



Talking to Your Patients About IgE-Mediated Food Allergy: A CONVERSATION GUIDE



Family physicians often serve as the first point of contact for patients with a suspected food allergy and are instrumental in diagnosis, education and long-term care.¹ You can empower patients by providing clear guidance on distinguishing a food allergy from a food intolerance, reading food labels, communicating effectively in restaurants and planning for emergencies. In addition, addressing your patients' health literacy is essential to support safe, informed decision-making. This conversation guide was developed by the American Academy of Family Physicians to help you deliver equitable, patient-centered care for your patients with food allergies.

Quick Facts

- Food allergies affect an estimated 220 to 250 million people globally,² including 33 million in the United States.³
- Children, people with lower household incomes, and people from racial and ethnic minority groups are disproportionately impacted by food allergies.^{4,5}
- Nearly 8% of U.S. children have food allergies, and approximately 40% are allergic to more than one food.⁶
- The most common food allergens are milk, eggs, peanuts, tree nuts, soy, wheat, fish, shellfish and sesame.^{7,8}

Food allergies are frequently confused with food intolerances or sensitivities. Distinguishing between these conditions is crucial for accurate diagnosis and management.

Symptoms of IgE-Mediated Food Allergic Reactions

Immunoglobulin E (IgE)-mediated food allergic reactions are associated with a variety of symptoms that can affect the cutaneous, digestive, respiratory and cardiovascular systems and typically appear within a few minutes to two hours after a food allergen is ingested.⁹

Mild Reactions	Non-life-threatening symptoms occurring in one area of the body: <ul style="list-style-type: none">- Itchy or runny nose, sneezing- A few hives, mild itching- Flushed skin or rash- Tingling or itchy feeling in the mouth- Mild nausea or stomach discomfort
Severe Reactions (Anaphylaxis)	Mild symptoms occurring in more than one area of the body or any of the following potentially life-threatening symptoms: <ul style="list-style-type: none">- Widespread hives- Swelling of the face, tongue or lips- Severe vomiting and/or diarrhea- Abdominal cramps- Swelling of the throat and vocal cords, trouble swallowing- Difficulty breathing- Persistent coughing, wheezing- Dizziness and/or lightheadedness- Hypotension, weak pulse- Feeling of impending doom, anxiety, confusion- Loss of consciousness

Information from references 8 and 10-12.

Conversation Prompts

Asking your patient specific questions can help you determine whether they have a food allergy, a food intolerance or simply food avoidance due to an isolated incident (e.g., foodborne illness).

MEDICAL AND FAMILY HISTORY

- Does anyone in your family have food allergies or intolerances?
- What symptoms do you experience that make you suspect a food allergy? When did they start?
- How soon after eating the suspected food(s) do your symptoms start, and how severe are they? Have you ever had symptoms of anaphylaxis, such as trouble breathing, swelling of your face or throat, widespread hives, stomach cramps, or a dizzy or faint feeling?

PREVIOUS TESTING

- Have you ever had any allergy testing, such as a skin prick test or a blood test for IgE antibodies?

CURRENT MANAGEMENT

- Have you been avoiding the suspected food(s)?
- Do you carry an epinephrine auto-injector, such as an EpiPen?

Management of IgE-Mediated Food Allergy

Effective food allergy management requires a comprehensive approach that includes advising patients to avoid specific foods, planning for emergencies and considering available treatment options. Living with a food allergy — or taking care of someone who has one — can be very stressful, so it is also important to address the psychological needs of patients and their caregivers.

Dietary Management	Psychological Support	Treatment Plan	Immunomodulatory Treatments
<ul style="list-style-type: none"> - Allergen avoidance - Consumption of safe foods - Individualized dietary advice 	Consider: <ul style="list-style-type: none"> - Coping strategies - Cognitive behavioral therapy 	<ul style="list-style-type: none"> - Emergency medications: <ul style="list-style-type: none"> • Oral antihistamine • AAI • Inhaled albuterol - Written treatment plan with emergency contacts - Training on how to use an AAI 	<ul style="list-style-type: none"> - Omalizumab - Allergen-specific immunotherapy: <ul style="list-style-type: none"> • Peanut: OIT, SLIT or EPIT • Egg: OIT • Milk: OIT

AAI = adrenaline auto-injector; EPIT = epicutaneous immunotherapy; OIT = oral immunotherapy; SLIT = sublingual immunotherapy.

Adaptation of Figure 1 in Santos AF, Riggioni C, Agache I, et al. EAACI guidelines on the management of IgE-mediated food allergy. *Allergy*. 2025;80(1):14-36. <https://onlinelibrary.wiley.com/doi/10.1111/all.16345>

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Next Steps

- Conduct diagnostic testing (e.g., skin prick test, serum-specific IgE testing or oral food challenge) based on the patient's answers to your questions.⁹
- Work with your patient to develop an allergen avoidance plan that includes reading food labels and preventing cross-contamination.
- Discuss emergency treatments (e.g., use of antihistamines or an epinephrine auto-injector) and preventive strategies, including new medications designed to reduce food allergic reactions.

References

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