

Millions of Americans Are Wrong About Having a Food Allergy, Study Suggests

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DRINKING MILK MAY MAKE YOU FEEL SICK AND GASSY, BUT THAT DOESN'T MEAN YOU'RE ALLERGIC.

Millions of Americans might be mistaken about their self-professed food allergy, suggests a new survey. It found that while nearly 20 percent of people said they had a food allergy, only half as many people reported the sort of symptoms you'd expect from eating something you're allergic to.

Researchers surveyed more than 40,000 adults via the phone and internet between October 2015 to September 2016. The volunteers were asked if they had any food allergies and about what symptoms they typically had. They were also asked if they had ever been formally tested and diagnosed with a food allergy by a doctor.

All told, 19 percent of the nationally representative group reported having a food allergy. But only 10.8 percent said they had symptoms consistent with an allergic reaction to food, such as hives, swelling of the lips or throat, and chest pain. The main culprits behind these allergies were shellfish, milk, and tree nuts. Those who didn't have a convincing food allergy instead reported symptoms like stomach cramps, a stuffy nose, or nausea.

The findings, published Friday in JAMA Network Open, roughly match up to estimates from other studies, including those that confirmed a person's food allergy with testing or medical records. In terms of the U.S. population, the study estimates, there are about 26 million adult Americans with a food

allergy—and there are likely nearly as many Americans who wrongly say they have one. But that doesn't mean huge swaths of people are pretending to have food allergies; it's just that we could be a little confused about the terminology.

True allergies, as they're known, happen when the immune system overreacts very quickly and in a specific way to a foreign substance harmless to us, whether it's food or a piece of clothing. The antibodies usually responsible for an allergic reaction are called immunoglobulin E, or IgE. When doctors test for allergies, it's IgE antibodies they're looking for. But people can react badly to food for other reasons outside of this process.



Why Do We Get Allergies?

Lactose intolerance is probably the best known example of this, and it happens because many adults are less able to break down lactose, the sugar commonly found in dairy products, into simpler sugars. Another genetic condition, celiac disease, makes people unable to digest gluten. Some people also seem to have delayed immune reactions to food without IgE in the picture, though we're less sure about how commonly this happens and how to accurately diagnose it. Many doctors, for instance, criticize tests that promise to find these so-called food sensitivities with ease.

It's likely then, the researchers say, that people might be mixing up a food intolerance or sensitivity with a food allergy.

What's also concerning is that many people with likely food allergies in their survey have seemingly never talked to a doctor about it. Only half of the group said they had an official diagnosis from a physician. And while many of us develop food allergies early on in childhood, just about half reported finding out about their allergy as adults.

This lack of diagnosis is concerning, because food allergies aren't something you want to be in the dark about. While your typical bout of lactose intolerance might make you too familiar with the bathroom, a food allergy can trigger a severe, life-threatening anaphylactic shock. In the study sample, 38 percent of people with food allergies said they had to visit the emergency room at least once in their lives as a result, while around a quarter had a current prescription of epinephrine, which can prevent anaphylaxis.

Some of the people who discovered their allergy in adulthood might have simply been lucky enough to avoid the offending food for most of their childhood or forgotten about a previous reaction, but it's likely many others developed their allergy later on life. Why that's happening is a crucial mystery that needs solving.

"We were surprised to find that adult-onset food allergies were so common," lead author Ruchi Gupta, a public health researcher and professor of pediatrics at the Northwestern University Feinberg School of Medicine in Chicago, said in a [statement](#). "More research is needed to understand why this is occurring and how we might prevent it."

On the whole, Gupta added, anyone who thinks they're not able to handle a particular food for whatever reason should ask their doctor to get to the bottom of it, and not self-diagnose.

"It is important to see a physician for appropriate testing and diagnosis before completely eliminating foods from the diet," Gupta said. "If food allergy is confirmed, understanding the management is also critical, including recognizing symptoms of anaphylaxis and how and when to use epinephrine."