

F&Y2 Wave 8: 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, including 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 the self-reported prevalence and diagnosis of food hypersensitivities [\(footnote 2\)](#), and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

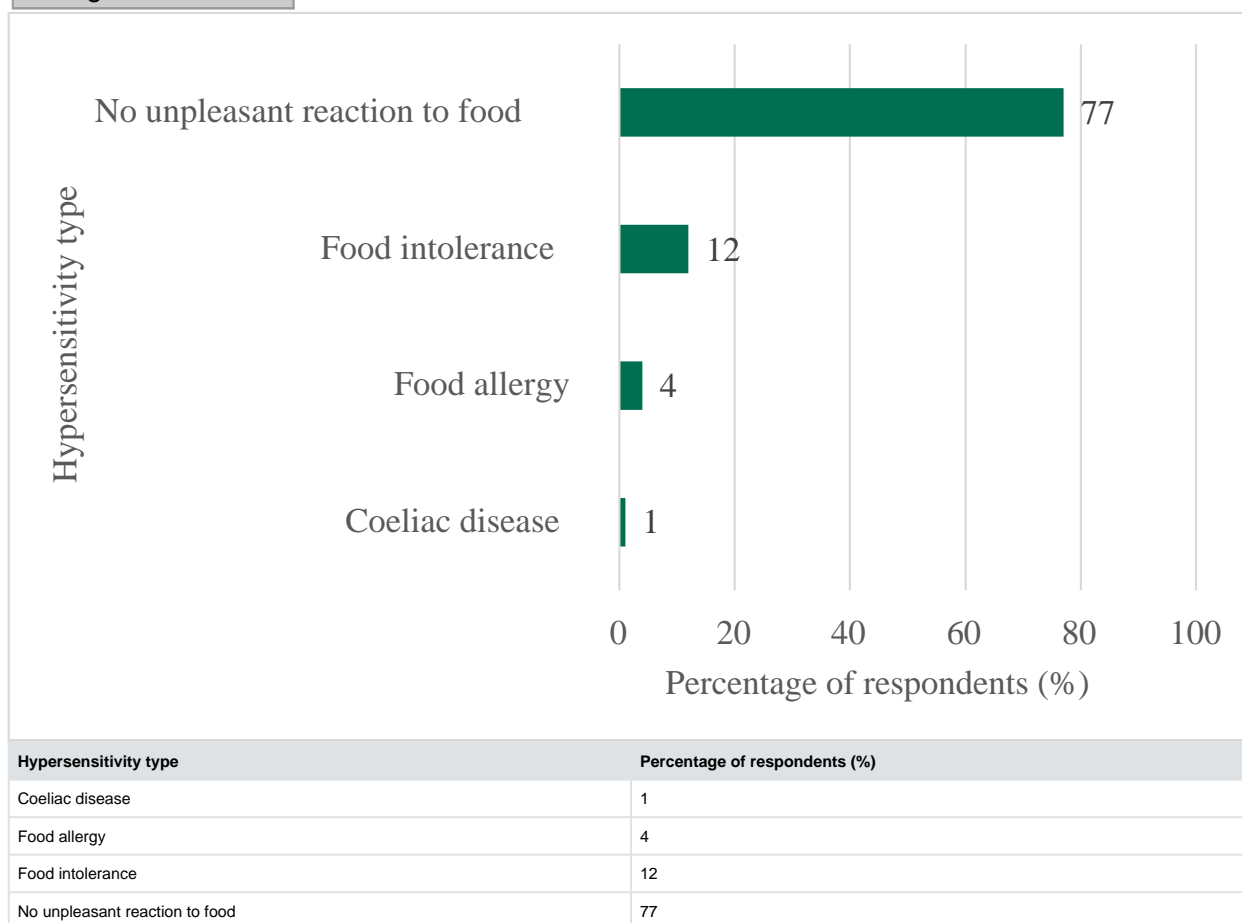
Prevalence, diagnosis and severity of food hypersensitivities

Around a quarter (23%) 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 [\(footnote 3\)](#).

Figure 18. Prevalence of different types of food hypersensitivity.

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Source: Food and You 2 Wave 8

Most respondents (77%) reported that they did not have a food hypersensitivity. Around 1 in 10 (12%) respondents reported that they had a food intolerance, 4% reported having a food allergy, and 1% reported having coeliac disease (Figure 18) ([footnote 4](#)).

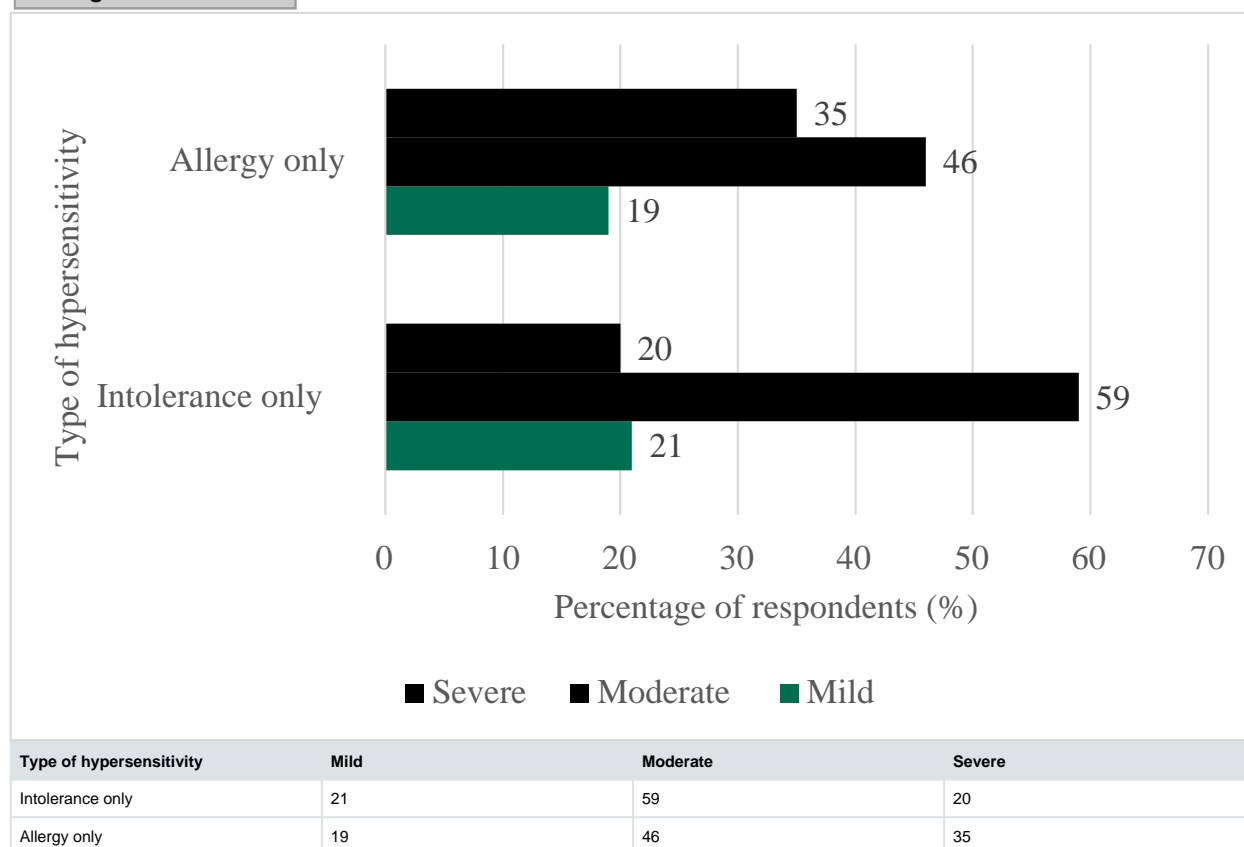
Severity of food hypersensitivities

Respondents who 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 were asked how they would describe their reaction. Around a quarter (26%) of respondents reported that they had a mild reaction, 53% of respondents reported that they had a moderate reaction, and 20% of respondents reported that they had a severe reaction ([footnote 5](#)).

Figure 19. Reaction severity of respondents with an intolerance or allergy.

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Respondents who suffer from an allergy only (35%) were more likely to report that they had a severe reaction than those with only an intolerance (20%). Conversely, respondents who suffer from an intolerance only (59%) were more likely to report that they had a moderate reaction than those with only an allergy (46%) (Figure 19).

Prevalence, frequency and causes of food reactions

Respondents who 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, were asked if they had experienced a reaction in the previous 12 months. Of these respondents, 58% reported that they had experienced a reaction and 37% reported that they had not experienced a reaction ([footnote 6](#)).

Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked how many times they had experienced a reaction. A fifth (20%) of respondents had experienced reactions once or twice, 46% of respondents had experienced between 3 and 10 reactions and 31% had experienced more than 10 reactions ([footnote 7](#)).

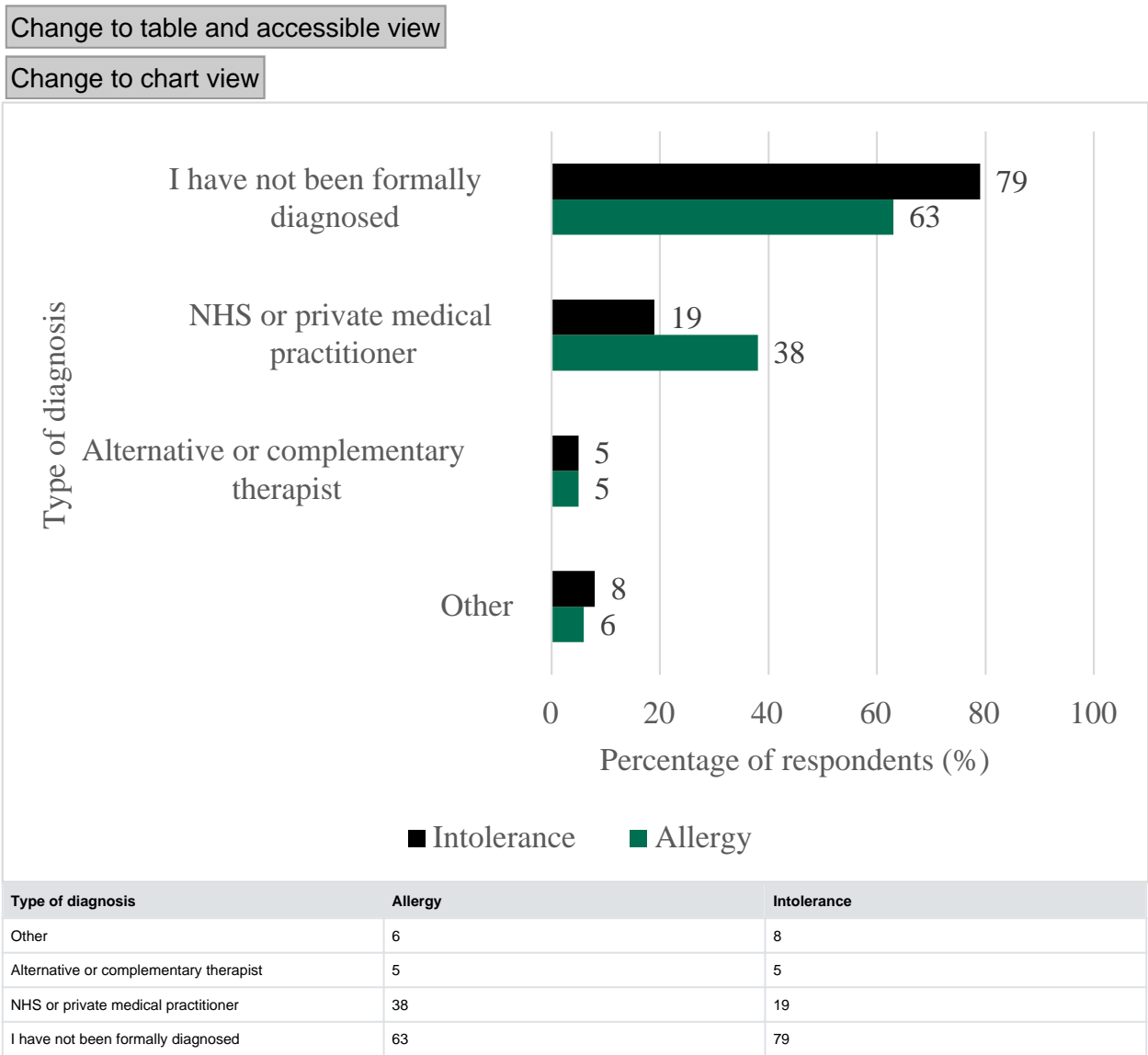
Respondents who had experienced a bad or unpleasant physical reaction in the previous 12 months were asked what they thought caused their last reaction. The most reported causes were food made to order from a restaurant or café (19%), food ordered directly from a takeaway shop

or restaurant (19%), food prepared/cooked by the respondent at home (17%) and pre-packaged food bought in a shop or café (15%) [\(footnote 8\)](#).

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around a quarter (24%) of respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 5% had been diagnosed by an alternative or complementary therapist. However, most respondents (76%) had not received any diagnosis [\(footnote 9\)](#).

Figure 20. Prevalence and type of food reaction and intolerance diagnosis.



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Most respondents who reported having a food intolerance (79%) have noticed that a particular food causes them problems but have not been formally diagnosed with a specific condition. However, 19% of respondents reporting a food intolerance had been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) and 5% had been diagnosed by an alternative or complementary therapist (e. g. homeopath, reflexologist, online or walk-in allergy testing service).

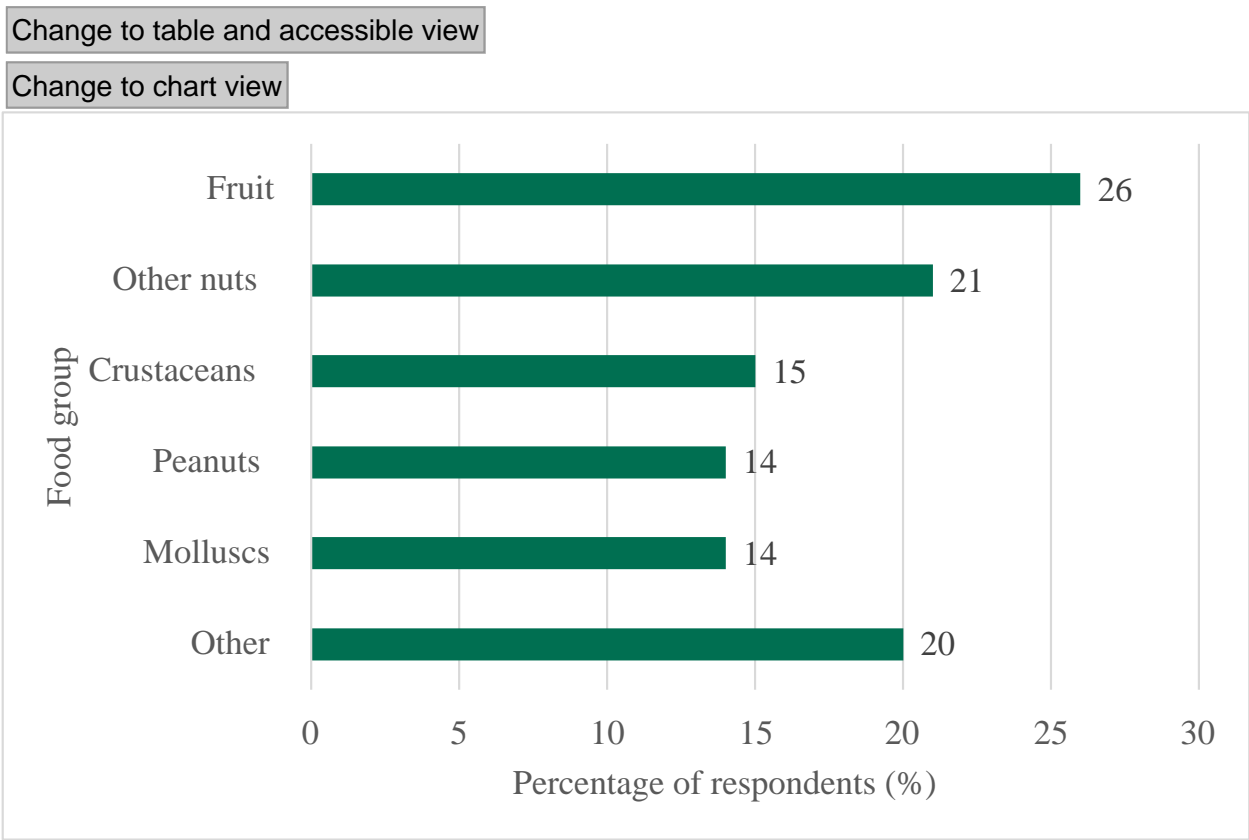
Around 6 in 10 (63%) respondents who reported having a food allergy had noticed that a particular food causes them problems but have not been formally diagnosed with a specific condition. However, 38% of respondents reporting a food allergy had been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) and 5% had been diagnosed by an alternative or complementary therapist (e. g. homeopath, reflexologist, online or walk-in allergy testing service).

Respondents reporting that they had a food allergy (38%) were more likely to have been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic) than those with a food intolerance (19%) (Figure 20).

Foods most likely to cause unpleasant reactions

Respondents who reported that they suffered from a bad or unpleasant physical reaction after consuming certain foods or avoided certain foods because of the bad or unpleasant physical reaction it might cause, were asked which foods they experience reactions to.

Figure 21. The food groups most likely to cause allergic reactions.



Food group	Percentage of respondents (%)
Other	20
Molluscs	14
Peanuts	14
Crustaceans	15
Other nuts	21
Fruit	26

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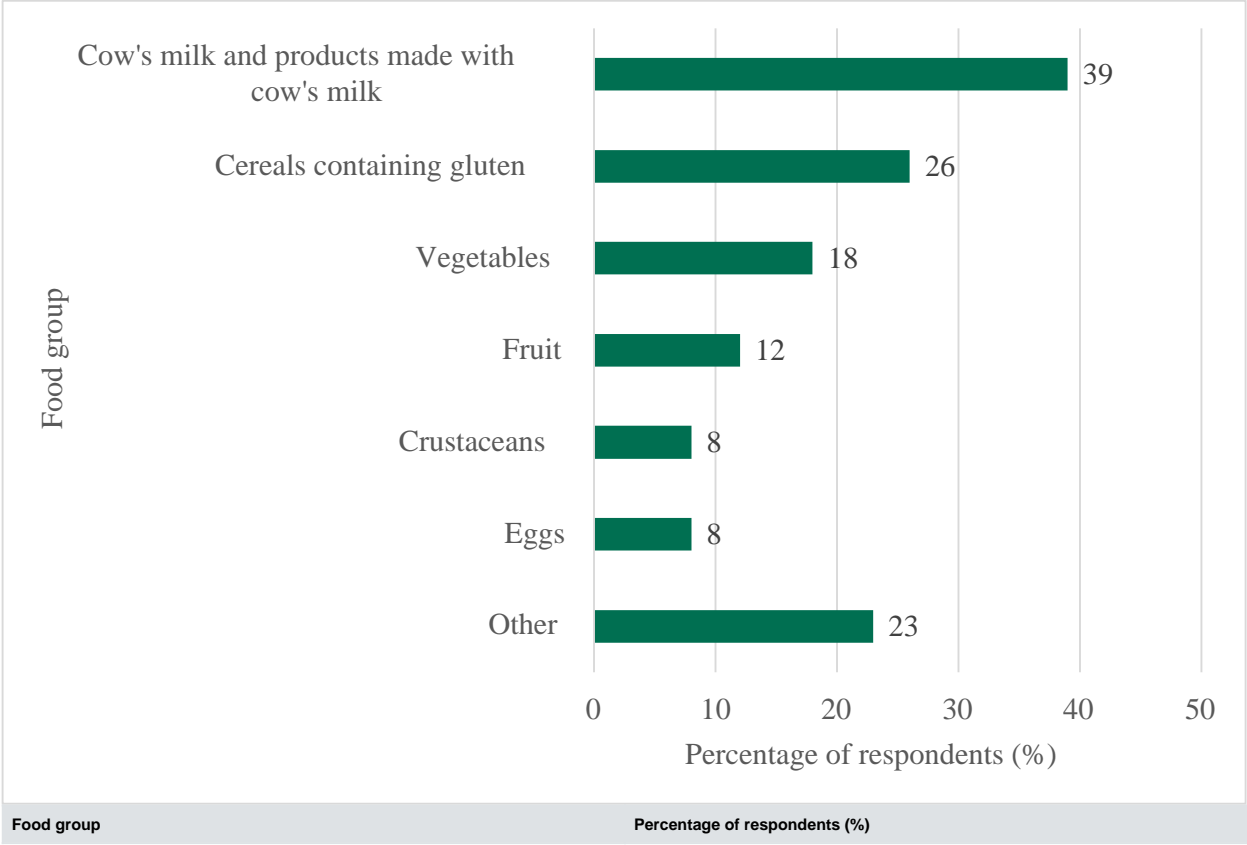
Source: Food and You 2 Wave 8

Amongst the respondents who reported having a food allergy, the most common food reported as causing a reaction was fruit (26%). Other common allergens were other nuts (for example almonds, hazelnuts, walnuts, cashew nuts, pecans) (21%), crustaceans (for example, crabs, lobster, prawns, scampi) (15%), peanuts (14%) and molluscs (for example, mussels, snails, squid, whelks, clams, oysters) (14%). However, 20% of respondents reported an allergy to other foods which were not listed in the questionnaire (Figure 21) [\(footnote 10\)](#).

Figure 22. The food groups most likely to cause a food intolerance

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Other	23
Eggs	8
Crustaceans	8
Fruit	12
Vegetables	18
Cereals containing gluten	26
Cow's milk and products made with cow's milk	39

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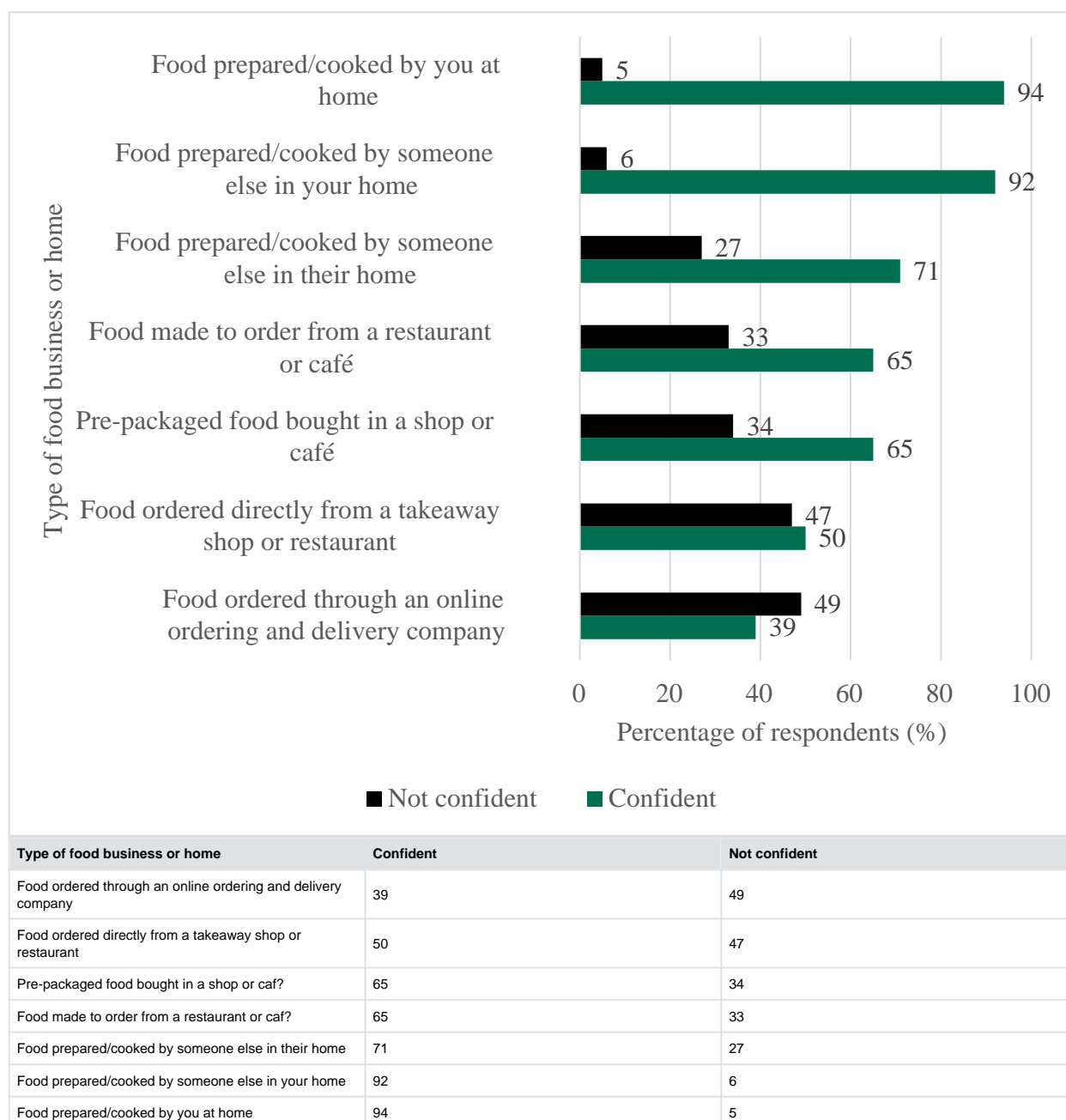
Amongst the respondents who reported having a food intolerance, the most common food group reported as causing a reaction was cow's milk and products made with cow's milk (for example, butter, cheese, cream, yoghurt) (39%). Other common allergens were cereals containing gluten (for example, wheat, rye, barley, oats) (26%). Around a quarter (23%) of respondents reported an intolerance to other foods which were not listed in the questionnaire (Figure 22) [\(footnote 11\)](#).

Confidence in avoiding unpleasant reactions when eating food in a home setting or from a food business

Figure 23. Confidence of respondents with a food hypersensitivity in avoiding a bad or unpleasant reaction when eating food in a home setting or from different types of food business.

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Respondents who had a food hypersensitivity were asked how confident they were in their ability to avoid food that might cause a bad or unpleasant physical reaction when eating food from different food businesses and food that had been prepared or cooked in a home environment.

Almost all respondents were confident (i.e., very or fairly confident) in their ability to avoid unpleasant reactions when eating food they had prepared or cooked at home (94%) or food prepared or cooked by someone else in the respondents' home (92%). Around 1 in 10 (71%) were confident in their ability to avoid unpleasant reactions when food was prepared or cooked by someone else in their home.

Around two-thirds of respondents reported they were confident avoiding unpleasant reactions when eating food made to order from a restaurant or café (65%) and pre-packaged food bought in a shop or café (65%). Respondents were less likely to report confidence when eating food ordered directly from a takeaway shop or restaurant (50%) and food ordered through an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) (39%) (Figure 23) ([footnote 12](#)). In addition, respondents were more likely to report that they don't know how confident they feel in their ability to avoid unpleasant reactions when eating food ordered through an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) (12%) compared to other settings (for example, 1% of respondent don't know how confident they feel when eating food made to order from a restaurant or café).

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 pre-packed and non-pre-packed 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.

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.

A quarter (25%) 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. 43% of respondents checked this information was available less often (i.e., most of the time, about half of the time, or occasionally). However, around 3 in 10 (32%) respondents never checked in advance that information that would allow them to identify food that might cause them a bad or unpleasant reaction was available ([footnote 13](#)).

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

Respondents who suffered 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 to take out.

Around 1 in 10 (11%) respondents reported that this information was always readily available and 69% of respondents reported that this information was available less often (i.e., most of the time, about half of the time, occasionally). However, 11% of respondents reported that this information was never readily available ([footnote 14](#)).

Respondents were asked how often they asked a member of staff for more information when it is not readily available. Around a quarter (24%) of respondents reported that they always asked staff for more information, whilst 46% did this less often (i.e., most of the time, about half of the time, occasionally) and 29% of respondents never asked staff for more information ([footnote 15](#)).

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 (70%) reported that they were comfortable (i.e., very comfortable or fairly comfortable) asking staff for more information, however 18% of respondents reported that they were not comfortable doing this (i.e., not very comfortable or not at all comfortable) ([footnote 16](#)).

Respondents were asked how confident they felt that the information provided would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction. Most respondents were confident (i.e., very confident or fairly confident) that the information provided in writing (78%) or verbally by a member of staff (60%) would allow them to identify and avoid food that might cause a bad or unpleasant physical reaction ([footnote 17](#)).

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. For further information about the [Patterns and Prevalence of Adults Food Allergy](#) report.
3. 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= 5808, all respondents.
4. 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= 5808, all respondents. Please note: the figures shown do not add up to 100% as not all responses are shown.
5. Question: How would you describe your bad or unpleasant physical reaction? Responses: Mild, Moderate, Severe, Don't know. Base = 834, all online 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.
6. Question: In the last 12 months, have you experienced any bad or unpleasant physical reactions after consuming certain foods? Responses: Yes, No, Can't remember. Base = 1255, all online 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.
7. Question: In the last 12 months, approximately how many times have you experienced a bad or unpleasant physical reaction after consuming certain foods? Responses: Once, Twice, Between 3 and 10 times, More than 10 times, Don't know. Base = 500, all respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.
8. Question: Thinking about the last time you experienced a bad or unpleasant physical reaction after consuming food, what do you think caused the reaction? Responses: Food made to order from a restaurant or café, Food ordered directly from a takeaway shop or

restaurant, Food prepared/cooked by you at home, Pre-packaged food bought in a shop or café, Other, Food ordered through an online ordering and delivery company, Don't know, Food prepared/cooked by someone else in your home, Food prepared/cooked by someone else in their home. Base = 500, all online respondents who experienced a bad or unpleasant physical reaction after consuming certain foods, in the last 12 months.

9. Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (for example GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (for example 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= 1237, 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.
10. Questions/Respondents: Derived variable, see data tables (REACSOURCAL) and Technical Report. Base= 161.
11. Questions/Respondents: Derived variable, see data tables (REACSOURCIN) and Technical Report. Base= 474.
12. Question: How confident would you feel in your ability to avoid a bad or unpleasant physical reaction if you were eating...A) Food prepared/cooked by you at home. B) Food prepared/cooked by someone else in your home C) Food prepared/cooked by someone else in their home D) Pre-packaged food bought in a shop or café E) Food made to order from a restaurant or café F) Food ordered directly from a takeaway shop or restaurant G) Food ordered through an online ordering and delivery company (e. g. Just Eat, Deliveroo, Uber Eats). Responses: Very confident, Fairly confident, Not very confident, Not at all confident, Don't know. Base = 834, all online 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.
13. 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= 1193, 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.
14. 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= 1186, 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 takeaway.

15. 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= 1124, all respondents who eat out or buy food to take away, and 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, excluding those who say 'I don't need to ask because the information is always readily available'.
16. 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 = 1186, 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.
17. Question: How confident are you that the information provided will allow you to identify and avoid food that might cause you a bad or unpleasant physical reaction? A) when the information is provided in writing (for example, on the main menu or a separate allergen menu). B) when the information is provided verbally by a member of staff. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 1186, 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.