appropriate educational approaches and techniques to teach families, pediatric patients, or adult patients about successful food allergy management.

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What is a Food Allergy? (FA)

Immunoglobulin E, or IgE, -mediated reaction

Typically to protein, but can be to other substances (e.g. alpha-gal)

Very quickly results in a reaction – usually within minutes, up to 2 hours

Reactions can be life-threatening

Reactions are unpredictable

Reproducible every time the food is eaten

Treatment is avoidance, emergency medications

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Signs and Symptoms of Food Allergies

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Food Allergy Prevalence in Adults



- 19% Report food allergy
- 10.9% Have convincing history
 - Less than 1/2 of these were diagnosed by a physician
 - Most likely to be diagnosed by physician if multiple convincing food allergies, current epinephrine prescription, history of 1 or more lifetime food allergy-related ED visits, severe reaction history, comorbid allergic rhinitis, or latex allergies
 - More likely physician diagnosis if income \$25k or more

<https://jamanetwork.com/journals/jamaneurology/fullarticle/2720044>

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Characteristics of Adults Who Reported Food Allergies

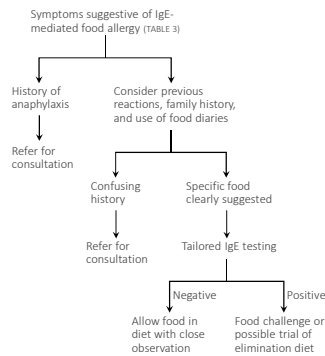
- Higher rates of reported food allergy among non-white respondents
- Higher rates among females
- Those 30-39 years old had highest rates
- Respondents 60 years or older had lowest reported rates
- Having asthma, eczema, allergic rhinitis, urticaria, and latex allergy are significantly associated with increased odds of convincing food allergy



<https://jamanetwork.com/journals/jamaneurology/fullarticle/2720044>

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Diagnosing a Food Allergy



Adapted from <https://www.aafp.org/afp/2012/0705/p43.html>

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Everything Starts with History

Initial questions and information to consider for clients with possible food allergy:

Category	Items to Consider
Symptom and atopic history	Ask specific questions about symptoms and pattern of appearance by system, including details regarding skin, oropharyngeal, gastrointestinal, upper and lower airway, and cardiovascular symptoms. Has anaphylaxis occurred? Do symptoms occur intermittently or continuously?
	Determine the age, circumstances under which, and location where symptoms first appeared.
	What were past treatment experiences?
	Were there any extrinsic factors, such as medications, exercise, or alcohol that might influence reactions?
	Are there current and/or previous potentially associated conditions (eg, other atopic disease or asthma) in the client? What about other family members' history or pregnancy?
	Assess anxiety regarding condition.
	Catalogue current medications or supplements.
Linking foods to symptoms	Determine what previous food elimination may have been attempted and whether or not it was helpful.
	Ask about symptoms related to food. Collect a detailed list of potential foods currently being avoided as a means to avoid symptoms.
	Based on the information collected, determine whether or not the individual is currently on a restricted diet and/or at risk for deficiencies.

Practice Paper of the Academy of Nutrition and Dietetics: Role of the Registered Dietitian Nutritionist in the Diagnosis and Management of Food Allergies. <https://tinyurl.com/qr6f8d>

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Unproven Tests for Diagnosing Food Allergy

- Allergen-specific immunoglobulin G
- Applied kinesiology
- Basophil histamine release/activation
- Cytotoxic assays
- Electrodermal test
- Endoscopic allergen provocation
- Facial thermography
- Gastric juice analysis
- Hair analysis
- Intradermal allergy testing
- Mediator release assay (LEAP diet) provocation neutralization

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Most Common Food Allergens in the US

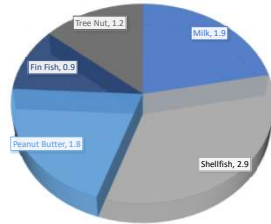
- Milk
- Egg
- Peanut
- Tree nut
- Crustacean shellfish
- Fish
- Soy
- Wheat
- Sesame (emerging)
- Beef/red meat (emerging)



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Most Common Reported Allergies Among U.S. Adults



45.3% reported multiple convincing allergies

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720064>

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Reported Reactions Among Adults



- 24% have an Rx for epinephrine
- 51.1% reported experiencing a severe food allergy reaction
- 38.3% reported at least 1 food-related lifetime ED visit

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720064>

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Avoidance

Currently, the only approved “treatment” for food allergies is strict avoidance and emergency medications (epinephrine) as needed

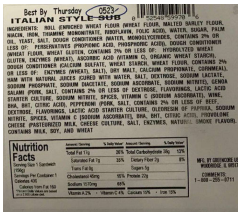
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Emergency Medications

-  EPINEPHRINE IS THE ONLY RECOMMENDED TREATMENT FOR ANAPHYLAXIS.
-  THERE IS NO CONTRAINDICATION FOR EPINEPHRINE.
-  ALWAYS CALL 911 WHEN EPINEPHRINE IS ADMINISTERED.
-  ANTIHISTAMINES AND INHALERS DO NOT TREAT ANAPHYLAXIS.

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Label Reading & PAL



- Food Allergy Labeling and Consumer Protection Act (FALCPA)
 - Only addresses **top 8 allergens**
 - Must be **explicitly listed** on the labels by common name (including specific type of nut, fish, and shellfish)
 - Does not include** fresh foods (produce, meats, fish)
 - There are exemptions:
 - Highly refined oils (e.g. soy and peanut)
 - Soy lecithin
- Precautionary Advisory Labeling (PAL)
 - Not regulated
 - Varies widely between and within manufacturers
- Food allergen recalls are not uncommon and most often due to milk

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Read Labels 3 Times

- At the store
- When putting away at home
- Before preparing to eat



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Prevent Cross Contact

- When storing and preparing foods, it is important to prevent cross-contact
- It is not necessary, though it may be preferred, to remove allergens from the home
- Even a small amount of protein, which cannot be seen, can cause a potentially serious reaction

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Meal Preparation

- Average adult spends 37 minutes/day preparing and cleaning up, per USDA
- More for those who receive meal assistance
- More for women
- New skills may be desperately needed!



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Dining Away From Home

- Plan ahead and research options
- Call the restaurant in advance and ask about food allergy awareness, accommodations, and special menus (if needed)
- Notify the server upon seating and ask to speak with the chef
- Consider carrying a chef card
- Avoid risky restaurants (e.g. seafood restaurants, bakeries, Asian and Indian restaurants)
- When in doubt, take no chances

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College & University Dining

- Accommodations are also required in college and universities
- Types of accommodations vary widely from allergen-safe dining halls to exemptions from meal plans
- Adolescents with persistent food allergies should begin the process of considering school choice early
- Parents can participate, but students ≥ 18 are legally adults, therefore early self-advocacy training is important

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Traveling Can Be Scary
Know the Facts to Travel Safely

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Reducing the Risk of Food Allergy Reactions During Air Travel

1. Make **any request** of the airline
2. Request a **buffer zone**
3. Request an **announcement** that passengers not eat peanut/tree nut-containing goods
4. Request a **peanut/tree nut-free meal**
5. Wipe the **tray table**
6. Bring own **food from home**
7. Avoid use of an airline-provided **pillow**
8. Avoid use of an airline-provided **blanket**



[https://www.jaci-inpractice.org/article/S2213-2198\(13\)00078-0/fulltext](https://www.jaci-inpractice.org/article/S2213-2198(13)00078-0/fulltext)

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Travel Tips

- Research **in advance**
- Choose locations that offer a **safer experience**
- **Consider** an extended stay hotel or apartment rental with kitchen
- Always carry **emergency medications** (2 epinephrine injectors)
- Bring **safe food** and **do not eat food** provided by airline carrier
- **Notify airline** of food allergy and ask what accommodations are possible
- **Board early** and clean seat area, including tray table
- If international travel, **consider chef card** in multiple languages
- **Risk vs. benefit of travel** should be discussed, as well as quality of life



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HOME
ALLERGY CARDS
FREE RESOURCES
ABOUT US
MY ACCOUNT


TRAVELLING WITH A FOOD ALLERGY?

Communicate your food allergies accurately.
Get a professionally translated allergy card.


ORDER ONLINE

ORDER WITH APP







Step 1
Select Language



Step 2
Select Allergy



Step 3
Pay & Print

<https://allergytranslation.com/>

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We Can Provide & Point to Support

- Be a **supportive**, listening ear
- **Listen** more than you talk
- Have **resources** at the ready
- **Refer** to a professional therapist
- Help clients build their support **team**

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Relationships: Dating & Marriage

- Beyond friendships, relationships can feel complicated
- Individuals with food allergies should share details about their food allergies early and may need to remind often
- Care should be given when kissing, especially within several hours of eating the allergenic food
- Eating between teeth brushing is recommended
- Partners should discuss expectations about allergens at shared meals, in the home, etc.

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Behaviors & the Risk of Anaphylaxis

Risk factors include:

- Exercise
- Menses
- Alcohol Consumption

Not behavior, but also...

- Fever/illness
- Concurrent asthma
- Medications (e.g. beta-blockers)



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Food Allergies at the Office

Food Allergies may be considered a disability and covered under ADA. US Dept of Labor suggests possibly:

- Train employees on food allergies
- Hang food allergy signage in the kitchen
- Provide designated foodservice items or a separate space for those with allergies to store their own food
- Address accommodations in meetings, trainings, and in the daily work environment
- Take action if other employees interfere with or ignore reasonable accommodations
- If planning a team activity that involves food, ask the employee how to make the event inclusive for them
- Allow for flex time and be understanding if the employee needs to take sick days or unexpected leave for medical appointments
- Allow an employee to keep medication with him/her at all times and to wear medical identification



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Business and Food Allergies

- Happy hour
- Business lunch/dinner
- Negotiating professional relationships
- The breakroom



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Resources for Adult Clients

Food Allergy Blogs, Podcast, Apps



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RECIPES LIVING WITH ALLERGIES ALLERGY TYPE & TOOLS TRAVELLING WITH ALLERGIES

allergygirlEATS

HOME ABOUT RECIPES LIVING WITH ALLERGIES TRAVELLING WITH ALLERGIES CONTACT

AllergyGirlEats.com

- Adult managing multiple food allergies
- Great info about living abroad, travel, recipes, and more
- Provides counseling for families and individuals and consulting for businesses

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The ITCH Podcast
For anyone interested in learning more about asthma, allergies and immunology

- Allergist + Adult with food allergies
- Cover all kinds of topics about living with food allergies
- Include guest interviews
- Available on iTunes Apple podcasts

Co-Hosted by
Payel Gupta MD & Kortney Kwong Hing

<http://www.itchpodcast.com/>

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Meet the best food allergy app ever.

Spokin saves you time to make life with food allergies easier.

Download on the App Store

Spokin.com


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- A **tiny** amount of allergen is eaten or absorbed in increasing doses over months
- Increases **threshold** for anaphylaxis
- Most participants **have reactions**, many are GI related (OIT) or skin (EPIT), but **anaphylaxis has happened**
- Is not a cure

Immunotherapy

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Biologics

Peanut allergy shots? A new Stanford-led study shows an antibody injection could prevent allergic reactions
 by Kristin Lam, USA Today | November 14, 2019

<https://www.usatoday.com/story/news/health/2019/11/14/peanut-allergy-treatment-stanford-study-antibody-injection/438573002/>

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What Else?

- Microbiome
 - Probiotics?
 - Probiotics + Immunotherapy?
- Vaccination
- Chinese herbal remedy

Not ready for prime time

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“Relaxed Readiness”

Dr. Shahzad Mustafa

Always	Always follow keys to safe eating. Read every label, every time. Ask all the questions. When in doubt, don't eat it.
Meds	Always have emergency medication on hand and don't be afraid to use it.
911	Always have a phone available to call 911.
Enjoy	Always seek to enjoy life to the fullest!

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Practice Pearls	Be	Be a reliable partner for your client with food allergies.
	Educate	Educate clients to give them the tools to self-manage and self-advocate.
	Refer	Refer food allergy adults to other professionals to help manage all of their needs (e.g. therapist).
	Encourage	Encourage clients to know their rights when it comes to food allergies in the workplace.
	Keep up	Keep up with the latest research and news for available treatments for food allergies.

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For More Resources

- International Network for Diet and Nutrition in Allergy (INDANA, indana-allergynetwork.org)
- Food Allergy & Anaphylaxis Connection Team (FAACT, foodallergyawareness.org)
- Food Allergy Research Education (FARE, foodallergy.org)


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Questions?

Sherry Coleman Collins, MS, RDN, LD
 SouthernFriedNutrition.com
 @DietitianSherry

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Check Out the Entire Series

Part 1: The Keys to Preventing Food Allergies

Part 2: Counseling for Food Allergies in Children and Adolescents

Part 3: Coming soon!

VISIT:
ce.todaysdietitian.com/webinars

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You must complete a brief evaluation of the program in order to obtain your certificate. The evaluation will be available for 1 year; you do not have to complete it today.

CREDIT CLAIMING INSTRUCTIONS:

1. Go to www.CE.TodaysDietitian.com
2. Go to "My Courses" and click on the webinar title.
3. Click "Take Course" on the webinar description page.
4. Select "Start/Resume" Course to complete and submit the evaluation.
5. Download and print your certificate.

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