

F&Y2 Wave 7-8 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](#).

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, as well as longer term health consequences if the disease is not managed.

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](#) ([footnote 1](#)) in the food and drink they provide.

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

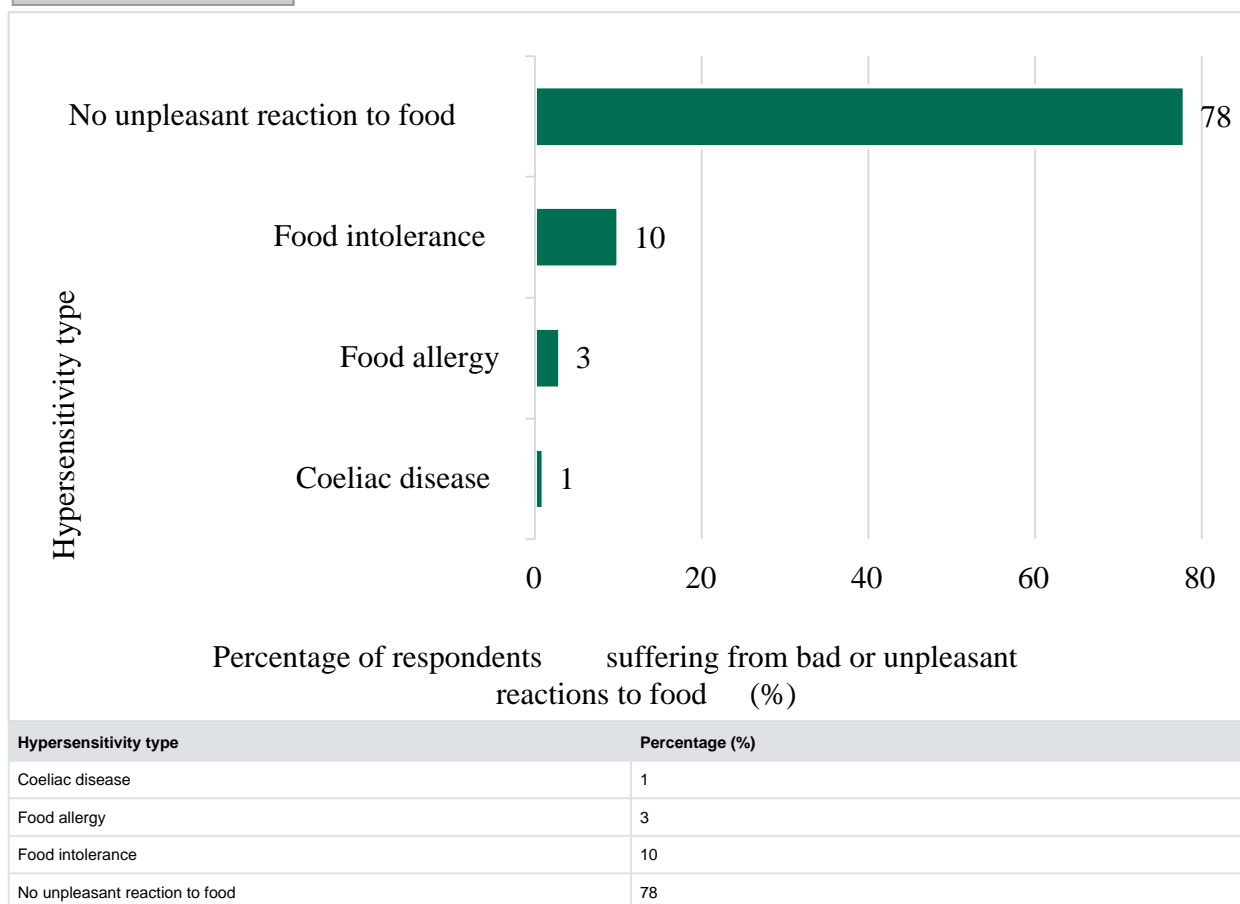
Most respondents (78%) reported that they did not have a food hypersensitivity. Around 1 in 5 (19%) respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause. ([footnote 2](#))

10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 14). ([footnote 3](#))

Figure 14. Prevalence of different types of food hypersensitivity.

Change to table and accessible view

Change to chart view



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Source: Food and You 2: Wave 8

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction after consuming certain foods were asked how they had found out about their condition. Most respondents (75%) had not been formally diagnosed with a specific condition, while 21% had been diagnosed by an NHS or private medical practitioner, 9% had been diagnosed by an alternative or complementary therapist, and 4% 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.

Food businesses can use [precautionary allergen labelling](#) (PAL) to 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'.

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. 23% said they always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction. Similarly, 23% of respondents check most of the time, while 32% said they did this less often and 22% said they never did this. [\(footnote 5\)](#)

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance when shopping, 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, 82% of respondents stated that they were confident (i.e. very confident or fairly confident) in the information provided on food labels. [\(footnote 6\)](#)

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 in-store at a supermarket (67%), at independent food shops (66%), and when buying food from a supermarket online (62%). However, respondents were less confident when buying food from food markets or stalls (55%). [\(footnote 7\)](#)

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.

12% reported that this information was always readily available, 71% less often available (i.e. most of the time, about half of the time, or occasionally), and 11% reported that this information was never readily available when they ate out or bought food to take away. [\(footnote 8\)](#)

Respondents were asked how often they asked a member of staff for more information when it is not readily available. 22% reported that they always asked staff for more information, whilst 55% did this less often (i.e. most of the time, about half of the time, or occasionally), and 20% never asked staff for more information. [\(footnote 9\)](#)

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 (66%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 25% reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable). [\(footnote 10\)](#)

1. Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and

oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

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 = 1,550, all respondents in Northern Ireland. Wave 8.
3. Question/ Responses: This data is derived from multiple questions, see the Technical Report for further details. See data tables (REACTYPE_1 to REACTYPE_18 combined NET). Base= 1550, all respondents. Please note: the figures shown do not add up to 100% as not all responses are shown.
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 = 287, 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 8.
5. 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 = 282, 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 8.
6. 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= 668, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping in Northern Ireland. Wave 7.
7. 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=647, B=513, C=626, D=577, 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 7.

8. 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? By readily available we mean that you are able to access the information in writing (e.g. on a menu or food label) without needing to ask a member of staff to provide it to you. Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base = 277, online respondents who eat out or buy food to take away and have a food reaction, and postal respondents who suffer from a bad or unpleasant physical reaction, in Northern Ireland. Wave 8.

9. 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, Don't know. Base = 262, 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, excluding those who say, 'I don't need to ask because the information is always readily available'. Wave 8.

10. 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 = 277, 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 8.