

CHESTER COUNTY OTOLARYNGOLOGY AND ALLERGY ASSOCIATES

(A Division of Pinnacle Ear, Nose and Throat Associates)

Adult and Pediatric Otolaryngology – Head and Neck Surgery - Allergy and Hearing Evaluation and Treatment

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Food Allergy Assessment

Only about 20% of food allergies manifest with traditional allergic symptoms (swelling, itching, sneezing...) and can be tested for with blood tests or skin tests. Most food allergies manifest with a variety of other vague symptoms which have defied diagnosis in past evaluations. The good news is that most food allergies are what are called "cyclical" allergies. If properly assessed and managed, most foods can be tolerated without manifesting symptoms. The most accurate way to test for these is to do a food elimination diet.

The first step is to do a 2 week food diary. This is important as it can point to possible foods or food classes which can be the cause of symptoms. Often the foods an allergic patients eats most often (craves) is the exact food the patient must avoid!

If specific foods are identified, they can be targeted in an elimination diet. If not, specific classes should be assessed. The most common classes of foods to which people are allergic include:

- 1) Wheat
- 2) Corn
- 3) Dairy
- 4) Egg
- 5) Soy

There are 2 parts to testing: a) elimination and b) food challenge.

A) FOOD ELIMINATION: One starts by eliminating a particular food or food class for one week. Testing for longer is not helpful and may confuse the result. If you are not feeling better in one week of elimination, that food is not the culprit! You **MUST** read labels to ensure that there are no hidden food items in your food (ex: egg whites are used to clean wine bottles so you must avoid wine if you are following egg elimination). **DO NOT** eliminate all foods at once since you won't be able to tell which one is the culprit. Do one food or class of food at a time.

If you do not feel better or if symptoms do not improve after 7 days, you are not allergic to that food and you should go on to the next class.

2) FOOD CHALLENGE. If you feel better, you should challenge yourself with the suspect food within 1 week of terminating the elimination. If you wait too long (more than one week) you risk not having a reaction or having such a slight reaction that you may miss an allergy. The longer you wait to challenge, the less like a single dose of the food will create a response if you are truly sensitive to that food.

If your symptoms return after a challenge, you are likely sensitive to that food. If this is the case, eliminate the food for 3 months and then you can reintroduce the food into your diet every 3-4 days or so. In many cases, you will need to learn how often and how much of the offending food your body can tolerate. Everyone is unique.

HOW TO USE YOUR DIET DIARY

Purpose of a diet diary

The purpose of this daily record is to help discover which, if any, foods, medicines, beverages, or other substances may cause or contribute to your allergic symptoms. It is extremely important that the information you record in this diary be as accurate and as complete as possible. The relationship between what you eat and your symptoms may be very complex. For example, some foods may give a delayed allergic reaction many hours after you eat them; other foods may cause immediate discomfort. Also, certain foods may cause symptoms on some days but not on others. For these reasons, it is necessary to rely on your doctor to interpret the relation of your diet to your symptoms.

Directions for keeping your diary:

1. Write down in the Diet Diary “everything that enters your stomach” for **two weeks**. This includes medicines, vitamins, snacks, alcoholic beverages, soft drinks and coffee as well as food.
2. List the composition of mixed dishes and combinations of foods. It is not enough to write down “ham sandwich.” You should also indicate the kind of bread, spread, and dressing (e. g., ham sandwich, whole wheat bread, butter, mustard”).
3. List all your symptoms and always indicate exactly when the symptoms started, how long they lasted, and how severe they were. Some of the common allergic symptoms which people experience are: running or congested nose, wheezing, shortness of breath, sneezing, cough, itching, cramps, gas, hives, headache, migraine, tired feeling, etc.
4. Don’t put off filling out the diary until the end of the day. Memory, at best, is often unreliable. Write down exactly what you eat, drink, or take in any form when you do it or as soon as possible. This particularly applies to between-meal snacks. It is a good idea to carry the diet diary with you in your purse or pocket.
5. Be sure to record an observation of your symptoms before each meal or snack and after a meal or snack. Please mark the time of the meals, symptoms and medications.
6. Always record any time a symptom is worse or better.

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Head and Neck Cancer Surgery
Thyroid & Parathyroid Surgery
Sinus Surgery
Allergy Evaluation and Treatment
Audiology and Hearing Aids

ORAL ALLERGY SYNDROME

Oral Allergy Syndrome (OAS) is due to a cross-reactivity between plant proteins from pollen and fruits or vegetables. When a child or adult with pollen allergy eats raw fresh fruit or vegetable, the immune system sees the similarity and causes an allergic reaction. Patients with oral allergy syndrome can eat the same fruits or vegetables when they are cooked. The cooking process changes the protein enough that the immune system does not recognize the food as being the same as the pollen anymore. OAS most commonly occurs in people with asthma or allergy to tree pollen. Adults appear to be more affected than children. The symptoms of OAS include rapid onset of itching or swelling of the lips, mouth or throat. Other symptoms may include irritation of the gums, eyes, or nose. Symptoms can appear within minutes of eating the offending food. Symptoms are often worse during the spring and fall pollen seasons. The following are foods to avoid during peak allergy seasons :

Birch pollen (March-May)	Hazelnut, apple, pear, peach, plum, cherry, strawberry, carrot, orange, persimmon, zucchini
Grass pollen (May- July)	Tomato, peanut, pea, cereal grains, wheat, rye, apple, carrot
Mugwort pollen (August-October)	Celery, colliander
Ragweed pollen (August-October)	Melons, banana
Other allergy: Latex	Banana, chestnut, kiwi, avocado

MIGRAINE HEADACHES and Food

Although classic Migraine headaches have specific symptoms (headache, nausea, light sensitivity, lights flashing in the eyes...), there are a variety of other “atypical” migraine headaches called Migraine Variant Headaches. These can have a variety of presenting neurological symptoms some of which can include dizziness, hearing loss, tinnitus and even symptoms mimicking sinus infections. There are many triggers such as odors, stress and foods. Any food can cause symptoms and sometimes a food elimination diet needs to be followed (see below) to determine specific triggers. The following is a list of common food triggers:

Tyramine and Pressor Amines:

Yogurt	Avocado	Cheese
Alcohol	Banana	Red Plum
Tomato	Potato	Spinach
Orange Pulp	Eggplant	

Nitrates:

Bacon
Packed Luncheon Meats
Sausage
Hot Dogs

Potassium Metabisulfite:

Preservatives
Beer
Lettuce

Other:

Chocolate
Cola Drinks
Caffeine (all sources)
MSG

A good resource for headaches and foods is “Heal Your Headache” by Dr. David Buchholt.

NAME:

14 DAY DIET DIARY

DATE:

DAY 1 2 3 4 5 6 7

BREAKFAST

Symptoms

Medications

LUNCH

Symptoms

Medications

DINNER

Symptoms

Medications

14 DAY DIET DIARY

DAY	8	9	10	11	12	13	14
BREAKFAST							
Symptoms							
Medications							
LUNCH							
Symptoms							
Medications							
DINNER							
Symptoms							
Medications							