iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	**Flinders Medical Centre**
JC Facilitator	**Cassandra Lawless**
JC Discipline	**Dietetics**

Question

My colleagues (all clinical Dietitians) have been getting a lot of patients with reported "allergies" which might actually just be intolerances or sensitivities and a lot of them are self-reported and not formally diagnosed. This is causing a lot of work for us as we have to come up with a suitable and strict meal plan if it is an allergy however if we knew a little more about what symptoms / severity that would be classed as an allergy this would help us determine whether they need a full meal plan or whether we can call it an intolerance thereby not needing such a strict meal plan and cutting out choices!! Non-coeliac gluten sensitivity / intolerance, lactose intolerance are common but then we also get people claiming allergies to soy but whether this is actually a sensitivity too. But the ones which are frustrating are when patients reports they have an "allergy" to red meat or chicken, or kiwi or banana or pumpkin. And because they report "allergy" we have to eliminate EVERYTHING from their menu but more often than not it has not actually been formally tested and it would be good if the paper included actual anaphylactic symptoms vs sensitivity / intolerance symptoms so we could ask more questions and avoid putting them down for an allergy if it can be put down as a sensitivity!

Review Question/PICO/PACO

P: adults (so anywhere aged 18 +) – with and without a food allergy

I: the food allergen, as in if the food allergen were given to people who do have a true allergy and people do not have an allergy (or maybe have an intolerance instead)

C: what are true allergy symptoms (as in what is the Pathophysiology, what is the immune-mediated response) vs intolerance/ sensitivity symptoms

O: if we knew how to distinguish between the symptoms it would help us manage the patient's menu and selection better

Article/Paper

Turnbull JL, Adams HN, Gorard DA. The diagnosis and management of food allergy and food intolerances. Alimentary pharmacology & therapeutics. 2015 Jan;41(1):3-25.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: Systematic Review

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the review address a clearly focused question?** To critically review the data relating to diagnosis and management of food allergy and food intolerance in adults and children
2	✓			**Did the authors look for the appropriate sort of papers?** A literature search was performed, using OVID MEDLINE, EMBASE and the Cochrane library, up until May 2014. Search terms included 'food allergy' 'food intolerance', 'IgE-mediated', 'non-IgE mediated', 'cow's milk protein allergy', 'Protein-induced enterocolitis syndrome', 'anaphylaxis', 'immunotherapy', 'eosinophilic oesophagitis', 'eosinophilic gastroenteritis', 'lactose intolerance', 'fructose intolerance', 'gluten sensitivity' **Is it worth continuing?** **YES**
3		✓		**Do you think the important, relevant studies were included?** The articles returned by the search were selected based on English language and relevance to this review. More details regarding article selection is not provided, and it is impossible to determine if all relevant articles are included.
4		✓		**Did the review's authors do enough to assess the quality of the included studies?** Important articles identified in the most recent published reviews were also then appraised More details regarding article appraisal is not provided, and it is impossible to determine if adequate quality appraisal occurred.
5		✓		**If the results of the review have been combined, was it reasonable to do so?** Results of the studies were not combined. This study was not set up to have the results combined. Therefore, given the nature of the review, which is not examining effectiveness, this was an acceptable choice.

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6				**What are the overall results of the reviews?** An estimated one-fifth of the population believe that they have adverse reactions to food. Estimates of true IgE-mediated food allergy vary, but in some countries it may be as prevalent as 4–7% of preschool children. The most common food allergens are cow's milk, egg, peanut, tree nuts, soy, shellfish and finned fish. Reactions vary from urticaria to anaphylaxis and death. Tolerance for many foods including milk and egg develops with age, but is far less likely with peanut allergy. Estimates of IgE-mediated food allergy in adults are closer to 1–2%. Non-IgE-mediated food allergies such as Food Protein-Induced Enterocolitis Syndrome are rarer and predominantly recognised in childhood. Eosinophilic gastrointestinal disorders including eosinophilic oesophagitis are mixed IgE- and non-IgE-mediated food allergic conditions, and are improved by dietary exclusions. By contrast food intolerances are nonspecific, and the resultant symptoms resemble other common medically unexplained complaints, often overlapping with symptoms found in functional disorders such as irritable bowel syndrome. Improved dietary treatments for the irritable bowel syndrome have recently been described. Food allergies are more common in children, can be life-threatening and are distinct from food intolerances. Food intolerances may pose little risk but since functional disorders are so prevalent, greater efforts to understand adverse effects of foods in functional disorders are warranted.
7				**How precise are the results?** P values and 95% Confidence Intervals were not reported, however given the focus of the article and the included studies, this is appropriate.
8	Journal Club to discuss			**Can the results be applied to the local population?** **CONTEXT ASSESSMENT (please refer to attached document)** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* *Others*
9				**Were all important outcomes considered?**
10				**Are the benefits worth the harms and costs?**
11				**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
12				**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**

13		**What is required to implement these next steps?**

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