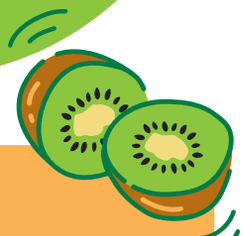
Allergy Testing

Proper diagnosis and testing of allergies is important to ensure that you are well supported in managing your child's allergy and are not eliminating foods from their diet unnecessarily.

If you suspect your child has a food allergy, it is important to seek advice from your GP. Your GP might arrange appropriate allergy tests or refer your child to a specialist allergy clinic for testing. It is important to understand that allergy testing alone is often not useful in diagnosing food allergy; an experienced allergy specialist is required to interpret the results, explain them to you, and support you in managing the allergy appropriately.

Many allergy tests are available commercially, these are not always accurate or based on science and are therefore not recommended. This factsheet explores the different allergy tests available and highlights those that should be avoided.



Tests for IgE mediated food allergies

IgE mediated (immediate) food allergy can be diagnosed with a detailed allergy-focused history and allergy testing. There are 2 types of allergy tests commonly used to diagnose food allergy. They are called a skin prick test (SPT) and a specific IgE blood test (spIgE), sometimes referred to as a RAST. The table below compares these two types of tests. The tests can be organised by your GP and this usually involves a referral to a local hospital, or they can be carried out at a private allergy clinic. A list of allergy clinics that offer allergy testing can be found on the British Society of Allergy and Clinical Immunology (BSACI) website here: https://www.bsaci.org/workforce/find-a-clinic/

Following allergy testing, an allergy action plan should be given to all patients. This documents what allergies a person has and describes what needs to be done in the case of a reaction. All childcare settings should be given a copy of the allergy action plan. If you haven't got an allergy action plan, ask your allergy team for one as soon as possible.

A comparison of skin prick testing & blood test (spIgE) for the diagnosis of a food allergy

	Skin prick testing	Blood test (spIgE)
Blood sample needed	No	Yes
Results available on the day of the test	Yes	No
Antihistamine can be taken on the day of the test	No	Yes
Invasive procedure	Yes	Yes
Requires baby/child to cooperate	Yes	Yes

Tests for non-IgE mediated food allergy

There are no reliable tests available to diagnose a non-IgE mediated (delayed) food allergy. If non-IgE mediated (delayed) food allergy is suspected, it is diagnosed by a detailed allergy history taken by a healthcare professional, followed by a period of eliminating the suspected allergen. If symptoms resolve during the period of elimination, reintroduction of the allergen is needed to confirm the diagnosis. There are multiple symptoms of non-IgE mediated (delayed) food allergy, and they can resemble common childhood issues such as constipation, loose stools, colic and reflux. This makes the diagnosis of non-IgE mediated (delayed) food allergies difficult and can lead to the overdiagnosis of this type of allergy. If foods are avoided unnecessarily, it can lead to nutritional deficiencies, a lack of variety in the child's diet, and poor growth. For this reason, children with food allergies should get help and support from a paediatric dietitian specialising in food allergy.

Food Protein Induced Enterocolitis Syndrome (FPIES) is a non-IgE mediated food allergy that is diagnosed and managed in a slightly different way. The symptoms of FPIES are severe vomiting and/or diarrhoea several hours after eating a food. Similar to other non-IgE food allergies there is no test for FPIES, so a detailed history is key. The suspected allergen is eliminated from the diet but due to the severity of the symptoms, reintroduction is not advised without medical supervision.

Alternative tests

There are several commercially available tests that claim to diagnose a food allergy. These tests are expensive and not recommended as they have no scientific basis for diagnosing a food allergy. The following type of test should be avoided:

- ✗ IgG blood test
- ✗ Kinesiology
- ✗ Hair analysis
- ✗ The ATCAT (Antigen Leucocyte cellular antibody test)
- ✗ Pulse test
- ✗ Electrodermal (Vega) test
- ✗ Provocation – Neutralization testing

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This factsheet was created with input from Dr Penny Barnard. Penny is a registered dietitian with over 25 years' experience working as an NHS paediatric dietitian. She specialises in paediatric food allergy and gastroenterology.

This information is evidenced based and correct at the time of writing (March 2024). It is not intended to replace advice given to a child by a healthcare professional. Any concerns about a child's health should be discussed with a GP in the first instance without delay.

[1] https://www.bsaci.org/workforce/find-a-clinic/