

Food allergy myths & facts



- MYTH

There is an age requirement for allergy testing. Some children are “too young” for testing.

+ FACT

If a child has an allergic reaction after eating a food, they should have an allergy assessment.

There is no age requirement for an allergy consultation and possible skin testing. If a child has a severe allergic reaction (called anaphylaxis), sometimes testing can be falsely negative within 6 weeks. Hence, if there was a severe allergic reaction, a delay for 6 weeks prior to skin testing may be warranted. This is different from some seasonal environmental allergy skin testing that is typically not warranted for children less than 2 years of age.

Bottom Line: There is no age requirement for allergy testing.

- MYTH

Life-threatening reactions are only caused by the priority food allergens (i.e. peanuts, tree nuts, milk, sesame, mustard, soy, egg, wheat and triticale, fish, crustaceans and molluscs).

+ FACT

While it’s true that priority food allergens in Canada are responsible for triggering most food-induced allergic reactions, in fact, any food can trigger an allergic reaction.

For example, it’s possible to be allergic to certain fruits and vegetables, or to spices such as garlic and cinnamon.

Bottom Line: When it comes to food allergies, it’s important to never assume that only one of the priority allergens can trigger a reaction.

- MYTH

Certain allergies are more “severe” than others.

+ FACT

There are no markers or measurements to predict the severity of someone’s allergy. Severity may also vary from reaction to reaction within the same individual.

Many factors can affect reaction severity including the amount eaten, a delay in giving or lack of epinephrine, and poor asthma control (for those who have asthma). Age can also be a factor: youth or teens may have more severe reactions because of risk-taking behaviour with eating and denying their symptoms. There are also important “co-factors,” such as alcohol, exercise and certain medications, that can influence the severity of food allergic reactions by lowering the threshold for a reaction in some people.

Bottom Line: If you have more than one food allergy, each allergy should be taken as seriously as the others.





- MYTH

Cooking a food at high temperature will kill the protein and I won't be allergic to it.

+ FACT

Cooking, even with high heat and other methods of food processing, does not reliably destroy food allergens, and doesn't ensure safety for people with food allergies. Foods are complex mixtures, and how they respond to heat is not always predictable. This also varies depending on the allergen.

For example, certain people with milk and egg allergy can consume baked egg and baked milk safely when these allergens are partly destroyed by heating. But only some people with an allergy can tolerate cooked egg or milk (speak to your allergist about whether trying baked milk or egg is right for you). Other allergens, such as peanut, are not affected by heat for anyone with that allergy.

Bottom Line: You can't cook all the allergens out of a food.

- MYTH

Someone who has been treated with an epinephrine auto-injector (e.g., EpiPen®) doesn't necessarily need to go to the hospital.

+ FACT

Anaphylaxis is a life-threatening condition which is treated by a medication called epinephrine. Epinephrine is a short acting medication that can counteract some of the issues that arise including airway closure and decreased blood flow to the heart and brain.

When someone is having a severe allergic reaction or anaphylaxis, epinephrine is used to help start treatment prior to going to the hospital.

Bottom Line: Sometimes more help is needed than just using epinephrine, which is why it's necessary to go to the hospital.

- MYTH

When someone eats a little bit of the food they are allergic to, it will increase their tolerance to that food and they will be "cured" of that allergy.

+ FACT

Giving someone a little bit of their allergen (the food they are allergic to) is not safe. It is not the same thing that is being done in Oral Immunotherapy (OIT), which is medically supervised. In OIT, patients attend a clinic where they are monitored by highly-trained professionals. After testing to ensure they qualify, the person is given a tiny amount of the food that causes them to react (such as peanut), and over a prolonged period of time the dose (amount of the allergen) is gradually increased.

The goal of OIT is to induce "desensitization", where the person can eat more of the food without having an allergic reaction than they were able to prior to OIT. This is not the same as tolerance which is the "complete and permanent resolution of clinical response following exposure to any amount of the identified allergenic food." OIT needs medical supervision and oversight because allergic reactions occur frequently.

Bottom Line: Giving someone a little bit of the food they are allergic to is not safe. This is different than Oral Immunotherapy, which is medically supervised.

Visit foodallergy.ca for more myths and facts.
