

# F&Y2 Wave 5-6 NI: Chapter 5: Food allergies, intolerances and other hypersensitivities

## Introduction

'Food hypersensitivity' is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a particular food. There are different types of food hypersensitivity including a food allergy, food intolerance and coeliac disease ([footnote 1](#)).

A **food allergy** occurs when the immune system (the body's defence) mistakes the proteins in food as a threat. Symptoms of a food allergy can vary from mild symptoms to very serious symptoms, and can include itching, hives, vomiting, swollen eyes and airways, or anaphylaxis which can be life threatening.

**Food intolerance** is difficulty in digesting specific foods which causes unpleasant reactions such as stomach pain, bloating, diarrhoea, skin rashes or itching. Food intolerance is not an immune condition and is not life threatening.

**Coeliac disease** is an autoimmune condition caused by gluten, a protein found in wheat, barley and rye and products using these as ingredients. The immune system attacks the small intestine which damages the gut and reduces the ability to absorb nutrients. Symptoms of coeliac disease can include diarrhoea, abdominal pain and bloating.

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. [By law](#), food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens in the food and drink they provide.

To help consumers make safe and informed choices, food businesses can voluntarily provide information about the unintentional presence of the 14 most potent and prevalent allergens, for example 'may contain' or 'produced in a factory with'. This is called [precautionary allergen labelling](#) (PAL). PAL information can be provided verbally or in writing but should only be provided where there is an unavoidable risk of allergen cross-contamination that cannot be sufficiently controlled through risk management actions.

This chapter provides an overview of respondents' understanding of food allergies and intolerances, the self-reported prevalence and diagnosis of food hypersensitivities, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

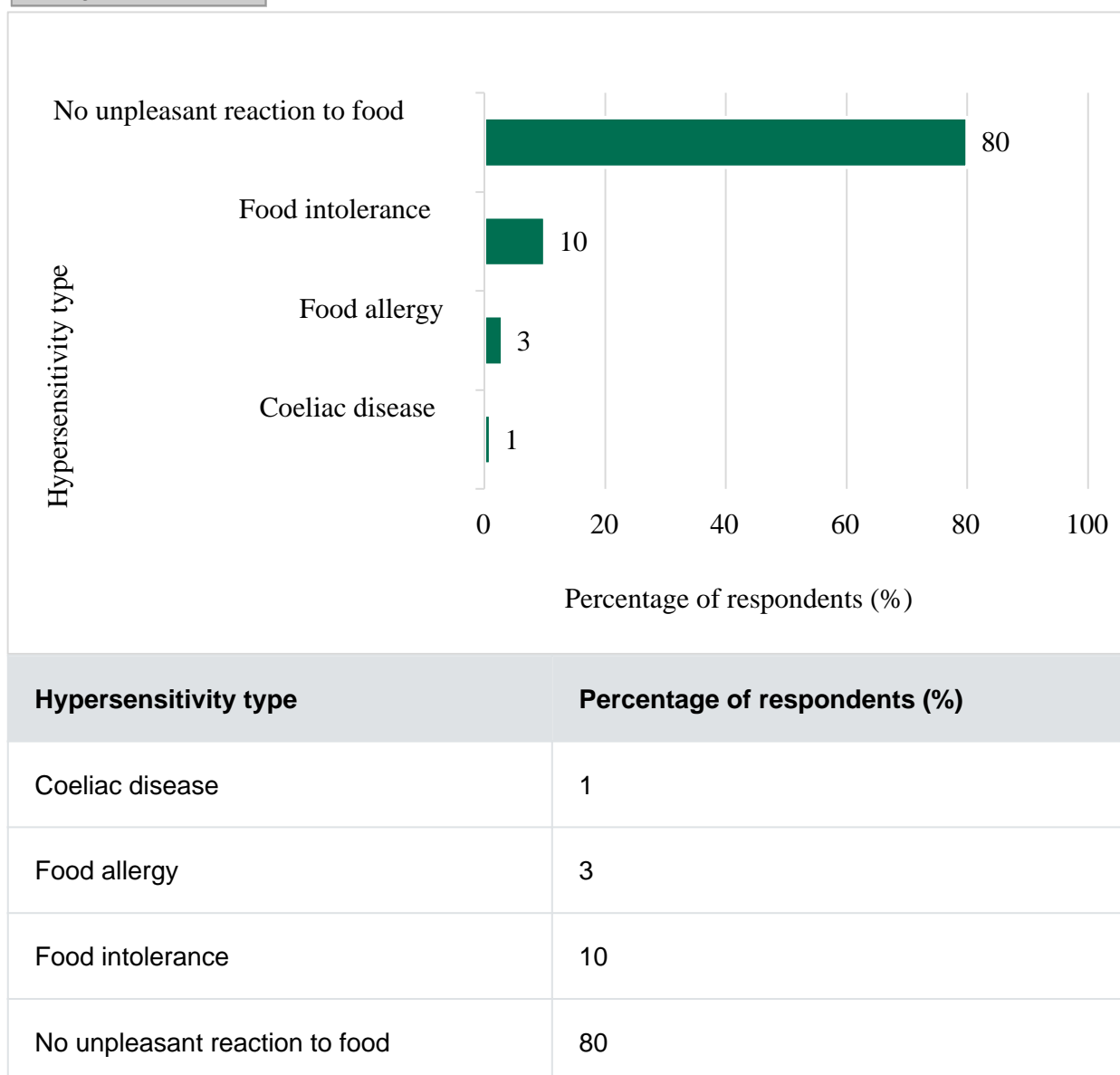
## Prevalence and diagnosis of food hypersensitivities

One fifth (20%) of respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause ([footnote 2](#)).

## Figure 15. Prevalence of different types of food hypersensitivity.

Change to table and accessible view

Change to chart view



Download this chart

[Image .csv](#)

Source: Food and You 2: Wave 6

Most respondents (80%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 15) [\(footnote 3\)](#).

## Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around 1 in 3 (29%) respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 9% had been diagnosed by an alternative or complementary therapist but not by a NHS/private medical practitioner. However,

69% had not been formally diagnosed with a specific condition and 7% had used other methods ([footnote 4](#)).

## Eating out with a food hypersensitivity

The FSA provides guidance for food businesses on providing allergen information. Food businesses in the retail and catering sector are required [by law](#) to provide allergen information and to follow labelling rules. The type of allergen information which must be provided depends on the type of food business. However, all food business operators must provide allergen information for prepacked and non-prepacked food and drink. Foods which are pre-packed or pre-packed for direct sale (PPDS) are required to have a label with a full ingredients list with allergenic ingredients emphasised ([footnote 5](#)).

### How often people checked allergen information in advance when eating somewhere new

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often, if at all, they checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction when they ate out or ordered a takeaway from somewhere new.

One fifth (20%) of respondents always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction, and 45% of respondents checked this information was available less often (i.e. most of the time or less often). However, 34% never checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction ([footnote 6](#)).

### Availability and confidence in allergen information when eating out or ordering takeaways

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often information which allowed them to identify food that might cause them a bad or unpleasant reaction was readily available when eating out or buying food.

Around 1 in 10 (8%) respondents reported that this information was always readily available and 74% of respondents reported that this information was available less often (i.e. most of the time or less often). However, 12% of respondents reported that this information was never readily available when they ate out or bought food to take away ([footnote 7](#)).

Respondents were asked how often they asked a member of staff for more information when it is not readily available. 17% of respondents reported that they always asked staff for more information, whilst 45% did this less often (i.e. most of the time or less often), and 29% never asked staff for more information ([footnote 8](#)).

Respondents were asked how comfortable they felt asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction. Most respondents (62%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 26% of respondents reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable) ([footnote 9](#)).

### Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction. Overall, 92%

of respondents stated that they were confident in the information provided on food labels ([footnote 10](#)).

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents were more confident in identifying these foods at independent food shops (72%), in-store at a supermarket (69%), when buying food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (52%) ([footnote 11](#)).

1. [FSA Explains: Food hypersensitivities. Overview: Food Allergy, NHS. Food Intolerance, NHS. Overview: Coeliac disease, NHS.](#)
2. Question: Do you suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause? Responses: Yes, No, Don't know, Prefer not to say. Base= 1644, all respondents in Northern Ireland.
3. Question/ Responses: Derived variable, see data tables (REACTYPE\_1 to REACTYPE\_18 combined NET) and Technical Report. Base= 1079, all respondents. Wave 6.
4. Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service), I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition, Other. Base= 341, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.
5. [Allergen guidance for food businesses, FSA.](#)
6. Question: When eating out or ordering food from somewhere new, how often, if at all, do you check in advance that information is available allowing you to identify food that might cause you a bad or unpleasant physical reaction? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 320, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause who eat out or order takeaways in Northern Ireland. Wave 6.
7. Question: When eating out or buying food to take out, how often, if at all, is the information you need to help you identify food that might cause you a bad or unpleasant physical reaction readily available? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 319, online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction in Northern Ireland. Wave 6.

8. Question: When information is not readily available, how often do you ask a member of staff for more information? Responses: Always, Most of the time, About half of the time, Occasionally, Never, I don't need to ask because the information is always readily available, Don't know. Base= 319, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.
  
9. Question: How comfortable do you feel asking a member of staff for more information about food that might cause you a bad or unpleasant physical reaction? Responses: Very comfortable, Fairly comfortable, Not very comfortable, Not at all comfortable, It varies from place to place, Don't know. Base = 319, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.
  
10. Question: How confident are you that the information provided on food labels allows you to identify foods that will cause you, or another member of your household, a bad or unpleasant physical reaction? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 676, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping in Northern Ireland. Wave 6.
  
11. Question: When buying food that is sold loose (e.g. at a bakery or deli counter), how confident are you that you can identify foods that will cause you or another member of your household a bad or unpleasant physical reaction? Consider food sold loose from the following sources...A) Supermarkets in store. B) Supermarkets online. C) Independent food shops. D) Food markets/stalls. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base A=472, B=396, C=461, D=434, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping - excluding 'I don't buy food from here' / 'I don't buy food sold loose' in Northern Ireland. Wave 6.