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Allergic Gut Problems

Classical food allergy is straightforward to understand, diagnose and treat. There is a clear cut, immediate reaction to a food and this is confirmed by positive allergy test. Specific antibodies (IgE) to that food are detectable and quantifiable in a blood test or skin prick test. This is sometimes called IgE-mediated food allergy. In contrast there is a host of more nebulous food intolerances which are harder to categorise. These are sometimes referred to as non-IgE-mediated food allergies, essentially meaning that foods cause symptoms and allergy tests are negative. These symptoms are commonly delayed in onset (24 – 72 hours) and include abdominal pain, diarrhoea, constipation, bloating, vomiting and others. The commonest foods implicated are milk, soy, egg, wheat, nuts and fish. The time delay after ingesting the food, and its tendency to be caused by some of the most ubiquitous foods within our diet, can make non-IgE mediated food allergy challenging to understand and treat.

This area sometimes causes controversy because it is not 'measurable' and relies on symptom reporting. There is cross over with conditions such as irritable bowel syndrome (IBS), non-coeliac gluten sensitivity, post-infectious lactose intolerance and other functional bowel disorders. The question may simply be one of semantics, with adults perhaps labelling their condition as IBS exacerbated by dairy, whilst in childhood very similar symptoms may be labelled a non-IgE-mediated allergy to dairy. Irrespective of what you call it, symptoms are real and can be very intrusive on life in general.

There have been formal and publicised investigations recently into how children with such symptoms have been managed within the field of Paediatric Gastroenterology, and there is a recognition within our profession of the potential to do harm with unnecessary medications and excessive dietary restrictions. Dr Epstein leads the multidisciplinary NHS regional complex gut allergy service across Chelsea and Westminster and St Mary's Hospitals. She is experienced and adopts a balanced, individualised approach, centred on the following principles:

1. There is no doubt that certain foods cause certain symptoms in certain people.
2. Most children who have problems tolerating foods will gradually improve with age.
3. Serious underlying conditions such as coeliac disease, bowel inflammation and enteropathies are considered and if necessary formally excluded.
4. The treatment of food allergy is avoidance of that food.
5. Non-IgE-mediated symptoms mild enough to be tolerated, should be, in exchange for maintaining a diet nearer to normal.
6. There may be a role for time-limited trial of antihistamine or mast cell stabilising medication in a minority of children.
7. All treatment modalities are considered including holistic, non-drug, symptom control interventions such as psychological approaches and physical strategies.
8. All treatments, including dietary restrictions, are reassessed on a regular basis and thresholds of tolerance for excluded foods re-tested.

Children with allergic gut disease whose symptoms are causing intense and complex problems are best cared for within a specialised multidisciplinary NHS team.

Dr Epstein greatly values your feedback and always strives to improve. She would really appreciate if you find a few moments to visit [this link](http://bit.ly/doctifyJenny) and leave a review of the care she provided to your child.

<http://bit.ly/doctifyJenny> (case sensitive)