

Allergist Halifax

Allergist Halifax - Generally, a food allergy is defined as an adverse immune reaction to a food protein. These responses are distinct from various adverse reactions to food like for example food intolerance, toxin-mediated reactions and pharmacological reactions.

The main allergic element is commonly a protein existing in the food. When the body's immune system wrongly identifies a protein as a substance that is harmful, these types of allergies occur. Such proteins which are not properly broken down in the digestive process are tagged by the Immunoglobulin or IgE. These tags trick the immune system into thinking that the protein is harmful. When the immune system thinks that immune system is under attack, an allergic reaction is triggered. These reactions range from severe to mild. Various types of allergic responses include dermatitis, respiratory distress and gastrointestinal distress life-threatening anaphylactic reactions like for instance biphasic anaphylaxis and vasodilatation. These are severe responses that need emergency intervention immediately.

There are many common non-food protein allergies as well. Among the main non-food related allergies is a latex sensitivity. Those individuals who have protein allergies normally avoid contact with the problematic protein. There are some medications that can help minimize, prevent or treat protein allergy reactions. Prevention is amongst the main treatment alternatives as well as immunotherapy and desensitization. Many individuals who suffer from a diagnosed food allergy choose to carry an injectable kind of epinephrine like for instance an EpiPen or Twinject. They often put on some kind of medic alert jewelry so as to inform individuals around them in the event they become incapacitated by their allergy.

Common Signs

Allergies have a lot of signs which they can be present. Hives on the back for example, are a common allergy symptom. Type-I immediate Hypersensitivity reactions include classic IgE or immunoglobulin-E mediated food allergies. These allergic reactions have an acute onset, typically showing up within seconds of contact to one hour and could comprise: itching of throat, lips, mouth, tongue, skin, skin eyes or different areas, inflammation of entire face, eyelids, tongue or lips, a congested or runny nose, hoarse voice, nausea, difficulty swallowing, shortness of breath or wheezing, vomiting, fainting, light-headedness, stomach cramps or abdominal pain. Clearly, symptoms differ from individual to individual. The amount of exposure to the allergic substance also varies from person to person.

Peanuts are amongst the most common allergies. This sensitivity belongs to a member of the bean family. Some kids with peanut allergies do outgrow them, although, these allergies can be severe and life threatening. Tree nuts like pistachios, pine, pecans and walnuts are also common allergens. Those who suffer from an allergy to tree nuts could be sensitive to just one type or perhaps numerous types in the tree nut family. Various seeds like poppy seeds and sesame seed contain some oils which have protein present. This can also bring out an allergic reaction. Around 1 in 50 kids has an egg allergy. This type of allergy is often outgrown by children when they reach the age of five years old. Normally in the case of egg allergies, the sensitivity is to the proteins within the egg white rather than those in the yolk.

Dairy allergies are one more common kind. The milk from cows, sheep and goats is a common allergen for much of the population. These sufferers are unable to tolerate dairy products like for example yogurt, ice cream and cheese. Roughly a small portion of kids, who have a milk allergy, about 10%, would also have a reaction to beef, because beef contains a tiny amount of protein that is found within cow's milk. Other common allergenic proteins are present in the following foods: fish, soy, fruits, wheat, spices, shellfish, vegetables, natural and synthetic colors and chemical additives like for example MSG.

The top eight food allergies are: eggs, milk, tree nuts, peanuts, shellfish, seafood, wheat and soy. These account for more than ninety percent of the food allergies in the United States. Sesame seeds are becoming a more popular allergen as well. There has also been a noted surplus of rice allergies within Eastern Asia where rice forms a big part of the local diet.

Examples of Allergy Testing Comprise:

Amongst the common types of allergy testing is skin prick testing. It is easy to do and the results are available within minutes. Several allergists make use of a bifurcated needle, which is similar to a fork with 2 prongs. Others may utilize a multi-test, that may resemble a small board that has numerous pins sticking out of it. During these tests, a minute amount of the suspected allergen is put onto the skin or into a testing device. The device is then placed on the skin to be able to prick and go through the skin's top layer. This puts a small amount of allergen under the skin. If the individual is allergic, a hive would form at the spot.

With this particular test, there is either a positive or negative result. It would be positive if an individual is allergic to a specific food or negative if there is a failure to detect allergic antibodies called IgE. Skin tests are unable to predict if a reaction would happen if an individual ingests a particular allergen or even what kind of reaction will happen with ingestion. Nonetheless, skin tests can confirm an allergy based on a patient's history of reactions with a certain food. Non-IgE mediated allergies cannot be detected by this particular method.

One more helpful diagnostic device for evaluating IgE-mediated food allergies are blood tests. The RadioAllergo Sorbent Test is a blood test that is referred to as RAST for short. This test detects the presence of IgE antibodies to a particular allergen. A CAP-RAST test is a specific kind of RAST test which can show the amount of IgE found in each and every allergen.

Researchers have been able to determine "predictive values" for particular foods. These predictive values can be then compared to the RAST blood test results. For instance, if a person's RAST score is higher than the predictive value for that particular food, there is a 95% chance the person will have an allergic reaction if they ingest that particular food. This is limited to rash reactions and anaphylaxis. There are currently predictive values offered for peanut, soy, milk, egg, fish and wheat. Blood tests enable hundreds of allergens to be tested from a single sample. This comprises inhalants as well as food allergies. It is important to note that non-IgE mediated allergies cannot be detected by this particular method.

Known as DBPCFC or otherwise referred to as double-blind placebo-controlled food challenges are considered to be the gold standard for diagnosing food allergies, and for several non-IgE mediated reactions. Blind food challenges are given to the patient. This involves packaging the suspected allergen into a capsule and giving it to patient and observing them for whatever symptoms or signs of an allergic response. Typically, these challenges occur in a hospital environment under the presence of a physician due to the risk of anaphylaxis. For the evaluation of non-IgE or eosinophilic responses, diagnostic tools such as colonoscopy, endoscopy and biopsy are normally used.