

18 January 2012

Allergy New Zealand and the New Zealand Clinical and Immunology and Allergy Group (NZCIAG) are pleased that the Commerce Commission has issued advice to alternative allergy treatment providers.

We have been concerned for some time at the actions of some alternative practitioners in this area. Some of the definitions and terminology used by these practitioners, particularly with regard to food allergy, have led to claims in respect to diagnosis and treatment that are medically unproven and potentially unsafe.

An allergy is an immune system disorder involving the development of IgE antibodies that are specific to one allergen. They are different from other types of reactions, such as food intolerances. Allergic reactions can include anaphylaxis (a potentially life-threatening severe allergic reaction), urticaria (hives), asthma and eczema. Food intolerances generally cause milder reactions, often involving gut symptoms and/or nonspecific rashes.

Food allergies usually develop in childhood, but can develop at any age. The foods most commonly implicated are milk (dairy), eggs, peanuts, tree-nuts, sesame, soy, wheat, fish and shellfish.

Children and adults with food allergy may be at risk of anaphylaxis, a generalised allergic reaction which affects breathing and/or the cardio-vascular system (i.e. blood pressure). It is estimated that up to ten percent of young children and 2-3 % of adults are food allergic.

The diagnosis of an allergy should be on the basis of the patient's clinical history and physical symptoms. Skin prick tests (SPT) or allergy blood tests (EAST/RAST) are used by doctors to detect IgE antibodies as a way of confirming (or excluding) a specific allergy. Patients should also be assessed for their risk of anaphylaxis and given appropriate advice which may include an anaphylaxis action plan and prescription for an adrenaline auto-injector.

Many children will eventually outgrow their food allergies and a specialist may use an IgE test (SPT or EAST/RAST) to determine when it is appropriate to conduct a food challenge to confirm if it is safe for the child to include the food in their diet. However because of the risks of anaphylaxis, food challenges should only be conducted in a specialised medical setting where staff are trained in emergency procedures.

There is currently no safe, proven treatment for food allergy other than total avoidance of the food concerned, although international research into possible treatments is ongoing.

The potential for serious adverse outcomes from unorthodox tests and treatments include:

- i) Unnecessary food restrictions:
Inaccurate diagnosis can lead to major dietary restrictions, especially if multiple foods are excluded. Children are particularly vulnerable as this can have a serious effect on their growth and development. Dietary restrictions are also costly and difficult to

maintain and an inaccurate diagnosis and/or poor advice may impose significant but unnecessary stress on patients and their families.

ii) Unsafe exposure to allergens:

Unorthodox diagnostic techniques have not been proven to diagnose allergies correctly. These include hair analysis, Vega testing, iridology and kinesiology. This could mean a patient is not given appropriate food allergen avoidance advice, nor properly advised about risk of anaphylaxis and emergency management. Some unorthodox treatments involve exposing the patient to the allergen; this can put them at risk of severe reactions. There is similar concern for people who may ingest a food in the false belief that treatment has cured their allergy to it. More information can be found on the Australasian Society of Clinical Immunology and Allergy (ASCI) website:
<http://www.allergy.org.au/content/view/322/271/>

iii) Exacerbation of symptoms:

Symptoms the patient has may not be caused by allergies at all. Inaccurate diagnosis can lead to ineffective treatment and possibly progression of an underlying condition leading to worsening of symptoms. There is no evidence, for example, that treatment for allergies can cure conditions such as irritable bowel syndrome, or attention deficit disorder.

Miriam Hurst, MBChB, FRACP, FRCPA

Clinical Immunologist/Immunopathologist

On behalf of the New Zealand Clinical Immunology and Allergy Group*

*The New Zealand Clinical Immunology and Allergy Group (NZCIAG) is a professional medical organisation that promotes the management of immune and allergic diseases.

Penny Jorgensen, CEO, on behalf of Allergy New Zealand Inc

Allergy New Zealand Inc is a national charity that provides support, advocacy and information for people living with food allergies, anaphylaxis and other allergies or allergic conditions.

For more information, contact:

Penny Jorgensen, CEO, Allergy New Zealand:

Email: ceo@allergy.org.nz

Tel: 09 623 3912 ext 5

Mob: 021 393 644

www.allergy.org.nz

Allergy New Zealand

P.O. Box 56 117

Dominion Rd

Auckland 1446.