

**MEDIA  
PLANET**

4 May 2009

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# ASTHMA & ALLERGIES



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**Is the air in your home clean?**

**Find out more on page 7**

## ASTHMA &amp; ALLERGIES Introduction



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**MEDIA  
PLANET**

## ASTHMA &amp; ALLERGIES

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# Allergy: an unmet need

International research into allergy carries great hope, but the lack of allergy centres in the UK is still a worry, says **Neil Churchill, chief executive of Asthma UK**

Allergy and asthma are closely interlinked. One in four of us will develop an allergy at some point in our lives and more than half of the 5.4 million people with asthma in the UK also have allergies, such as food allergy or hay fever.

For many, asthma symptoms are triggered in response to allergens – we know that for 90 per cent of people with asthma, dust is a trigger, and almost 80 per cent say their symptoms are triggered by pollen.

The reasons behind this link are not yet fully understood, but the good news is that a number of research projects are currently looking into this and related areas, and events such as World Asthma Day on 5 May, Coeliac Awareness Week from 11 to 17 May, and National Allergy Week from 16 to 21 May, are effective in raising awareness amongst a wide audience.

Despite asthma and allergy being common long-term health problems, many – including those with these conditions – seriously underestimate them. This can have dangerous consequences.

Asthma kills three people every day in the UK and every 16 minutes a child is admitted to hospital when an asthma attack leaves them fighting for breath.

There are also people with asthma for whom existing drugs essentially do not work, despite advances in treatment.

We know that half a million people with severe asthma face this problem and many say they are living on a knife-edge – forced at times to live as prisoners in their own homes, as they seek to avoid triggers all too easily encountered in the street, playground or workplace.

Asthma affects the poorest particularly hard. Peo-

ple in disadvantaged parts of the UK are more likely to have an emergency admission to hospital because of their asthma.

Despite this and with the right help, some Primary Care Organisations have shown that health outcomes can be significantly improved, even in the most disadvantaged communities.

These people and others with asthma and allergies need more support.

With only six allergy centres in the UK and few asthma nurse specialists there is a clear need for greater expertise on asthma and allergy in the NHS to facilitate treatment in primary care, so that people can get the right help as close to home as possible.

Too many of us put ourselves at risk of not taking asthma and allergies seriously enough, until something shocking happens to challenge our complacent attitudes.

Hopefully information contained in this asthma and allergy supplement will help further understanding – for those with these conditions, their families, friends and colleagues – and help avoid this tragic situation.

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▲ Neil Churchill

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**ASTHMA & ALLERGIES** Asthma today

Although deaths due to asthma have reduced in recent years, the disease's prevalence is still on the rise and millions in this country continue to struggle with their ill health. Here, we examine present treatments – and future hopes

# The modern face of asthma

**A**sthma affects over five million people in the UK, and is particularly common in children. The symptoms – wheezing, breathlessness, tightness in the chest and coughing – can be frightening and distressing, and can result in sudden asthma attacks or more insidious long-term effects.

Asthma's prevalence has increased greatly over the last 30 years for reasons not fully understood, but which seem to relate to modern lifestyles. Like other allergy-associated conditions, it is much more common in wealthy, westernised countries, particularly the UK.

The fundamental problem in asthma is inflammation in the airways. In asthmatic lungs, the lining of the air-conducting tubes (called bronchi) are reddened and swollen, and the tubes themselves are 'twitchy', so that they tighten up when exposed to irritant triggers. In acute asthma, the narrowing of the tubes can be so serious that insufficient oxygen gets into the body.

This can be life-threatening,

BY DR MIKE THOMAS, ASTHMA UK'S CHIEF MEDICAL ADVISOR

and three people die every day from it. In less severe asthma, breathing difficulties interfere with everyday activities and sleep.

Many people with asthma have allergies, usually to airborne allergens – small, inhaled particles which trigger airway inflammation, resulting in symptoms. The most common are house dust mites, pet dander, pollens and fungal moulds.

Food allergies can act as a trigger for sudden severe asthma attacks, but are less common. Other triggers include viral infections, tobacco smoke (from active and passive smoking), traffic fumes and air pollution.

## Current treatments

Although we have effective treatments to control asthma, there is no cure, and medicines only work while people continue to use them. Asthma deaths have reduced in recent years, although many people continue to suffer avoidable



Photo: iStockphoto

symptoms and impaired quality of life.

But the most effective treatments are anti-inflammatory medications which control symptoms and reduce the risk of asthma attacks. Inhaled steroids have a very good efficacy record and the doses used are usually low and do

not cause side-effects. People are understandably wary of steroids, but except at the highest doses, they are very safe, even in young children.

Most people will also have a bronchodilator – or reliever – inhaler, to be taken when needed. These open the constricted air-



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ways in the short-term by relaxing muscles.

However, they do not reduce the inflammation that is causing the constriction, so are a symptomatic relief only. If asthma is under good control, it should not be necessary to need a reliever more than twice a week.

There are also long-acting bronchodilators that are used regularly to improve asthma control. These inhalers should never be used without inhaled steroids, and are usually given in combination, with both drugs in a single inhaler.

For most people, high levels of control and a

**“Some herbal treatments hold promise, though the evidence is inconclusive at present”**

normal life should be possible, yet evidence suggests many are failing to achieve the best results.

Often a better partnership between the patient and the health professional – usually a GP or an asthma nurse – can result in better outcomes.

Newer asthma treatments also exist as add-ons, including non-steroid anti-inflammatory tablets (called leukotriene antagonists). Several treatments have recently been launched or are under development for those few patients

with very severe asthma – particularly those with severe allergic asthma.

These treatments generally involve regular injections with monoclonal antibodies, which target specific parts of the inflammatory pathway in asthma. This treatment needs to be supervised in a specialist asthma clinic after a careful

Dr Mike Thomas



assessment.

Many people are interested in non-drug treatments. Allergen avoidance can be successful for some, but is often difficult to achieve in practice. Some herbal treatments hold promise, though the evidence is inconclusive at present. Breathing exercises can help, but they are not a cure. There is little evidence that strict diets or acupuncture make much difference.

### The future

Asthma is a long-term condition, and long-term treatment is needed. People with asthma often feel they have not been given enough information about their condition. High quality care involves two-way communication, in which the patient is provided with the information and tools needed to make de-

cisions about their own health. Information is the key to empowerment, and patient organisations such as Asthma UK have a vital role in providing accessible information, lobbying for change and supporting research.

Asthma is far from being resolved. We still don't understand the causes or have a cure, and we must prioritise research. In addition, there is a need to provide national standards of care for asthma.

Currently standards vary hugely around the UK – with eight-fold differences in hospital admission rates for children between some primary care trusts – and people with asthma deserve the best care we can give.

For more information:  
[www.asthma.uk.org](http://www.asthma.uk.org)



**Is your indoor air making you sick?**



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or call our science team on 0207 099 2139

# Summertime... and the living is sneezy

Hay fever – or seasonal allergic rhinitis – affects up to one in three of us, triggering miserable symptoms and irritation.

**Professor Jean Emberlin, of the National Pollen and Aerobiology Research Unit, University of Worcester, explains everything you need to know to cope**

About 16 million people in the UK are allergic to pollen or spores and for them summer can bring misery, with very frequent sneezing, runny nose and eyes. If you are one of them it is useful to know what you are allergic to so you can avoid those places and

plants that may trigger symptoms. The simplest way is to keep a symptom diary and match it against a pollen calendar (see figure below).

Symptoms of hay fever and asthma related to pollen can start in spring with tree pollen,

especially birch and oak. About 25 per cent of those with hay fever are allergic to tree pollen but they often don't realise this because their symptoms may not occur every year. Most trees, birch included, have cycles of high and low pollen production.

## UNITED KINGDOM GENERALISED POLLEN CALENDAR

Taxon	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Hazel (Corylus)									
Yew (Taxus)									
Elm (Ulmus)									
Alder (Alnus)									
Willow (Salix)									
Ash (Fraxinus)									
Poplar (Populus)									
Birch (Betula)									
Oak (Quercus)									
Pine (Pinus)									
Grass (Gramineae)									
Oils Seed Rape (Brassica napus)									
Plane (Platanus)									
Dock (Rumex)									
Nettle (Urtica)									
Lime (Tilia)									
Plantain (Plantago)									

Pollen season



Peak period



The calendar shows the general situation in the UK. The exact timing and severity of pollen seasons will differ from year to year depending on the weather, and also regionally depending on geographical location. Information supplied by The National Pollen Research Unit, University College, Worcester.

Grass pollen is the main culprit, affecting about 95 per cent of those with hay fever. The season typically lasts from late May to August, with the peak in the first half of June. Weed pollen is in the air during summer and early autumn, affecting about 20 per cent of hay fever sufferers. If you are allergic to pollen you may also experience a skin reaction called urticaria, or nettle-rash, if you come into contact with the plant – for example, when sitting on grass with bare legs.

Fungal spores are the least understood part of the air flora, but are present especially in summer and autumn, with many types emerging in wet or dry weather. They can cause sudden-onset symptoms of hay fever and asthma, such as with thunderstorm asthma, which can be due to the release in warm, damp weather of spores called didymella, which come from a fungus growing on cereal leaves. Although fungal allergy was recognised in the 19th century, it is poorly understood therefore it is difficult to diagnose.

A range of treatments and remedies is available to help to control symptoms, including antihistamines, eye drops and nasal sprays.

If symptoms are severe your GP may refer you to an allergy specialist for skin or blood tests to find out what you are allergic to. In some cases immu-

notherapy (IT) may be appropriate. In this approach, patients are given tiny amounts of an allergen to help build up resistance to it. There have been notable advances in IT in recent years, including methods which use pills under the tongue rather than injections.

The best approach is to combine suitable treatments with sensible avoidance measures: not going out when the pollen count is very high, such as on dry, warm summer days, protecting the eyes with wrap-round sunglasses, not hanging clo-

“Fungal spores are the least understood part of the air flora”

thes outdoors to dry on high pollen count days and making a pollen-free atmosphere by closing windows and doors and sitting still for 30 minutes – pollen will fall from the air giving some respite.

It is also best to avoid places with high levels of air pollution as this can make symptoms worse.

For most people with hay fever, the good news is that combining suitable treatments with sensible avoidance measures will enable them to enjoy summer to the full.



For more tips and information see  
[www.pollenuk.co.uk](http://www.pollenuk.co.uk)

# When hayfever strikes, new Nasacort sticks

Hayfever affects one in 10 of the UK population, with young people most commonly afflicted\*. Now the familiar symptoms of sneezing, itchiness, nasal congestion, and nasal discharge can be treated with new Nasacort® Allergy Nasal Spray, available from pharmacists without a prescription for the first time.

The hayfever season peaks from March to mid-July, but for some sufferers, symptoms can appear as early as January, with the emergence of tree pollens, and continue through to early October, when the weed pollen count finally drops. While sufferers can lessen their exposure by closing windows, avoiding grassy places when pollen counts are high and ensuring their car has a pollen filter, it is impossible to completely avoid the pollen and allergens which trigger hayfever symptoms.

Hayfever occurs when the body's immune system over-reacts to the pollen from grass and trees when they enter the nose. New Nasacort Allergy Nasal Spray directly treats the symptoms by stopping the immune response to pollen in the nose.

The thixotropic properties of Nasacort, which cause the product to thicken when sprayed and stick to nasal tissues<sup>22</sup>, ensure that it stays where it is sprayed allowing the active ingredient, triamcinolone acetonide, to act directly on nasal cells. The non-drowsy, prescription-strength formulation requires just one dose a day.

Doctors have been prescribing Nasacort for a number of years and it is now available for the first time direct from the pharmacy without prescription, suitable for adults aged 18 and over.



Nasacort Allergy Nasal Spray costs £4.95 for 30 sprays and is available from pharmacies nationwide.



\*Statistik, Treatment of seasonal allergic rhinitis (hay fever), National Prescribing Centre, Volume 9, Number 3 1999. <sup>22</sup>Guo G et al. The efficacy of intranasal corticosteroids against nasal spray for seasonal allergic rhinitis due to tropical climate. Ann. Allergy Asthma Immunol. 1996;75(1):95-100. <sup>24</sup> Nasacort SPC, 2007

Quality  
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quality  
of life



## The invisible enemy in the air you breathe

Most people are unaware of an important fact: the air we're breathing inside our homes can be highly polluted. In fact, most people don't even think about the air that they breathe, but they should!

Research indicates that indoor air can be 6 times more polluted than outdoor air and that people spend approximately 90% of their time indoors\*. Many people believe that because their homes are clean, their indoor air is clean too. The truth is that airborne particulates such as dust, smoke, mold spores and pet dander can be widespread in even the cleanest homes.

While poor indoor air poses particular risks for children, the elderly and those affected by asthma and allergies, everyone's health can suffer by breathing polluted air. Effects from exposure to poor indoor air may include irritation of the eyes, nose, and throat, headaches, dizziness and fatigue.

Part of the reason why people don't take action against indoor air pollution is that they don't believe anything can be done to help prevent or improve indoor air quality problems.

The truth is that effective, affordable portable air purifiers, such as Honeywell air purifiers, eliminate up to 99.97% of microscopic airborne pollutants that pass through their filters (microscopic particles 0.3 microns or larger).

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- N. Schachar, MD  
Leading US authority on child asthma

\* US Environmental Protection Agency  
\*\* National Health Service (NHS) - Public Health - Air Quality - Physical Pollution Study, Air Quality Unit, 2000  
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**Honeywell**



# Lessons in survival

**Natasha Clement-Jones from The Anaphylaxis Campaign highlights the need for care, vigilance and training to help allergic children stay safe at school**

**A**naphylaxis is an extreme allergic reaction affecting the whole body, often within minutes of exposure to the allergen, but sometimes hours.

Symptoms might include swelling of the throat, severe asthma, abdominal distress and a sudden feeling of weakness caused by a drop in blood pressure. Children at risk face challenges from everyday school situations which might seem harmless to others. Proper management of allergy in schools is therefore essential.

Common causes of anaphylaxis include

foods, such as nuts, eggs and milk. Non-food threats include wasp or bee stings, latex (rubber), and drugs such as penicillin. All those at risk should be – and usually are – prescribed adrenaline injectors such as an Anapen or Epipen.

In the event of a severe reaction, and when administered by someone trained, an adrenaline injector will alleviate symptoms and buy time until an ambulance arrives.

From an early age, children should be en-

gaged in managing their allergy. They should be advised to not swap food, ask when they are unsure about canteen food, read labels on food from a vending machine or tuck shop, and be prepared for the transition from primary to secondary school. Parents and children must be sure the school is aware of the allergy, the step-by-step emergency procedure and where

in-date medicines are held. Proper annual training from a medical professional, such as a school nurse, will ensure the correct response to a reaction.

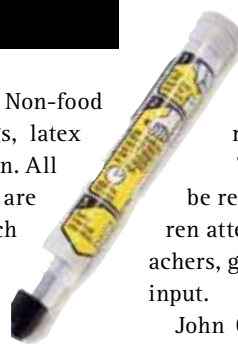
The parent/school partnership should be reinforced with parents and older children attending training sessions, alongside teachers, giving them the opportunity to provide input.

John O Warner, Professor of Paediatrics at Imperial College, London, agrees.

"Parents should inform the school in detail about their child's specific allergic problems, supported by a doctor-signed management plan," he says. "Staff need to be aware of situations where risk is increased – the canteen, cookery lessons, lunch and school trips."

To this end, The Anaphylaxis Campaign launched AllergyWise, an accredited training programme for school nurses, which aims to improve the quality of life of severely allergic children in the school environment.

With proper training, communication between home and school, and clear information about how to manage their allergy, children can participate fully in school life and stay safe.



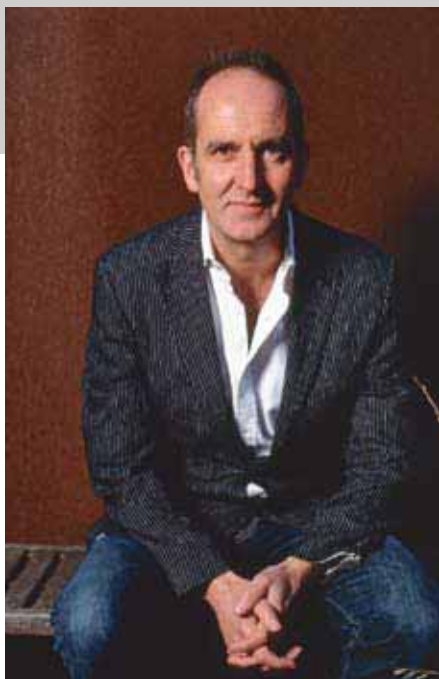
For advice on severe allergy and anaphylaxis, call the Anaphylaxis Campaign helpline on 01252 542029 or visit [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)



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▲ Kevin McCloud

# Fighting through the fog

Designer, writer and television presenter Kevin McCloud has lived with asthma throughout his adult life. As a supporter of Asthma UK and their new Putting Asthma in the Limelight fundraising week, which runs until 10 May, he tells **Kelly Rose Bradford** about his experiences of the condition – and how he eventually found a way to manage

king to the bathroom had me wheezing. I upped my inhaler doses and cut out sugar, dairy and wheat from my diet, but nothing helped and my quality of life was totally compromised. I tried reflexology and acupuncture, but they didn't make the asthma go away.

sprays and solvents would set me off too.

## What changed everything for you?

Seeing John Costello, a respected respiratory specialist. He said immediately that I should have a decent quality of life, and should not have had to give up alcohol.

He told me the symptoms I had experienced – such as night attacks – were warnings of the seriousness of my condition. He prescribed me Symbicort, an inhaled steroid and bronchodilator combination, and now I feel twenty years younger. I can exercise again – walking, mountaineering, skiing – when for a long while I couldn't do anything at all.

## What would you say to others with asthma?

Seek advice if you feel you're not getting the treatments you should be. I did, and the change in my life is remarkable.

*Kevin McCloud's Colour Now (£9.99, Quadrille) is out now.*

## When was your asthma diagnosed?

I was on a walking holiday when I was about 20, and went on a long hike which made me so wheezy that a friend gave me his inhaler and said I should see my doctor. Mild asthma was diagnosed and I was given Ventolin and Becotide.

## Did you try any alternative therapies?

In the 90s, I started having sneezing fits and allergic reactions when I drank alcohol, so I gave it up. Then, about three years ago, I became very ill and bed bound.

I had night attacks, no energy, and just wal-

## Has your asthma affected your family life?

I made sure my family's quality of life was not compromised, but once or twice out on the bikes with the children I had to stop.

When I was very ill it affected my wife, Suzanna, more as she was the one who had to support me and deal with all the little things like no feather pillows, no carpet in the bedroom, no aerosol sprays...

## What about your career?

At its worst it was like looking through a fog, staring at a spreadsheet or trying to design something and just wanting to fall asleep.

It also took me hours to get going in the morning. In the design studio things like paint



# Fighting the cause of allergy

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## ASTHMA &amp; ALLERGIES Indoor allergies

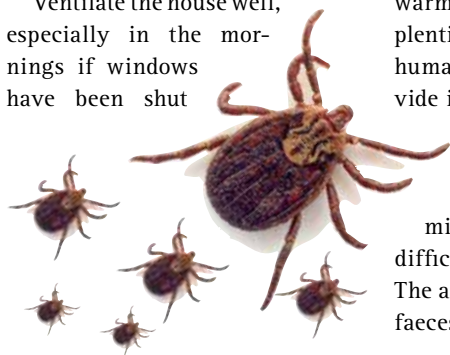


Photos: iStockphoto

Most of us spend about 90 per cent of our time indoors but this can be a very unhealthy environment. Typically, home air contains a cocktail of gases and particles including solvents from DIY products, aerosols from deodorants, chemicals from cleaning agents, aldehydes from furniture and gases from cooking. All can act as respiratory irritants. We can add to this list organic particles such as bacteria, viruses, fungi, and allergens from pets and house dust mites.

There are two main approaches to dealing with these. One is to remove the contaminants. The other is to reduce their sources.

Ventilate the house well, especially in the mornings if windows have been shut



Creating an allergy-friendly indoor environment needs care and attention, says **Professor Jean Emberlin of the National Pollen and Aerobiology Research Unit** – but the benefits to health are worth the effort

overnight, and it's a good idea to invest in an air filter for key areas – but make sure that it is suitable for the room size. Clean frequently, including under furniture, with a powerful vacuum fitted with HEPA or multiple filters. Use a damp or special 'anti-allergy' duster for maximum pick-up and retention.

A key concern are dust mite allergens, which have a role in asthma, perennial rhinitis and eczema.

House dust mites thrive in warm, humid environments with plentiful food supplies, mainly human skin scales. Beds provide ideal habitats – most contain many thousands of mites.

Keep carpets and soft furnishings to a minimum as mites cling onto fibres and are difficult to remove by vacuuming. The allergens, found mainly in the faeces, persist in dry dust but are

highly soluble so they can be removed by washing at 60 degrees Celsius for 20 minutes. This will also kill mites. If something can't be washed, freeze it for 24 hours to kill the mites then vacuum to remove allergens. Reduce humidity in the home and clean or renew bedding at least every few months. Use barrier or other anti-allergy bedding and vacuum the mattress frequently. It is not enough to just reduce mites in beds – a concerted effort is needed throughout the home.

Sensitisation to pet allergens, especially cat, is common. The main cat allergen is a protein produced by sweat glands and appears in skin flakes, fur, saliva, and urine. Castration reduces the allergen production four-fold. Cat allergen clings to fabrics and paint work for months and is difficult to remove, so keep wall surfaces

smooth and redecorate often.

The concentration of the allergen in homes with cats is about 250 times higher than in those without. When a cat comes into a room the allergen levels increase by five times, so keep some cat-free rooms as a 'sanctuary'.

Although allergy to dogs is less frequent it can still present problems. The main allergen is a protein from salivary glands and it is also in the dander and on hair. Most dog allergen in the home is in the living room.

Indoor air pollution can make symptoms of allergy worse and can be detrimental to your health generally, so reduce gas cooking, open fires and store DIY products away from the main living areas.

These measures can keep symptoms to a minimum and your home healthier – for everyone in the family, whether allergic or not!

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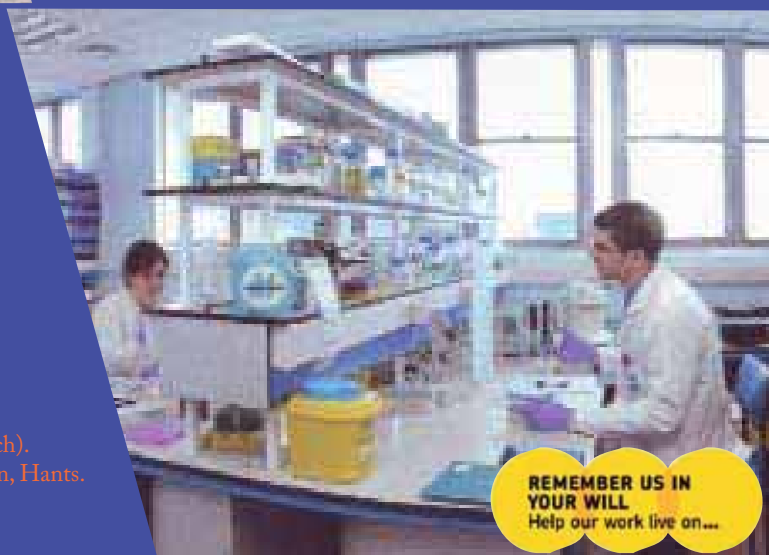
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*"For over 30 years Southampton has been a pioneering centre of research into allergy, asthma and anaphylaxis. AAIR has played an absolutely crucial role in this research." – Professor Stephen Holgate*

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**ASTHMA & ALLERGIES** Food sensitivities

Diarrhoea, stomach upsets, bloating, rashes, migraines, wheezing... there are many symptoms of food sensitivity, but it may not be easy finding out whether or not you have an allergy or intolerance.

**Alex Gazzola** explores the differences between the two, and what to do if you're diagnosed

# Is food really making you ill?

**W**e live in a food sensitive world. We know that around three per cent of adults and eight per cent of children have food allergies, and according to Allergy UK, up to 45 per cent of us may experience symptoms of food intolerance.

These latter figures are disputed by some experts, and dietitians have warned too many are self-diagnosing their sensitivities, leading them to inappropriately restrict food intake, possibly compromising health. So what's the real story?

A food allergy is a serious, rapid response towards a food by the body's immune system. In food allergy, immune antibodies (called IgE) mistake a food for an 'invader' and attack it. This causes a reaction in which inflammatory substances are released, causing unpleasant side-effects, including irritation and swelling in and around the mouth, streaming eyes or nose, wheezing and possibly nausea and vomiting. Occasionally, symptoms can be life-threatening.

Diagnosis must be performed by an allergist, who may use a combination of blood tests, skin prick testing and controlled food challenges to confirm an allergy. If positive, it is likely that strict avoidance of the food in question will be necessary, and you may be prescribed antihistamines or adrenaline injectors.

In children, nut, milk, soya and egg allergies are common, although, with the exception of nuts,

these are usually outgrown.

In adults,

fish and nuts tend to dominate, but allergies to raw fruit and vegetables are rising, and are linked to hay fever.

**“A food allergy is a serious, rapid response towards a food by the body's immune system”**

A food intolerance, meanwhile, is an adverse reaction to a food which does not involve the immune system. Symptoms tend to be delayed, hours or days after the consumption of culprit foods, making identification difficult.

These symptoms tend to be digestive – such as diarrhoea, constipation, tummy pain, and flatulence – but because these are associated with other conditions (like IBS or coeliac disease), confirming that a particular food is to blame can be tricky. Other symptoms can include headaches, skin complaints, tiredness and cravings.

A common food intolerance is lactose intolerance, caused by the body's inability to digest the milk sugar lactose, and triggering tummy upset within an hour or two of the consumption of dairy products, especially milk.

Others may be sensitive to the caffeine in coffee and tea, or to compounds called amines in strong cheeses and red wines, or to food additives and flavourings.

Other intolerances exist, but the mechanisms involved are unknown or difficult to pinpoint.

Some researchers believe immune antibodies called IgG – 'gentler' than the IgE antibodies involved in food allergies – may trigger some delayed reactions. This is a controversial area, and some private labs offer blood testing for IgG antibodies. But these can be expensive, and their worth has not yet been satisfactorily proven.

## Useful resources:

- Allergy UK: [www.allergyuk.org](http://www.allergyuk.org)
- Foods Matter: [www.foodsmatter.com](http://www.foodsmatter.com)
- Peanut Allergy UK: [www.peanutallergyuk.co.uk](http://www.peanutallergyuk.co.uk)
- It's Nuts Free: [www.itsnutsfree.com](http://www.itsnutsfree.com)
- Action Against Allergy: [www.actionagainstaallergy.co.uk](http://www.actionagainstaallergy.co.uk)

Tests offered through health food stores and alternative practitioners, such as Vega, reflexology and hair mineral analysis, have been medically discredited.

The reliable way to identify intolerance is through an exclusion diet under dietetic supervision. Here, all but a few safe foods are eliminated until symptoms disappear, and then those foods are reintroduced individually in order to identify the point at which symptoms return.

If you are diagnosed, help is at



hand. Supermarkets and specialist producers such as It's Nuts Free and Lactofree are now producing ranges of

specialist free-from products, while the magazine Foods Matter, devoted to those with food sensitivities, offers up-to-date news on research and products.

Charities such as Allergy UK have an advice line. In the internet age, supportive groups – such as Peanut Allergy UK – have sprung up online.

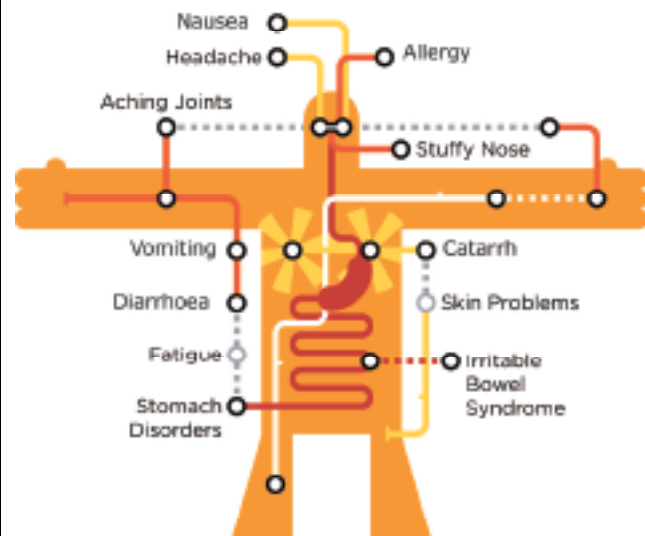
There's no reason to manage alone.



▲ Fish and nuts dominate the list in adult food allergies



## Feeling tired, irritable, uncomfortable or out of sorts?



It may be what you are eating! You would not be alone if that's the case as it is estimated that up to 45% of people\* suffer from some sort of food intolerance or sensitivity. This is not to say that you have a bad diet, it may just be that you are reacting to a specific ingredient.

To help find out if you might have food intolerance Lab21 offers a simple test kit – take a sample in the privacy of your own home and return to our accredited laboratory for analysis and confidential results within a few days which could contribute to a diagnosis.

\*Allergy UK

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Food Detective™ is manufactured by Cambridge Nutritional Sciences Ltd, part of the Cambridge Diagnostic Group plc, and holds the following ISO Certifications: ISO 9001, ISO 13485, ISO 14001, ISO 45001. Cambridge Nutritional Sciences Ltd, provides a laboratory service to detect intolerance in over 200 foods. Age not relevant for adults.



# Serious cereal offenders

Grains such as wheat, rye and barley can be harmful to the one in a hundred of us with coeliac disease.

**Amy Peterson, deputy head of Diet and Health at Coeliac UK, gives the low-down on the illness**

Coeliac disease is one of the most common chronic diseases, affecting one per cent of the UK population. It is often undiagnosed or misdiagnosed. It is neither an allergy nor a food intolerance, but a lifelong autoimmune disease.

Autoimmune diseases occur when the immune system attacks the body's own tissues. In coeliac disease the trigger for the attack is gluten, the protein found in wheat, rye and barley.

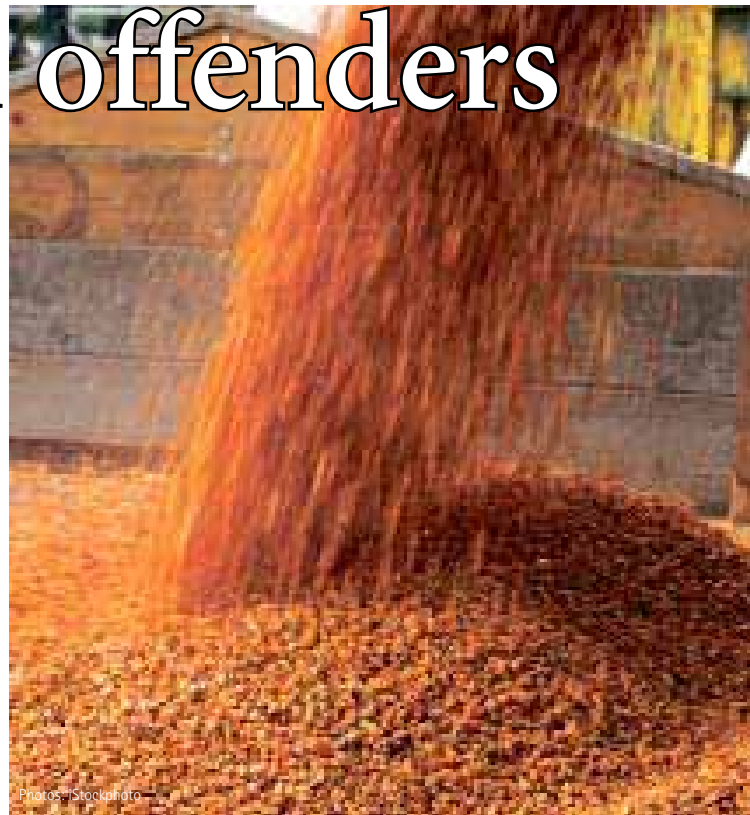
Some people are also sensitive to oats. The only treatment is the gluten-free diet.

Undiagnosed coeliac disease damages the lining of the small intestine. The symptoms vary in severity. Diarrhoea, bloating, indigestion and abdominal pain are typical. Other symptoms may

include tiredness, anaemia, headaches, mouth ulcers, weight loss, recurrent miscarriages and joint or bone pain. In the long run, coeliac disease may lead to life-threatening conditions such as gut cancer and osteoporosis.

Because the gastrointestinal symptoms of coeliac disease are similar to those in Irritable Bowel Syndrome (IBS), misdiagnosis is common. The National Institute of Health and Clinical Excellence (NICE) now advises that coeliac disease should be ruled out before an IBS diagnosis is made, and this should help catch some of those undiagnosed.

If you feel you have coeliac disease, see your GP. They may suggest blood tests which look for the antibodies the body produces in response to gluten. Depending on the outcome of the tests, you may then be referred to a gastroenterologist, or gut specialist, who will conduct an endoscopy of your small intestine to look for the damage caused by coeliac disease. It is essential to continue



Photos: iStockphoto

eating gluten throughout this process of diagnosis.

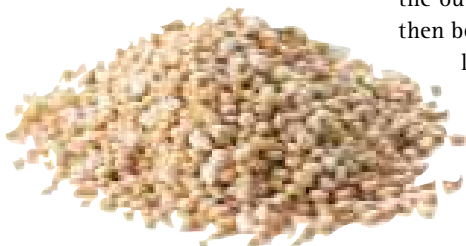
Some newly-diagnosed people fear that coeliac disease will stop them from fully enjoying food. However, there are many delicious foods that are naturally free from gluten, such as all fruits, vegetables, nuts, milks, cheeses, meats and fish, as well as grains such as rice, corn, millet and quinoa.

The gluten-free diet consists of these foods and special 'free-from' foods such as breads and pastas, made from non-gluten flours. Chefs and manufacturers are be-

coming more innovative in producing tasty new products. Food can certainly continue to be something to savour!

*Coeliac UK's annual awareness week runs from 11 to 17 May. In partnership with the National Trust, the charity's 'Free for Tea' campaign aims to raise awareness and the availability of gluten-free foods in catering services.*

For more information visit [www.coeliac.org.uk](http://www.coeliac.org.uk)



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**ds**  
[www.dietaryspecials.co.uk](http://www.dietaryspecials.co.uk)

**TRUfree**  
[www.trufree.co.uk](http://www.trufree.co.uk)



Jill Steaton, 43, from Kingston, was diagnosed with coeliac disease seven years ago. She describes living with the condition

# My life with coeliac disease

“ Having to keep to a strict gluten-free diet doesn't restrict my love for eating out, but this is much easier around London. In more rural UK the gluten-free choices are scarcer, and as a vegetarian it can be difficult in pubs if the only non-meat dish is a pasta bake, which isn't gluten free.

It's important to discuss your requirements with chefs and waiting staff and emphasise that cross-contamination can have serious consequences – just a crumb of bread can make a coeliac unwell. Some catering staff initially presume you're on a faddy diet, but provided you explain how serious coeliac disease is, most will become accommodating and try to find something suitable. If I'm not reassured, I won't eat there.

I have had to become an avid reader of food labels. Even apparently innocent items such as mayonnaise can contain gluten, so you must be vigilant. Food labeling has improved, and the Coeliac UK Food & Drink Directory lists over

Photo: iStockphoto



▲ Afternoon sandwiches are a thing of the past for coeliac sufferer Jill Steaton

11 000 products which are gluten free – but I steer clear of the gluten-free cakes and biscuits as I don't feel it's healthy to eat them often.

The worst thing is the gluten-free bread, which can be awful, and I miss Belgian buns and the sheer simplicity of nipping out for a lunchtime sandwich. But my husband and I enjoy cooking and I eat most things that I ate

before my diagnosis, adapting recipes using naturally gluten-free ingredients.

Coeliac disease doesn't restrict my holidays. I've eaten sorghum in Tanzania, curries in Sri Lanka and there are a variety of places in New York. I always take back-up gluten-free snack bars in my bag in case I get hungry when away – but I hardly ever have to use them!

”

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- Soy bean
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- Shrimp
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- Cow milk (raw)



**Inhaled allergens test**

- House dust mite
- Cat epithelia
- Stinging nettle pollen
- Hazel pollen
- Birch pollen
- Cladosporium herbarum
- Grass pollen mix
- Latex
- Aspergillus fumigatus
- Mugwort pollen
- Dog epithelia
- Alternaria alternata

Healthcare professionals can buy online. Non-professionals should visit an Allergy UK accredited pharmacist nearby to undergo a screening questionnaire and a possible test. AUK accredited pharmacists: [www.allergyuk.org/pharmacist.aspx](http://www.allergyuk.org/pharmacist.aspx)

**The Biocard Celiac Test is the ONLY test certified for home use. Symptoms such as those below may be caused by coeliac disease, and now you can perform the test at home.**

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**You should always seek your healthcare professional's advice on a positive result for further clinical assessment, or if you get a negative result but your symptoms persist. "The test now recommended for use in primary care is the Human transglutaminase antibody test..." BMJ 2009;338:a3068**



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