FACTSHEET

Nutrition, health and schoolchildren
Food Allergy and Intolerance

Many people may think that food allergy and food intolerance are the same thing, but although they are both adverse reactions to food, they are different.

Adverse reactions to food, or food hypersensitivity, may involve the immune system, in which case it is known as food allergy. An adverse reaction that does not involve the immune system is classified as food intolerance. Some food intolerances can be caused by enzyme deficiencies, such as lactose intolerance.

It is estimated that approximately 6-8% of children and up to 4% of adults have a food allergy. The percentage is lower in adults as children often outgrow common allergies such as cows’ milk, soy and egg, before they start school. However, this is not the case with all allergies, such as peanut allergy.

The number of people who think they have a food allergy or intolerance (self-reported or self-diagnosed) is thought to be much greater than the actual number with a confirmed diagnosis. There is growing evidence for an increasing prevalence of food allergy in the last 20 years, and more people are being admitted to hospital because of this type of allergy. However, the causes of this increase are unclear, as it is difficult to measure changes in prevalence and studies often use different ways of doing this.

Allergic reactions can range from mild (like a tingling in the mouth) to severe (anaphylaxis). Anaphylaxis is an extreme allergic reaction, and can be fatal, but this is very rare. Common causes of anaphylaxis are peanut, nut and shellfish allergies.

In children, food allergies are most commonly caused by a small number of foods, namely cows’ milk, eggs, peanuts, wheat and soya. For those with food allergies, the only way to avoid an allergic reaction and manage the allergy is to completely avoid the allergenic food or ingredient.

In the past, there has been concern that exposure to peanuts in the womb and in early life could lead to an increased risk of allergy in the baby. However, current evidence suggests that pregnant or breastfeeding women who eat peanuts or peanut-containing foods are at no greater risk of having a child with a peanut allergy than those who choose to avoid such foods. If a child has a known allergy or there’s a family history of allergy in their immediate family, then a GP or health visitor should
advise whether peanuts can be given. Otherwise, crushed or ground (as peanut butter) peanuts can be given to young children from the age of 6 months.

It has been assumed that early exposure to certain foods can result in an individual becoming sensitive to that food and therefore developing an allergy to it. However, some experts challenge this opinion as there is emerging evidence that exposure in early life to certain foods actually may trigger a normal immune system response. Whilst we are waiting for more research in this area, it is currently recommended that you talk to your GP or health visitor before you give peanuts or peanut-containing foods for the first time.

Food intolerances are more common than food allergies. People with a food intolerance typically experience symptoms several hours after eating the food they are intolerant to, rather than very soon afterwards, which happens in many cases of food allergy. Sometimes people with food intolerance can tolerate a reasonable amount of the food. One of the most common food intolerances is lactose intolerance, where the body cannot digest lactose found in milk and dairy products. Lactose intolerance is more common in some ethnic groups. In populations from northern Europe, such as those from the UK, only 1 in 50 people are reported to experience some form of lactose intolerance. However, figures for people of Asian/African or Chinese descent typically have a higher prevalence of lactose intolerance.

For more information on the sources used in this text, please contact postbox@nutrition.org.uk

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