DIET & WEIGHT

Food Allergy and Intolerance Are Not the Same

The difference lies in the reaction, not simply the food-and knowing which you face changes what you do next.

The same meal, two very different problems

Dinner is over, and now your stomach is objecting. You feel bloated, uncomfortable and fairly certain something on the plate was responsible. It is tempting to call that an allergy. Yet the word matters, because a food allergy and a food intolerance are not milder and stronger versions of the same condition. They involve different processes, carry different risks and call for different responses.

A food allergy is an abnormal immune-system reaction. Your immune system, which ordinarily protects you from germs, mistakes a food for something harmful. The resulting reaction is often mild, but it can become serious or life-threatening. Cow's milk, eggs, fish, crustacean shellfish, peanuts, sesame, soy, tree nuts and wheat cause most food allergies.

An intolerance does not involve that immune response. It typically produces digestive trouble, including bloating and gas. Lactose intolerance is one example: the amount of lactose a child can consume without symptoms varies, and some can tolerate a certain amount. Reducing or avoiding milk products may help, while a clinician may recommend lactase, the enzyme that helps digest lactose.

The food alone therefore cannot tell you which problem you have. Milk can be involved in an allergy or an intolerance, but the reaction is not the same. Nor is severity a reliable label you can assign from one uncomfortable episode. An allergic reaction may change from one exposure to the next, even in the same person.

Your body leaves different clues

Digestive symptoms can occur in both conditions, which is where the confusion begins. Vomiting, diarrhoea and abdominal cramps can be part of a food allergy; bloating and gas are typical of intolerance. If you look only at the stomach, the categories can blur. The wider pattern and timing become important.

Food-allergy symptoms usually begin within a few minutes to two hours after eating. They may include hives, flushed skin, a rash, itching or tingling in the mouth, or swelling of the face,

tongue or lips. Coughing, wheezing, dizziness and lightheadedness can also occur. The symptoms are not identical in everyone, and your own reaction may not look the same every time.

Swelling of the throat and vocal cords or trouble breathing moves the situation far beyond a question of digestive comfort. Anaphylaxis is a sudden, severe allergic reaction that can narrow the airways, cause severe breathing difficulty, sharply lower blood pressure and lead to shock or loss of consciousness. It is a medical emergency: call emergency services if someone has symptoms of anaphylaxis.

That dividing line deserves to be plain. Bloating after a food may fit intolerance. Breathing trouble, throat swelling, loss of consciousness or signs of shock do not. Do not use the word "intolerance" to reassure yourself when the reaction includes possible allergy symptoms outside the digestive system.

A diary records what happened; it cannot prove whether the immune system was involved.

A hunch is not a diagnosis

People report food allergy far more often than controlled testing confirms it. A 2023 systematic review of 110 European studies found that 13.1% of people reported a current food allergy. Positive food challenges-the most direct measure included in the analysis-were found in 0.8%. The studies mostly had a moderate risk of bias, and the authors called for more standardised diagnostic methods.

Those numbers do not mean that your symptoms are imaginary. They show why symptoms alone do not reliably reveal the mechanism behind them. A food may coincide with discomfort without causing an immune reaction, and a test showing sensitisation is not the same as a confirmed reaction to eating that food. In the review, estimates also varied substantially according to whether researchers used self-reports, blood tests, skin-prick tests or food challenges.

A clinician investigating a possible allergy may ask about the reaction, your medical history, family history and other allergies, then perform an examination. Testing can include skin or blood tests, an elimination diet or an oral food challenge. The oral food challenge is the most accurate food-allergy test. It belongs in medical care, not as an experiment conducted at your own table.

Keeping a record can help identify patterns, particularly when digestive symptoms recur. In children with chronic diarrhoea, a diary of food, drinks and bowel habits can help a doctor investigate possible triggers. But a diary records what happened; it cannot prove whether the

immune system was involved. That distinction requires proper interpretation and, when appropriate, testing.

Avoiding more food is not automatically safer

Once a food feels suspicious, cutting it out can seem like the sensible move. For a confirmed food allergy, strict avoidance of the allergen is the only way to prevent a reaction; there is no cure. Someone prescribed an epinephrine auto-injector should learn how to use it and carry it at all times. A medical alert bracelet may also identify the allergy.

Intolerance can be less absolute. A child with lactose intolerance may tolerate some lactose, with dietary changes based on how much can be consumed without symptoms. Fructose or sucrose intolerance may similarly lead a doctor to recommend reducing or avoiding the relevant foods and drinks. The appropriate restriction follows the cause; it should not be assumed from a broad label such as "food sensitivity."

Food restriction is also not a proven general strategy for preventing allergy. A 2021 systematic review of 46 studies found very uncertain evidence that avoiding allergens during pregnancy, breastfeeding or infancy prevents food allergy. It also found that several supplements and dietary approaches may have little or no preventive effect, although the evidence was uncertain.

The same caution applies when eczema is blamed on food without a diagnosed allergy. A 2024 review of dietary trials in children with atopic dermatitis specifically examined those without food allergies. Some probiotic studies suggested reduced eczema scores, but evidence for other interventions was limited. That is not evidence that removing a suspected food will treat eczema.

Infant feeding brings its own decisions. Most babies can have peanut products at about six months, but babies with severe eczema or egg allergy are at high risk and may need allergy testing and individual advice first. A review found that regular peanut consumption introduced in infancy probably greatly reduced peanut allergy in higher-risk infants, but this conclusion came from single trials in high-income countries. Speak to the baby's clinician rather than improvising an avoidance plan.

Take a record, not a verdict

For the next week, write down what you eat and drink, when you consume it and what happens afterwards. Note digestive problems as well as rash, swelling, mouth itching, coughing,

wheezing, dizziness or lightheadedness. This takes a plain notebook and a pencil. The aim is not to diagnose yourself. It is to replace a vague memory with a sequence you can describe clearly.

Do not deliberately eat a food that you think has caused an allergic reaction simply to make the diary more conclusive. If a clinician needs to confirm an allergy, an oral food challenge is the most accurate test and should be part of medical assessment. If you already have a prescribed emergency plan or epinephrine auto-injector, follow that plan and keep the device with you.

Take the notebook to a clinician if reactions recur, if you are removing an important food, or if the pattern includes symptoms beyond bloating and gas. Ask one direct question: "Does this pattern suggest an immune reaction, an intolerance or another cause, and what testing would distinguish them?" That question keeps the appointment focused on the difference that matters.

A week of notes may not supply a neat answer. It can, however, stop "this food disagrees with me" from turning too quickly into "I am allergic." Keep the notebook beside the place where you eat, add each entry while the details are fresh, and let the pattern-not fear or guesswork-start the next conversation.

Where this comes from

- Food Allergy

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/foodallergy.html
- Infant and Newborn Nutrition

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/infantandnewbornnutrition.html
- Food Allergies in Schools | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/school-health-conditions/food-allergies/index.html
- Treatment for Chronic Diarrhea in Children - NIDDK

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/digestive-diseases/chronic-diarrhea-children/treatment
- A systematic review and meta-analysis of nutritional and dietary interventions in randomized controlled trials for skin symptoms in children with atopic dermatitis and without food allergy: An EAACI task force report.

  Allergy, 2024 · https://pubmed.ncbi.nlm.nih.gov/38783644/
- Frequency of food allergy in Europe: An updated systematic review and meta-analysis.

  Allergy, 2023 · https://pubmed.ncbi.nlm.nih.gov/36271775/



- Ultra-processed foods, allergy outcomes and underlying mechanisms in children: An EAACI task force report.

  Pediatric allergy and immunology : official publication of the European Society of Pediatric Allergy and Immunology, 2024 · https://pubmed.ncbi.nlm.nih.gov/39254357/
- Preventing food allergy in infancy and childhood: Systematic review of randomised controlled trials.

  Pediatric allergy and immunology : official publication of the European Society of Pediatric Allergy and Immunology, 2021 · https://pubmed.ncbi.nlm.nih.gov/32396244/