

[Click Here](#)



Lab test for food sensitivities

Food sensitivity refers to a negative reaction to a particular food that does not involve the immune system. Unlike food allergies, food sensitivity symptoms are delayed and can take several hours or days to manifest. Common symptoms include bloating, headaches, nausea, and skin issues. It is essential to identify food sensitivities for individuals who suffer from chronic health conditions such as eczema, migraines, and irritable bowel syndrome (IBS). Eliminating trigger foods from the diet can help alleviate symptoms and improve quality of life. At-home food sensitivity tests can be purchased online or from a pharmacy. They involve collecting blood, urine, or saliva sample and sending it to a lab for analysis. The results include a list of foods to avoid. The primary objective of this article is to evaluate the advantages and disadvantages of at-home food sensitivity tests and determine their effectiveness in identifying food sensitivities. Pros of At-Home Food Sensitivity Tests There are several advantages of performing food sensitivity tests at home. Some of them include: Convenience and accessibility One advantage of at-home food sensitivity tests is the ability to perform the test in the comfort of your own home, without the need to schedule an appointment or visit a medical facility. These tests can be easily purchased online and completed without requiring any medical expertise or supervision. Cost-effective At-home food sensitivity tests are typically more cost-effective than traditional medical tests for food sensitivities. This affordability can make testing more accessible to individuals who may be discouraged from getting tested due to the high cost of medical procedures, making at-home tests a budget-friendly option. Quick results Those who want to identify problematic foods and make dietary changes quickly can benefit from at-home food sensitivity tests as they usually provide results within a few days of completing the test. This advantage can help individuals take timely action to address any issues related to food sensitivities. Avoidance of medical facilities At-home food sensitivity tests can be a helpful alternative for individuals who experience anxiety or fear around medical facilities or procedures. Moreover, those who face limitations in traveling to a medical facility due to distance, mobility issues, or other constraints can benefit from the accessibility of at-home tests. Cons of At-Home Food Sensitivity Tests Although there are several good aspects of home food sensitivity tests, it also has some limitations, some of which are discussed below. Limited accuracy and reliability The accuracy and reliability of at-home food sensitivity tests may be limited because they use a small sample of blood or saliva for analysis. This can increase the risk of false positives or false negatives, potentially leading to the misidentification of problematic foods. Lack of regulation and standardization The at-home food sensitivity testing industry lacks proper regulation and standardization, resulting in variations in the quality of tests and different interpretations of results by various testing companies. Misinterpretation of results Misinterpretation of at-home food sensitivity test results can lead to individuals unnecessarily restricting certain foods or failing to identify actual problematic foods. Without medical guidance, the test results may be misinterpreted, leading to incorrect conclusions about food sensitivities. False positives and false negatives At-home food sensitivity tests may yield false positive or false negative results, leading to unnecessary dietary restrictions or failure to identify actual problematic foods. False positives may result in unnecessary dietary restrictions, while false negatives may lead to failure to identify actual problematic foods. Types of At-Home Food Sensitivity Tests At-home food sensitivity testing has gained popularity in recent years as more individuals seek to identify potential food sensitivities. There are several types of at-home tests available, each with its own approach and limitations. Blood-based test: Blood-based tests are a popular option for at-home food sensitivity testing. These tests analyze the concentration of immunoglobulin G (IgG) antibodies in the blood for specific foods. The concept behind these tests is that increased levels of IgG antibodies may suggest the presence of a food intolerance or sensitivity. A blood-based test commonly used for at-home food sensitivity testing is the IgG Food Sensitivity Test. This type of test involves taking a blood sample which is then sent to a lab for analysis. It screens for a range of foods and provides a report on an individual's sensitivities. However, there is controversy among healthcare professionals about the accuracy and reliability of IgG testing for identifying food sensitivities. Another blood-based test that is used for at-home food sensitivity testing is the Alcat test. This test measures changes in white blood cells in response to exposure to specific foods. However, similar to IgG testing, there are concerns among healthcare professionals about the accuracy and reliability of the Alcat test for identifying food sensitivities. Hair Analysis Hair analysis is a type of at-home test that aims to detect food sensitivities by analyzing hair samples for mineral and nutrient levels. The concept behind hair analysis is that it provides information on an individual's nutrient and mineral levels over time, which can be used to identify potential imbalances or deficiencies that could cause food sensitivities. However, hair analysis has been questioned by many healthcare professionals for its lack of scientific evidence and reliability in detecting food sensitivities. The validity of hair analysis is disputed since it may not accurately reflect the body's nutrient and mineral levels, and the results may not provide accurate information about food sensitivities. Elimination diet: Elimination diets are a non-test-based approach to identifying food sensitivities. The process involves removing specific foods from the diet for a period of time and gradually reintroducing them to detect any reactions. To conduct an elimination diet, individuals often work with a healthcare professional to develop a plan and identify potential trigger foods. This process is considered to be the gold standard for identifying food sensitivities as it can provide reliable and accurate results. Despite their effectiveness, elimination diets can be time-consuming and require a significant amount of effort and commitment. Additionally, they may not be suitable for individuals with severe food allergies or other medical conditions, and should only be conducted under the guidance of a healthcare professional. Accuracy and Reliability of At-Home Food Sensitivity Tests At-home food sensitivity tests can be a convenient and accessible way for individuals to identify potential food sensitivities or intolerances. However, the accuracy and reliability of these tests have been a topic of debate among healthcare professionals. Blood-based tests have been criticized for their lack of scientific validity and reliability. There is little evidence to support the claim that elevated IgG levels or changes in white blood cells accurately indicate food sensitivities or intolerances. In a study published in the Journal of the Academy of Nutrition and Dietetics, researchers found that IgG testing did not show a significant correlation with food intolerance symptoms, suggesting limited accuracy (Jensen et al., 2018). Another study published in the same journal found that ALCAT testing lacked scientific evidence to support its claims of diagnosing food sensitivities and should not be recommended for use (Comerford & Paschos, 2015). Hair analysis for food sensitivities has also been criticized for its lack of scientific validity and reliability. While hair analysis can provide insight into nutrient and mineral levels, it may not accurately reflect the body's levels or provide accurate information about food sensitivities. Elimination diets are considered to be the gold standard for identifying food sensitivities as they can provide reliable and accurate results. However, they can be time-consuming and require significant effort and commitment. It is also important to work with a healthcare professional when implementing an elimination diet, especially for individuals with severe food allergies or other medical conditions. Several factors can also affect the accuracy of at-home food sensitivity test results, including medication use, recent illness, and diet at the time of testing. It is important to consult a healthcare professional before taking any at-home tests and to not make any drastic dietary changes without proper medical guidance. Comparison of At-Home Food Sensitivity Tests with Medical Testing Standard medical testing for food sensitivities is a diagnostic process that involves a physical examination, medical history, and laboratory tests such as skin prick tests, blood tests, and oral food challenges. Medical testing for food sensitivities is performed by qualified medical professionals and is considered the gold standard for accurate diagnosis. Medical testing offers several advantages over at-home testing, including higher accuracy and reliability, the ability to diagnose medical conditions, and the availability of medical expertise to interpret results and provide appropriate guidance on dietary changes. It is recommended to consider medical testing for food sensitivities when there are severe symptoms, a suspected or confirmed food allergy, or a history of anaphylaxis. Additionally, medical testing may be necessary for individuals with multiple or unclear sensitivities, as well as those with underlying medical conditions. Conclusion Based on a thorough analysis of at-home food sensitivity tests, it is important to weigh
the pros and cons before considering such tests. While they offer convenience, accessibility, affordability, and quick results, they also have limitations, such as limited accuracy and reliability, lack of regulation and standardization, and potential misinterpretation of results. Therefore, individuals considering at-home food sensitivity tests should do their research, understand the limitations, and consult with a healthcare professional to determine if such tests are appropriate for their specific needs. Additionally, it is important to keep in mind that at-home testing should not replace standard medical testing, especially in cases where there is a suspected severe food allergy. Consulting with a healthcare professional is crucial in ensuring the proper interpretation of results, developing a plan of action, and preventing unnecessary dietary restrictions or other potential health risks. Overall, at-home food sensitivity testing can be a useful tool in identifying potential food sensitivities, but it should be approached with caution and in conjunction with medical guidance. Watch AFIL test kits testimonial videos click here Sources: National Institute of Allergy and Infectious Diseases. (2010). Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary for Patients, Families, and Caregivers. The American Academy of Allergy, Asthma & Immunology (AAAAI). (2022). Food Allergy, Intolerance, and Sensitivity Tests. The Journal of Allergy and Clinical Immunology. In Practice. (2020). Food Allergy Testing: A Review. International Journal of Molecular Sciences. (2020). Food Allergy: A Comprehensive Update on Pathophysiology, Molecular Targets, and Recent Advances in Food Allergen Immunotherapies. Food and Drug Administration (FDA). (2021). Food Allergies: What You Need to Know. The American College of Allergy, Asthma & Immunology (ACAAI). (2019). Food Allergy Testing: What You Need to Know. Comerford, K. B., & Paschos, G. K. (2015). The Validation of food intolerance testing: a comprehensive review of the evidence. Journal of the Academy of Nutrition and Dietetics, 115(11), 1766-1787. Jensen, E., T, Kosek, T. A., Guerin, R. J., & Afifyan, N. (2018). Evidence-based approach to the evaluation of a patient with suspected immunologic adverse reaction to food. Journal of the Academy of Nutrition and Dietetics, 118(4), 633-649. Basics | IgG Tests | Free Tests | Accuracy | Downsides of IgG Tests | Meal Planning Do expensive food sensitivity tests work? Are there lower cost (or free) ways to root out food sensitivities? And, perhaps most important, what should people do with their results? In this article, you'll learn the answers to those questions (and more!), including: +++ Why get a food sensitivity test? When people decide to get a food sensitivity test, they're usually desperate to feel better. For years they've been bothered by stomach upset, bloating, embarrassing gas or belching, abdominal pain, diarrhea, and/or brain fog. Despite giving up any number of foods—gluten, dairy, onions, garlic, this list goes on—their problems persist. So, when they learn about food sensitivity tests that require only a finger prick's worth of blood, they're relieved. They can't wait to find out what's wrong—and finally get back to living without an unpleasant digestive emergency lurking around the corner. How do I know this? As a registered dietitian, I've counseled hundreds of people with mysterious and maddening GI woes. Plus, I was practically born with an upset stomach. During my childhood, my mom took me from one specialist to another. Medical experts suggested I might be sensitive to gluten. Or maybe dairy. Or gluten and dairy? No matter what I stopped eating, I just couldn't shake my digestive issues. By the end of high school, I had the runs nearly every day. If you can imagine that, then you can no doubt understand why I decided to major in nutrition and eventually become a registered dietitian. I was looking for answers to help me solve the problem once and for all. Maybe you can also understand why, during my freshman year in college, I found myself in the waiting room of a naturopathic physician who offered food sensitivity testing. Despite what the test revealed that day, it would take me years to unravel what was really wrong. And that long search taught me many important lessons. Over 150,000 health & fitness professionals certified The best ways to identify and deal with food sensitivities. Most people can test for food sensitivities and intolerances at home—no needles, blood work, or special kits required. Though at-home options like food journaling and elimination diets aren't as easy as pricking your finger and sending your blood off to a lab, they're more accurate and effective. And there's this: Some people—myself included—can clear up their symptoms without giving up a single food. Put another way, millions of people are convinced that they can't eat dozens of foods when, in reality, few (and, in some cases, none) of those foods are actually a problem for them. I'll explore all of that in this article, diving deep into the latest science as well as my personal experiences. It's my hope that what you're about to learn not only helps you understand what's actually going on, but also allows you to enjoy eating a wide variety of foods again, without fear. (Related: 'What foods should I eat?' Your three-step guide to choosing the best foods for your body.) Let's start with a few definitions. Some people use the term "food sensitivities" as a catchall to describe a wide range of adverse symptoms that can be brought on by eating certain foods.1 Other people define sensitivities more narrowly.2 For them, food sensitivities are what's left over when the following problems are ruled out: Food allergies. When the immune system mistakenly treats a component in food as if it were a germ. This can lead to a wide range of allergic responses: hives, swelling, vomiting, diarrhea, and life-threatening drops in blood pressure. Food intolerances: The inability to process or digest certain foods. For example, someone who is lactose intolerant doesn't have adequate amounts of the digestive enzymes needed to break down lactose, a sugar present in dairy products. Celiac disease: An autoimmune reaction that triggers gut inflammation and diarrhea when someone consumes gluten, a protein found in many grains, most notably wheat. Still other people use the word "sensitivity" interchangeably with "intolerance." They throw around the term IBS (short for irritable bowel syndrome)—trying to indicate that something in the diet is making someone feel sick, but they're unsure of the culprit. It's all pretty confusing, so let's make it simple. For the purposes of this story, I'll borrow a definition from the American Academy of Allergy Asthma & Immunology: "A food sensitivity occurs when a person has difficulty digesting a particular food."3 Alrighty, so let's circle back to what I started to tell you at the beginning of this article—about the day I underwent food sensitivity testing. The naturopath pricked my finger and sent a few drops of my blood off to a lab. About a week later, the doctor handed me a 10-page report that, she said, revealed I had a "weakened" immune response to dozens of foods: sugar, dairy, cooking oil, gelatin, baking powder, cornstarch, chocolate, butter, cheese, popcorn, pretty much all grains, veal, liver, beef, tree nuts, corn, Brussels sprouts, and cabbage. As I glanced over the report, I considered the food typically served at the campus dining hall. I'd wanted clear answers and a workable plan to put into action. Instead, I left feeling overwhelmed and helpless. How could I possibly eliminate all of those foods for the rest of my life? With food sensitivity testing, a lab analyzes how immunoglobulin G (IgG), an immune system antibody, reacts to roughly 100 different foods. The idea is that elevated IgG levels signal a food sensitivity. This premise seems logical. After all, that's similar to the premise of food allergy blood testing, which measures a different antibody called immunoglobulin E (IgE). When levels of IgE are elevated, it indicates someone's immune system is pumping out substances that trigger parts of the body to swell up, break out in a rash, shut down, and/or eject things from the GI tract (a.k.a. vomiting). Though IgE tests can deliver false positives, they're relatively accurate, correctly diagnosing allergies 70 to 90 percent of the time.4 This is how you can know if you have, say, a nut allergy. Unlike IgE tests, IgG tests are unregulated and unproven. The few studies that seem to support IgG testing have been criticized for a variety of design flaws.5 (To learn what to look for in a study, see How to read scientific research.) The premise behind IgG tests has also been called into question. That's because elevated IgG probably isn't a bad thing. Most experts consider it a normal immune response. Our bodies likely develop IgG antibodies to all the foods we eat. These antibodies may even be how the body marks a substance as "safe." As the chart below shows, when IgE is high, someone likely has a food allergy. But when IgE is low and IgG is high, it's a sign that the body has become tolerant to a particular food.6 IgE IgG Likely food allergy High Low Likely food tolerance Low High Put another way, if your blood reacts with IgG to a specific food, it probably doesn't mean you're sensitive to it. Rather, it may mean you've eaten that food somewhat recently.5,7 As a result the following organizations all strongly recommend against taking IgG food sensitivity tests: American Academy of Allergy, Asthma & Immunology3 The Canadian Society of Allergy and Clinical Immunology8 The European Academy of Allergy and Clinical Immunology7 As the Canadian Society of Allergy and Clinical Immunology put it: "The inappropriate use of this [IgG food sensitivity] test only increases the
likelihood of false diagnoses being made, resulting in unnecessary dietary restrictions and decreased quality of life." Maybe you're thinking: So what if IgG tests are unproven? Does it really matter if someone wastes money on a test that doesn't work? It does matter—for at least three important reasons. An inaccurate food sensitivity blood test may mean that: You continue to eat foods that could be the source of your issues—because those foods didn't react to the IgG in your blood. You stop eating a lot of foods that are perfectly okay for you to eat. That's no fun. Worse, you could develop nutrient deficiencies. You fail to diagnose the true problem. This was the case with me. Roughly fifteen years after my IgG test, I underwent a colonoscopy. It revealed a rare, incredibly slow-moving, genetic ovarian tumor—one I'd likely had since birth. The tumor had grown outside of my ovary and through the wall of my digestive tract. Once I had the cancer removed, my digestive problems vanished. Important note: All three of these downsides—especially the risk of nutritional deficiencies—intensify when children are involved. On top of the drawbacks listed above, when young children are coddled and prevented from exposure to various foods, they're more likely to develop allergies and/or sensitivities to those very foods as they get older.9 All this begs the question: How can you find out whether you really have food sensitivities? And if you do, what should you do about them? I thought I had food sensitivities. In reality, I had cancer—a tumor that had invaded my digestive tract. My situation, however, is incredibly rare. Most people with bloating and frequent diarrhea don't have cancer. Much more common, however, are the following: 1. A tendency to gulp down dinner When we eat quickly, we swallow air bubbles, which lead to a puffy, bloated, gassy feeling. And because it takes some time for the "I'm full" signal from the stomach and intestines to reach the brain, fast eating often triggers overeating, which only compounds that uncomfortable post-meal sense of unease. (If you want a strategy that could be helpful here, check out the 30-day slow eating challenge.) 2. Too much fiber too quickly Some people experience stomach pain, gas, and bloating after suddenly increasing their fiber intake. For example, a client might decide to start eating nine servings of vegetables for a New Year's resolution. If they hadn't eaten many veggies before, this sudden change will overwork the GI tract's peristaltic muscles as well as disturb the flora that live in the gut. When they temporarily reduce their fiber intake and then slowly increase it, they feel a lot better. 3. Not enough fluids Water is also incredibly important, as it helps to move stool through the digestive tract. Getting enough becomes essential if someone is increasing fiber intake. A good general rule: When adding a serving or two of fiber, up your water consumption by 1-2 glasses. 4. Gut flora imbalance Antibiotics can wipe out levels of friendly gut bacteria, allowing more problematic bugs to take over, leading to diarrhea and other symptoms. Starting Lactobacillus rhamnosus GG (for children) or Saccharomyces boulardii (for adults) within two days of your first antibiotic dose may help reduce the risk of antibiotic-associated diarrhea.10 5. Stress and lack of sleep Stress diverts blood flow away from the GI tract, making it harder for the body to digest food effectively. End result: gas, pain, and bloating. Before meals, I encourage my clients to try a Box Breathing sequence: Inhale for 4 seconds. Hold for 4 seconds. Repeat 3 to 5 times. This short breathing exercise helps trigger relaxation, sending blood flow to the digestive tract. It can also help people to slow down. End result: the heartburn, stomachaches, and bloating eases. (For more strategies on how to reduce stress, read: How stress prevents weight loss.) 6. Food aversion Sometimes the mere thought of a food may make someone sick, though the mechanism isn't fully understood. These aversions often occur in young children who've gotten sick—for example, from food poisoning or stomach flu—after eating a particular food. Their brain then seems to link the nauseated sensation to the food. When clients come to me with GI symptoms, I use two different tools to help them connect what they eat with how they feel. Tool #1: Food journaling For roughly a month, my clients keep track of: What they eat and drink How they eat (for example, wolfing down fast food while driving to an appointment vs. slowly savoring a home-cooked meal) How much they eat (until just satisfied versus stuffed) How they feel, and especially bothersome symptoms such as diarrhea, headaches, bloating, and stomach pain How they sleep Their stress level Once they have 30 days of data, we take a look at their journal entries in search of patterns. To highlight those patterns, I like to bring a client's attention to days when they experienced vexing symptoms, such as stomach upset. Then I ask: "What do you notice in your journal in the 2 to 3 days leading up to that flare up? See anything interesting?" If applicable, I also draw attention to any stretches of time when they had no symptoms at all—and I'll ask the same question: "What do you notice in the days leading up to this good stretch? Did you do anything differently during those days that you didn't do in the days leading up to the flare up?" This journaling exercise helps people identify sensitivities as well as see they may not have as many sensitivities as they thought. For example, after looking over their journal, a client might say, "Whoa, I accidentally had dairy on Sunday, and I didn't have any diarrhea the next day. That's really weird. But I did have diarrhea just about every day this other week—and I was eating perfectly then. But I was super stressed out. Do you think there's a connection?" Want to try this with yourself or a client? Download this free Food and Feelings Journal to get started. A simple way to start identifying food sensitivities. Tool #2: The elimination diet Elimination diets work a lot like a science experiment to help people identify foods that lead to a wide range of bothersome symptoms. And they do pretty much what the name suggests: exclude certain foods for a short period of time—usually three weeks. After three weeks, clients then slowly reintroduce specific foods one at a time, each reintroduction spaced a few days apart. As they do so, they monitor their symptoms for possible reactions. Unlike food sensitivity blood tests, elimination diets are the gold standard for identifying food sensitivities. The problem with elimination diets? They take time and effort. Do I wish I had a fancy, high tech, super science-y way (like a blood test) to give clients a definitive answer? Absolutely. I do. Because a fancy blood test is easier (for most people) than food logs and elimination diets. Right now, however, this trial and error approach to testing out different foods is the best we've got. But... we have a tool that makes it easier: Precision Nutrition's FREE eBook, The Ultimate Guide to Elimination Diets. This easy-to-use resource includes extensive food lists, recipes, and complete how-to instructions—everything you need to know to try an elimination diet with yourself for a client. (And like I said, it's 100 percent free.) If you're a nutrition coach, maybe you've had this experience: A client tells you that a food sensitivity test just revealed they can't eat 47 different foods. Maybe it's a young parent who's already at wit's end trying to find dinners that all three kids will eat. "It's hard enough to cook for my family and make it nutritious and now I have 47 things on my list that I can't eat anymore," the client says. "What am I supposed to do?" Despite my reservations about food sensitivity blood tests, I never start by debunking someone's test results. That would just make them feel more confused, and possibly alienate them. Instead, I say something like this: "If you want to jump in and cut those foods out, we can start there. But, if you don't mind, I'd love to talk about where you're eating, why you're eating, and how you're eating. Because it's all connected to what you're eating and how you feel." From there, I usually ask clients a lot of questions: How long does it take you to eat your meals? What's your sleep like? Do you usually eat at home... or do most meals happen somewhere else, say in the car? How would you describe your stress level? This conversation often opens the door to food journaling. That's key, because, as I mentioned earlier, a food journal can help clients see—for themselves—what triggers symptoms, and what doesn't. Let's circle back to the parent I mentioned in the previous section. How do you help someone who—legit or not—has a "can't eat" list that includes 47 foods? Shine a spotlight on everything they can eat rather than emphasizing what they can't. To do so, I print out lists of foods in the following categories: lean proteins, veggies, smart carbs, and healthful fats. Working together with a client, we circle all of the foods they can eat. Then I ask clients to pick their favorite 10 to 15 in each category. Once they know their favorites, they can scour cookbooks and cooking sites for recipes and meal ideas that feature those ingredients. (Psst: The local library often stocks all the cookbooks they need.) Knowledge really can be life-changing. I'm happy to tell you that my latest scans detected no evidence of cancer in my body. Even better, I now know I can safely eat many, many foods that I once thought were off-limits for me. Like Brussels sprouts, which happen to be one of my all-time favorite vegetables. Oh, and chocolate. I'm definitely happy that food has come back into my life. This bears repeating: Most people with digestive problems don't have cancer. Unlike me, they may have a food sensitivity or two. Or maybe
they don't have a food sensitivity at all—but rather one of the six (common) issues that mimic food sensitivities. Our psychological state and our ability to manage our stress has a much bigger impact on digestion than most people realize. And whether they have a sensitivity or not, many people might be avoiding a lot of foods they could be eating. And they're living in fear that the meal they just consumed might have them racing to the nearest bathroom. For these people, food journaling and elimination diets can not only save them money, they can be illuminating, and empowering. These free tools can help them enjoy eating (and life!) all over again. References Click here to view the information sources referenced in this article. 1. General Information on Food Allergies and Sensitivities. University of Nebraska Institute of Agriculture and Natural Resources. 2. Campos M. Food Allergy, Intolerance, or Sensitivity: What's the Difference, and Why Does It Matter? Harvard Health Publishing, Harvard Medical School. 3. Food Tolerance Definition. American Academy of Allergy, Asthma, and Immunology. 4. Abrams EM, Sicherer SH. Diagnosis and management of food allergy. CMAJ. 2016 Oct 18;188(15):1087-93. 5. Kelso JM. Unproven Diagnostic Tests for Adverse Reactions to Foods. J Allergy Clin Immunol Pract. 2018 Mar;6(2):362-5. 6. Jones SM, Pons L, Roberts JL, Scurlow AM, Perry TT, Kulis M, et al. Clinical efficacy and immune regulation with peanut oral immunotherapy. J Allergy Clin Immunol. 2009 Aug;124(2):292-300. 300.e1-97.7. Stapel SO, Asero R, Ballmer-Weber BK, Knol EF, Strobel S, Vieths S, et al. Testing for IgG4 against foods is not recommended as a diagnostic tool: EAACI Task Force Report. Allergy. 2008 Jul;63(7):793-8. 8. Carr S, Chan E, Lavine E, Moote V. CSACI Position statement on the testing of food-specific IgG. Allergy Asthma Clin Immunol. 2012 Jul 26;8(1):12. 9. Chin B, Chan ES, Goldman RD. Early exposure to food and food allergy in children. Can Fam Physician. 2014 Apr;60(4):338-9 10. Blajbjerg S, Artzi DM, Aabenhus R. Probiotics for the Prevention of Antibiotic-Associated Diarrhea in Outpatients-A Systematic Review and Meta-Analysis. Antibiotics (Basel). 2017 Oct 12;6(4). Available from: If you're a coach, or you want to be... You can help people build sustainable nutrition and lifestyle habits that will significantly improve their physical and mental health—while you make a great living doing what you love. We'll show you how. If you'd like to learn more, consider the PN Level 1 Nutrition Coaching Certification. (You can enroll now at a big discount.) Basics | IgG Tests | Free Tests | Accuracy | Downsides of IgG Tests | Meal Planning Do expensive food sensitivity tests work? Are there lower cost (or free) ways to root out food sensitivities? And, perhaps most important, what should people do with their results? In this article, you'll learn the answers to those questions (and more!), including: +++ Why get a food sensitivity test? When people decide to get a food sensitivity test, they're usually desperate to feel better. For years they've been bothered by stomach upset, bloating, embarrassing gas or belching, abdominal pain, diarrhea, and/or brain fog. Despite giving up any number of foods—gluten, dairy, onions, garlic, this list goes on—their problems persist. So, when they learn about food sensitivity tests that require only a finger prick's worth of blood, they're relieved. They can't wait to find out what's wrong—and finally get back to living without an unpleasant digestive emergency lurking around the corner. How do I know this? As a registered dietitian, I've counseled hundreds of people with mysterious and maddening GI woes. Plus, I was practically born with an upset stomach. During my childhood, my mom took me from one specialist to another. Medical experts suggested I might be sensitive to gluten. Or maybe dairy. Or gluten and dairy? No matter what I stopped eating, I just couldn't shake my digestive issues. By the end of high school, I had the runs nearly every day. If you can imagine that, then you can no doubt understand why I decided to major in nutrition and eventually become a registered dietitian. I was looking for answers to help me solve the problem once and for all. Maybe you can also understand why, during my freshman year in college, I found myself in the waiting room of a naturopathic physician who offered food sensitivity testing. Despite what the test revealed that day, it would take me years to unravel what was really wrong. And that long search taught me many important lessons. Over 150,000 health & fitness professionals certified The best ways to identify and deal with food sensitivities. Most people can test for food sensitivities and intolerances at home—no needles, blood work, or special kits required. Though at-home options like food journaling and elimination diets aren't as easy as pricking your finger and sending your blood off to a lab, they're more accurate and effective. And there's this: Some people—myself included—can clear up their symptoms without giving up a single food. Put another way, millions of people are convinced that they can't eat dozens of foods when, in reality, few (and, in some cases, none) of those foods are actually a problem for them. I'll explore all of that in this article, diving deep into the latest science as well as my personal experiences. It's my hope that what you're about to learn not only helps you understand what's actually going on, but also allows you to enjoy eating a wide variety of foods again, without fear. (Related: 'What foods should I eat?' Your three-step guide to choosing the best foods for your body.) Let's start with a few definitions. Some people use the term "food sensitivities" as a catchall to describe a wide range of adverse symptoms that can be brought on by eating certain foods.1 Other people define sensitivities more narrowly.2 For them, food sensitivities are what's left over when the following problems are ruled out: Food allergies. When the immune system mistakenly treats a component in food as if it were a germ. This can lead to a wide range of allergic responses: hives, swelling, vomiting, diarrhea, and life-threatening drops in blood pressure. Food intolerances: The inability to process or digest certain foods. For example, someone who is lactose intolerant doesn't have adequate amounts of the digestive enzymes needed to break down lactose, a sugar present in dairy products. Celiac disease: An autoimmune reaction that triggers gut inflammation and diarrhea when someone consumes gluten, a protein found in many grains, most notably wheat. Still other people use the word "sensitivity" interchangeably with "intolerance." They throw around the term IBS (short for irritable bowel syndrome)—trying to indicate that something in the diet is making someone feel sick, but they're unsure of the culprit. It's all pretty confusing, so let's make it simple. For the purposes of this story, I'll borrow a definition from the American Academy of Allergy Asthma & Immunology: "A food sensitivity occurs when a person has difficulty digesting a particular food."3 Alrighty, so let's circle back to what I started to tell you at the beginning of this article—about the day I underwent food sensitivity testing. The naturopath pricked my finger and sent a few drops of my blood off to a lab. About a week later, the doctor handed me a 10-page report that, she said, revealed I had a "weakened" immune response to dozens of foods: sugar, dairy, cooking oil, gelatin, baking powder, cornstarch, chocolate, butter, cheese, popcorn, pretty much all grains, veal, liver, beef, tree nuts, corn, Brussels sprouts, and cabbage. As I glanced over the report, I considered the food typically served at the campus dining hall. I'd wanted clear answers and a workable plan to put into action. Instead, I left feeling overwhelmed and helpless. How could I possibly eliminate all of those foods for the rest of my life? With food sensitivity testing, a lab analyzes how immunoglobulin G (IgG), an immune system antibody, reacts to roughly 100 different foods. The idea is that elevated IgG levels signal a food sensitivity. This premise seems logical. After all, that's similar to the premise of food allergy blood testing, which measures a different antibody called immunoglobulin E (IgE). When levels of IgE are elevated, it indicates someone's immune system is pumping out substances that trigger parts of the body to swell up, break out in a rash, shut down, and/or eject things from the GI tract (a.k.a. vomiting). Though IgE tests can deliver false positives, they're relatively accurate, correctly diagnosing allergies 70 to 90 percent of the time.4 This is how you can know if you have, say, a nut allergy. Unlike IgE tests, IgG tests are unregulated and unproven. The few studies that seem to support IgG testing have been criticized for a variety of design flaws.5 (To learn what to look for in a study, see How to read scientific research.) The premise behind IgG tests has also been called into question. That's because elevated IgG probably isn't a bad thing. Most experts consider it a normal immune response. Our bodies likely develop IgG antibodies to all the foods we eat. These antibodies may even be how the body marks a substance as "safe." As the chart below shows, when IgE is high, someone likely has a food allergy. But when IgE is low and IgG is high, it's a sign that the body has become tolerant to a particular food.6 IgE IgG Likely food allergy High Low Likely food tolerance Low High Put another way, if your blood reacts with IgG to a specific food, it probably doesn't mean you're sensitive to it. Rather, it may mean you've eaten that food somewhat recently.5,7 As a result the following organizations all strongly recommend against taking IgG food sensitivity tests: American Academy of Allergy, Asthma & Immunology3 The Canadian Society of Allergy and Clinical
Immunology8 The European Academy of Allergy and Clinical Immunology7 As the Canadian Society of Allergy and Clinical Immunology put it: "The inappropriate use of this [IgG food sensitivity] test only increases the likelihood of false diagnoses being made, resulting in unnecessary dietary restrictions and decreased quality of life." Maybe you're thinking: So what if IgG tests are unproven? Does it really matter if someone wastes money on a test that doesn't work? It does matter—for at least three important reasons. An inaccurate food sensitivity blood test may mean that: You continue to eat foods that could be the source of your issues—because those foods didn't react to the IgG in your blood. You stop eating a lot of foods that are perfectly okay for you to eat. That's no fun. Worse, you could develop nutrient deficiencies. You fail to diagnose the true problem. This was the case with me. Roughly fifteen years after my IgG test, I underwent a colonoscopy. It revealed a rare, incredibly slow-moving, genetic ovarian tumor—one I'd likely had since birth. The tumor had grown outside of my ovary and through the wall of my digestive tract. Once I had my cancer removed, my digestive problems vanished. Important note: All three of these downsides—especially the risk of nutritional deficiencies—intensify when children are involved. On top of the drawbacks listed above, when young children are coddled and prevented from exposure to various foods, they're more likely to develop allergies and/or sensitivities to those very foods as they get older.9 All this begs the question: How can you find out whether you really have food sensitivities? And if you do, what should you do about them? I thought I had food sensitivities. In reality, I had cancer—a tumor that had invaded my digestive tract. My situation, however, is incredibly rare. Most people with bloating and frequent diarrhea don't have cancer. Much more common, however, are the following: 1. A tendency to gulp down dinner When we eat quickly, we swallow air bubbles, which lead to a puffy, bloated, gassy feeling. And because it takes some time for the "I'm full" signal from the stomach and intestines to reach the brain, fast eating often triggers overeating, which only compounds that uncomfortable post-meal sense of unease. (If you want a strategy that could be helpful here, check out the 30-day slow eating challenge.) 2. Too much fiber too quickly Some people experience stomach pain, gas, and bloating after suddenly increasing their fiber intake. For example, a client might decide to start eating nine servings of vegetables for a New Year's resolution. If they hadn't eaten many veggies before, this sudden change will overwork the GI tract's peristaltic muscles as well as disturb the flora that live in the gut. When they temporarily reduce their fiber intake and then slowly increase it, they feel a lot better. 3. Not enough fluids Water is also incredibly important, as it helps to move stool through the digestive tract. Getting enough becomes essential if someone is increasing fiber intake. A good general rule: When adding a serving or two of fiber, up your water consumption by 1-2 glasses. 4. Gut flora imbalance Antibiotics can wipe out levels of friendly gut bacteria, allowing more problematic bugs to take over, leading to diarrhea and other symptoms. Starting Lactobacillus rhamnosus GG (for children) or Saccharomyces boulardii (for adults) within two days of your first antibiotic dose may help reduce the risk of antibiotic-associated diarrhea.10 5. Stress and lack of sleep Stress diverts blood flow away from the GI tract, making it harder for the body to digest food effectively. End result: gas, pain, and bloating. Before meals, I encourage my clients to try a Box Breathing sequence: Inhale for 4 seconds. Hold for 4 seconds. Repeat 3 to 5 times. This short breathing exercise helps trigger relaxation, sending blood flow to the GI tract, priming it to digest the food about to be eaten. It can also help people to slow down. End result: the heartburn, stomachaches, and bloating eases. (For more strategies on how to reduce stress, read: How stress prevents weight loss.) 6. Food aversion Sometimes the mere thought of a food may make someone sick, though the mechanism isn't fully understood. These aversions often occur in young children who've gotten sick—for example, from food poisoning or stomach flu—after eating a particular food. Their brain then seems to link the nauseated sensation to the food. When clients come to me with GI symptoms, I use two different tools to help them connect what they eat with how they feel. Tool #1: Food journaling For roughly a month, my clients keep track of: What they eat and drink How they eat (for example, wolfing down fast food while driving to an appointment vs. slowly savoring a home-cooked meal) How much they eat (until just satisfied versus stuffed) How they feel, and especially bothersome symptoms such as diarrhea, headaches, bloating, and stomach pain How they sleep Their stress level Once they have 30 days of data, we take a look at their journal entries in search of patterns. To highlight those patterns, I like to bring a client's attention to days when they experienced vexing symptoms, such as stomach upset. Then I ask: "What do you notice in your journal in the 2 to 3 days leading up to that flare up? See anything interesting?" If applicable, I also draw attention to any stretches of time when they had no symptoms at all—and I'll ask the same question: "What do you notice in the days leading up to this good stretch? Did you do anything differently during those days that you didn't do in the days leading up to the flare up?" This journaling exercise helps people identify sensitivities as well as see that they may not have as many sensitivities as they thought. For example, after looking over their journal, a client might say, "Whoa, I accidentally had dairy on Sunday, and I didn't have any diarrhea the next day. That's really weird. But I did have diarrhea just about every day this other week—and I was eating perfectly then. But I was super stressed out. Do you think there's a connection?" Want to try this with yourself or a client? Download this free Food and Feelings Journal to get started. A simple way to start identifying food sensitivities. Tool #2: The elimination diet Elimination diets work a lot like a science experiment to help people identify foods that lead to a wide range of bothersome symptoms. And they do pretty much what the name suggests: exclude certain foods for a short period of time—usually three weeks. After three weeks, clients then slowly reintroduce specific foods one at a time, each reintroduction spaced a few days apart. As they do so, they monitor their symptoms for possible reactions. Unlike food sensitivity blood tests, elimination diets are the gold standard for identifying food sensitivities. The problem with elimination diets? They take time and effort. Do I wish I had a fancy, high tech, super science-y way (like a blood test) to give clients a definitive answer? Absolutely. I do. Because a fancy blood test is easier (for most people) than food logs and elimination diets. Right now, however, this trial and error approach to testing out different foods is the best we've got. But... we have a tool that makes it easier: Precision Nutrition's FREE eBook, The Ultimate Guide to Elimination Diets. This easy-to-use resource includes extensive food lists, recipes, and complete how-to instructions—everything you need to know to try an elimination diet with yourself for a client. (And like I said, it's 100 percent free.) If you're a nutrition coach, maybe you've had this experience: A client tells you that a food sensitivity test just revealed they can't eat 47 different foods. Maybe it's a young parent who's already at wit's end trying to find dinners that all three kids will eat. "It's hard enough to cook for my family and make it nutritious and now I have 47 things on my list that I can't eat anymore," the client says. "What am I supposed to do?" Despite my reservations about food sensitivity blood tests, I never start by debunking someone's test results. That would just make them feel more confused, and possibly alienate them. Instead, I say something like this: "If you want to jump in and cut those foods out, we can start there. But, if you don't mind, I'd love to talk about where you're eating, why you're eating, and how you're eating. Because it's all connected to what you're eating and how you feel." From there, I usually ask clients a lot of questions: How long does it take you to eat your meals? What's your sleep like? Do you usually eat at home... or do most meals happen somewhere else, say in the car? How would you describe your stress level? This conversation often opens the door to food journaling. That's key, because, as I mentioned earlier, a food journal can help clients see—for themselves—what triggers symptoms, and what doesn't. Let's circle back to the parent I mentioned in the previous section. How do you help someone who—legit or not—has a "can't eat" list that includes 47 foods? Shine a spotlight on everything they can eat rather than emphasizing what they can't. To do so, I print out lists of foods in the following categories: lean proteins, veggies, smart carbs, and healthful fats. Working together with a client, we circle all of the foods they can eat. Then I ask clients to pick their favorite 10 to 15 in each category. Once they know their favorites, they can scour cookbooks and cooking sites for recipes and meal ideas that feature those ingredients. (Psst: The local library often stocks all the cookbooks they need.) Knowledge really can be life-changing. I'm happy to tell you that my latest scans detected no evidence of cancer in my body. Even better, I now know I can safely eat many, many foods that I once thought were off-limits for me. Like Brussels sprouts, which happen to
be one of my all-time favorite vegetables. Oh, and chocolate. I'm definitely happy that food has come back into my life. This bears repeating: Most people with digestive problems don't have cancer. Unlike me, they may have a food sensitivity or two. Or maybe they don't have a food sensitivity at all—but rather one of the six (common) issues that mimic food sensitivities. Our psychological state and our ability to manage our stress has a much bigger impact on digestion than most people realize. And whether they have a sensitivity or not, many people might be avoiding a lot of foods they could be eating. And they're living in fear that the meal they just consumed might have them racing to the nearest bathroom. For these people, food journaling and elimination diets can not only save them money, they can be illuminating, and empowering. These free tools can help them enjoy eating (and life!) all over again. References Click here to view the information sources referenced in this article. 1. General Information on Food Allergies and Sensitivities. University of Nebraska Institute of Agriculture and Natural Resources. 2. Campos M. Food Allergy, Intolerance, or Sensitivity: What's the Difference, and Why Does It Matter? Harvard Health Publishing, Harvard Medical School. 3. Food Tolerance Definition. American Academy of Allergy, Asthma, and Immunology. 4. Abrams EM, Sicherer SH. Diagnosis and management of food allergy. CMAJ. 2016 Oct 18;188(15):1087-93. 5. Kelso JM. Unproven Diagnostic Tests for Adverse Reactions to Foods. J Allergy Clin Immunol Pract. 2018 Mar;6(2):362-5. 6. Jones SM, Pons L, Roberts JL, Scurlow AM, Perry TT, Kulis M, et al. Clinical efficacy and immune regulation with peanut oral immunotherapy. J Allergy Clin Immunol. 2009 Aug;124(2):292-300. 300.e1-97.7. Stapel SO, Asero R, Ballmer-Weber BK, Knol EF, Strobel S, Vieths S, et al. Testing for IgG4 against foods is not recommended as a diagnostic tool: EAACI Task Force Report. Allergy. 2008 Jul;63(7):793-8. 8. Carr S, Chan E, Lavine E, Moote V. CSACI Position statement on the testing of food-specific IgG. Allergy Asthma Clin Immunol. 2012 Jul 26;8(1):12. 9. Chin B, Chan ES, Goldman RD. Early exposure to food and food allergy in children. Can Fam Physician. 2014 Apr;60(4):338-9 10. Blajbjerg S, Artzi DM, Aabenhus R. Probiotics for the Prevention of Antibiotic-Associated Diarrhea in Outpatients-A Systematic Review and Meta-Analysis. Antibiotics (Basel). 2017 Oct 12;6(4). Available from: If you're a coach, or you want to be... You can help people build sustainable nutrition and lifestyle habits that will significantly improve their physical and mental health—while you make a great living doing what you love. We'll show you how. If you'd like to learn more, consider the PN Level 1 Nutrition Coaching Certification. (You can enroll now at a big discount.)