Foundation for Allergy Information & Research

fair

The Food Clinic

Nurse training manual

www.allergyresearch.info

Contents

Introduction

Food and diet related issues, including self-reporting of a broad range of perceived allergy and intolerance problems, constitute a major growth in GP workload. The often non-specific and catch-all diagnoses including IBS, can be a cover for obesity, and can easily mask severe and critical underlying heath problems. Yet the growth in incidence of food allergy and intolerance and the demand it is generating for testing and diagnosis is real enough.

FAIR'S research over the last four years has shown how practice nurse led clinics can make a substantial impact in promoting and providing support to patients who believe they have a problem with food, be it perceived as intolerance, allergy or manifested in any other particular problem.

The objective of The Food Clinic is that, led by a GP practice nurse, patients are able to identify the real nature of their problem, and with the nurse, devise a practical approach that will enable them to deal with it.

The Clinics work with three principles:

- To provide time with a trained, informed nurse who can advise on diet management and coping strategies, ensuring that nutrition is not compromised. This helps to make patients aware of the potential for more severe reactions after a period of food exclusion. Patients also learn how to identify and manage such events.
- Referral to a GP for further assessment whenever there is a concern regarding diagnosis.
- Access to on-going support information and support networks, including local mutual support groups/lunch clubs and so on.

The training, accredited by the Royal College of Nurses, is designed to enable a practice nurse to set up and run a clinic, and provide a framework within which various problems can be addressed.

The Food Clinics are designed to be run:

- Either from self or GP referral
- By practice nurses on a conventional clinic basis
- To give up to 45 minutes per individual patient session
- To work with patients over timescales appropriate to each individual, from information, through self-monitoring, healthy eating, and then, where appropriate, exclusion diet
- To provide for referral back to the GP: either where clinical issues arise from suspected intolerance or allergy, or where symptoms may suggest another underlying problem.

The FAIR Research Study

FAIR is the Foundation for Allergy Information and Research. It commissioned a study which was carried out by researchers at Surrey University, led by Professor Jane Ogden. It comprised five related studies which aimed to:

- explore the prevalence of perceived food intolerance in a community setting
- develop and evaluate a nurse led food intolerance clinic in primary care
- assess both patients' and General Practitioners' beliefs about food intolerance.

The results show that a substantial minority of the patients believed that they had a food intolerance and expressed a need for a clinic in primary care. The study developed a service for primary care which could be run by practice nurses with minimal experience of dietary change and/or food intolerance after receiving relevant training. The service involved a 5 week programme offering a Stage 1 (healthy eating) Food Plan followed by a wheat and dairy free plan. Patients were discharged after the Stage 1 Food Plan if their symptoms improved; otherwise they continued on to the wheat and dairy free plan.

281 patients were recruited into the clinic, and 150 completed the programme. The most common symptoms were bowel or stomach related, tiredness, and headaches. The majority (106, 70.6%) were well enough to be discharged after the Stage 1 Food Plan. 44 patients (29%) completed the wheat and dairy free diet. Of these nearly a half felt significantly better. Over 70% of patients reported an improvement in their symptoms on all symptom measures from baseline to the end of the intervention. The majority of patients also reported an improvement in their mood and health status.

The clinics seemed to work by helping patients to adopt a more healthy diet in general, or by identifying a problem food. Patients also benefited from the use of a diary and the time they spent with nurses. GPs may be sceptical about the concept of food intolerance. However, they are willing to use it when all other diagnoses have been ruled out, if they are confident that the patient will be managed appropriately. It is also a means to maintain a good doctor-patient relationship.

The paper describing the study in detail can be found on the website www.allergyresearch.info

What is food allergy/food intolerance?

More and more people seem to have reactions to foods that can make them feel unwell. For some, this involves food allergy and for others it involves food intolerance.

What is food allergy?

Having a food allergy means that you experience an immediate and often severe reaction to a food after eating it. Food allergy symptoms can include breathing problems, swollen lips or tongue, rash and even anaphylactic shock. Food allergy can be very serious and life threatening, and there are tests to confirm that someone is allergic to certain foods.

What is food intolerance?

Having a food intolerance means that you experience less immediate reactions to food (up to 48 hours later). The symptoms of food intolerance can include: tiredness, stomach problems, bloating and headaches. Although such symptoms tend to be less severe than those caused by a food allergy, they can be very debilitating to live with on a daily basis. The current tests for 'food intolerance' do not give sufficiently reliable results when it comes to advising on the exclusion of foods from a diet.

The symptoms of food intolerance tend to be different for each person. The sorts of symptoms that are linked with food intolerance are often very common, and therefore it can be difficult to tell whether food plays a part.

How can food intolerance be treated?

The best way to treat food intolerance is to try to find out which foods are causing a problem and then to avoid these foods. However, this can be difficult for several reasons. First, people are often intolerant to an ingredient in a food rather than the food itself. If the ingredient is found in many foods, it can be difficult to identify. Second, even when the ingredient has been identified, not eating certain foods is not easy. Much of what we eat is a result of long standing habits, the foods which are available to us and what other people around us are eating. Therefore, trying to change our diet can require determination and the support of other people in our lives.

Allergy referral

If at any time in the course of a clinic you perceive that a patient may be exhibiting any symptoms of allergy, refer them to the GP.

Genuine allergy can be a life-threatening condition and can lead to anaphylactic shock. It is therefore important that people who may have a genuine allergy are tested. They should be referred back to the doctor so that tests can be carried out.

The text on the rest of this page has been taken from *The Complete Guide to Food Allergy and Intolerance*, 2008 edition, by Professor Jonathan Brostoff and Linda Gamlin.

Symptoms of classical food allergy usually, but not always, begin in and around the mouth:

- Tingling, itching and swelling of the lips, tongue and mouth
- Swelling of the face; difficulty in swallowing and breathing due to swelling of the throat.

All the symptoms listed above are local reactions.

When the reaction spreads to the rest of the body via the bloodstream (a **systemic reaction** or **anaphylaxis**), then the symptoms may include:

- Itching all over the body
- A metallic taste in the mouth (this is highly characteristic)
- Widespread nettle-rash (urticaria, hives) affecting parts of the body distant from the mouth; it looks like a mass of nettle stings
- A widespread red rash, rather than nettle-rash
- Wheezing, choking, breathlessness, noisy breathing
- Repetitive, dry or 'barking' cough
- Hoarseness, difficulty in speaking or swallowing
- Sudden onset of generalised swelling and puffiness (oedema)
- Sneezing or a blocked nose; the eyes may itch and go red
- A feeling of warmth and flushing of the face
- Fast and irregular heartbeat
- Confusion and anxiety
- A sense of impending doom (an odd but characteristic sign of anaphylaxis)
- Stomach pains, vomiting – what is brought up may include a large amount of stringy mucus
- Diarrhoea and/or uncontrolled emptying of the bladder.

The above symptoms are of a systemic reaction without collapse. This is generally known as anaphylaxis. If the reaction results in **anaphylactic shock** there will be dizziness, weakness, loss of consciousness and collapse.

Reactions on reintroducing excluded foods

Following a period of exclusion, when a food is reintroduced, there may be a more severe or immediate reaction than was previously experienced. This may help with identifying the trigger food, but occasionally it may cause such severe symptoms that patients should seek immediate medical advice. If any of the following symptoms develop, urgent advice should be sought:

- Swelling of the lips, tongue and mouth
- Swelling of the face; difficulty in swallowing and breathing due to swelling of the throat
- Widespread nettle-rash (urticaria, hives) affecting parts of the body distant from the mouth; it looks like a mass of nettle stings
- A widespread red rash, rather than nettle-rash
- Wheezing, choking, breathlessness, noisy breathing
- Repetitive, dry or 'barking' cough
- Hoarseness, difficulty in speaking or swallowing
- Sudden onset of generalised swelling and puffiness (oedema)
- Fast and irregular heartbeat
- Confusion and anxiety
- A sense of impending doom
- Stomach pains, and/or severe vomiting
- Severe diarrhoea and/or uncontrolled emptying of the bladder.

If any of these symptoms develop, patients should take care when trying the same food again. In particular they should check the ingredients of some foods carefully, as some ingredients (such as preservatives) may not be immediately apparent. For instance, most cooked meats contain a preservative, but if bought from an open counter the full ingredient list may not be easy to find.

Some common food intolerance symptoms

Adapted from *The Complete Guide to Food Allergy and Intolerance*, 2008 edition, by Professor Jonathan Brostoff and Linda Gamlin.

The possible symptoms of food intolerance are very varied. These symptoms are not specific to food intolerance, and other potential causes should always be considered. There is a wide variation in the symptoms presented. People suffering from food intolerance will usually have a few major symptoms and several minor ones, but some patients may have only one symptom.

The digestive system

Mouth ulcers: If recurrent, these may (rarely) be due to food intolerance. Usually there are other symptoms of food intolerance, or allergic symptoms (eg. hayfever) as well.

Nausea and indigestion: Frequent indigestion should first be investigated by the doctor as there can be a serious underlying cause. Poor eating habits are a likely cause. If a symptom of food intolerance, there will probably be other digestive symptoms as well: only rarely is this the sole symptom of food intolerance.

Heartburn: Foods that tend to relax the sphincter between the oesophagus and stomach (peppermint, spearmint, coffee, chocolate and alcohol) can contribute to heartburn, which occurs when the acidic contents of the stomach well up into the oesophagus. Foods that stimulate increased production of acid by the stomach, such as milk and tea, can add to the problem. Hot spices, citrus juices and concentrated tomato products can directly irritate the oesophagus. Avoiding such foods, and very fatty meals, may improve symptoms.

Diarrhoea: Chronic diarrhoea should first be investigated by the doctor as there can be a serious underlying cause. Food intolerance can be a cause of diarrhoea, and of diarrhoea with associated pain (IBS). Diarrhoea due to food intolerance is usually fairly mild, with occasional more severe attacks, perhaps in response to stress or a change in diet. There may also be times when the bowel reverts to normal function for a while, or periods of constipation.

Constipation: This can be due to insufficient fibre in the diet and lack of exercise, but is sometimes caused by food intolerance.

Joints and muscles

Muscular aches: Generalised but mild muscle aches may be a symptom of food intolerance, although this is unusual.

Aching joints: If rheumatoid arthritis and osteoarthritis have been ruled out, and especially if there are other symptoms of food intolerance such as headache/migraine or bowel problems, food intolerance is a likely cause of arthralgia (joint pain with no obvious inflammation in the affected joints). Food intolerance can also play a part in rheumatoid arthritis.

The head

Headaches: Recurrent headaches are often a feature of food intolerance; usually, though not always, there are other symptoms as well. A sudden attack of severe recurrent headaches may indicate a serious underlying condition such as meningitis or brain tumour and immediate medical investigation is vital.

Migraine: Some foods (eg. cheese, chocolate) commonly act as *triggers* for migraine attacks. In addition, trials have shown that a high proportion of migraine sufferers have an underlying food intolerance involving much slower reactions to everyday food(s); when the offending food(s) are avoided, triggers such as chocolate may be tolerated.

Eyes, nose, throat and lungs

Red, itchy or watery eyes: These can – uncommonly – be caused by food intolerance. Other possible causes, such as infection or sensitivity to airborne allergens, should be investigated first.

Other symptoms

Water retention (oedema): This is indicated by a sudden gain in weight and a general puffiness all over the body, most noticeable on the face (especially around the eyes) and the ankles. Can be a symptom of food intolerance but may also be caused by kidney disease, so must be investigated by the doctor.

Flushing, sweating and chilling: May be related to food intolerance but is unlikely to be the sole symptom.

Fatigue: Chronic unexplained fatigue can be a symptom of food intolerance; it will usually occur with other typical symptoms. There are other potential causes for chronic fatigue, however, and some can be serious, so it is important these are investigated before food intolerance is considered.

Some common culprits

For reasons not entirely understood, people often become intolerant to those foods they eat most frequently. In the UK these may be:

Wheat based foods

Much of what we eat contains wheat, for example, bread, pasta, cereals, cakes and biscuits. It is also a common ingredient in sauces and coated pre-prepared foods such as breaded chicken and battered fish. As a result, some people eat wheat each meal of the day. Wheat may cause a range of symptoms such as tiredness and stomach problems.

Dairy produce

In the UK we also consume a lot of dairy produce such as milk, butter, cheese, yoghurt and cream. These foods often form the basis of a meal but are also added to other foods and drinks in a less obvious way. Dairy produce may cause a range of symptoms including headaches and digestive problems

Other easily identifiable dietary causes may include

Caffeine
Caffeine is found in coffee, tea, chocolate and fizzy drinks. Caffeine is a common cause of headaches.

Alcohol
Drinking alcohol in wine, beer, lager or spirits is a common cause of a range of symptoms. These include typical ‘hangover’ symptoms such as headaches, achy limbs and thirst. Alcohol can also contribute to less obvious symptoms such as tiredness, depression and stomach problems.

Chocolate
Chocolate can also produce a range of symptoms but is often missed by people as it is usually eaten between meals and therefore not always considered part of the daily diet.

Strong cheeses
Strong cheeses such as stilton and parmesan can be eaten on their own but also form a common ingredient in a range of meals. They can cause a range of symptoms but are particularly linked with headaches.

Note

Recreational drugs
People who take recreational drugs suffer from symptoms which they may not realise are a result of their behaviour.

Smoking
Smoking depresses the appetite and can be a significant factor in food problems. These issues can arise whether the patient is a smoker, or is living with a smoker and therefore affected indirectly.

How do we eat well?

These are the Food Standards Agency Guidelines for eating well.

The two keys to a healthy diet are eating the right amount of food for how active you are and eating a range of foods to make sure you're getting a balanced diet.

A healthy balanced diet contains a variety of types of food, including lots of fruit, vegetables and wholegrain cereals; some protein-rich foods such as meat, fish, eggs and lentils and some dairy foods.

- Base your meals on starchy foods
- Eat lots of fruit and vegetables
- Eat more fish
- Cut down on saturated fat and sugar
- Try to eat less salt – no more than 6g a day
- Get active and try to be a healthy weight
- Drink plenty of water
- Don't skip breakfast

Applied to the purpose of the Food Clinic, a healthy balanced diet might omit any one or more of these ingredients. However, it is important, particularly where one may have either a known or unknown problem with food, to obtain advice to identify a diet that is appropriate.

In this programme we add:

Please try to avoid:

- Chemicals and additives in food
- Alcohol
- Highly processed foods
- Fast foods and take-aways
- Very spicy foods.

Foods to eat

Starchy foods

For most people starchy foods are a very important part of the diet. Starchy foods are: cereals, bread, rice, pasta, potatoes etc. They are a good source of fibre, calcium, and B. vitamins. It is recommended that these starchy foods make up about one third of the diet. This is not difficult if cereal is eaten at breakfast time, bread or pasta at lunch and potato, rice or pasta for the evening meal.

Whole grains should be eaten in place of refined or white bread, pasta or cereal. As well as containing more **fibre**, whole grains are digested more slowly so we feel full for a longer time. **Fibre** is important in maintaining the health of the gut and preventing constipation. (However, some people are very sensitive to whole grains and high fibre and occasionally the amount of fibre being consumed is so high that the patient suffers from stomach cramps and diarrhoea.)

Fruit and vegetables*

We should all be aware of government advice to eat 5 pieces of fruit or vegetables each day. This can include: any fresh fruit, a glass of fruit juice, a side salad with lunch or dinner, vegetable soup, a portion of peas, carrots, broccoli etc with dinner, tinned fruit (in its own juice), dried fruit as a snack. The fruit and vegetables can be eaten or used in any form – fresh, frozen, tinned, juiced or dried.

* Both pineapple and papaya contain very active enzymes which may irritate the stomach. In this instance they are best avoided.

Fish

Most of us don't eat enough fish – it is a very good source of protein, vitamins and minerals. We should try to eat at least two portions of fish each week and one of those should be an oily fish – an excellent source of omega-3 fatty acids. Omega-3 fatty acids can keep our hearts healthy (and are very useful in our children's brain development). Fish classed as oily include: salmon, mackerel, trout, herring, sardines, pilchards and eels. If they are canned or smoked they may have a lot of salt added, so these should only be used sparingly.

White fish includes: cod, haddock, plaice, sole, coley, halibut, skate, sea bass, hake.

The third group of fish is called cartilaginous and includes: shark, swordfish, marlin. Current advice is that not more than one portion per week should be eaten because they may contain high levels of mercury.

Foods to adjust or reduce

Saturated fat

Although we need fat in our diet, the type of fat we eat is very important. **Saturated** fats may increase the cholesterol in our blood, which may lead to heart disease. It is therefore wiser to choose **unsaturated** fats as they have the tendency to lower our cholesterol.

Foods which contain **saturated fat** are: fried foods, chips, fatty meat, meat pies, sausages, cheese, butter**, ghee, lard, cakes, pastry, croissants, doughnuts, puddings, biscuits, crisps, cream, crème fraîche, creamy yoghurts, coconut oil, coconut cream, palm oil.

Unsaturated fat is found in: vegetable oils (eg sunflower, rapeseed, olive) avocados, nuts, seeds, oils and fish.

Note **'a lot of fat'** means 20g or more per 100g, or 5g *saturated* fat or more per 100g of food
'a little fat' means 3g or less per 100g, or 1g *saturated* fat or less per 100g of food.

Sugar

Sugar and sugary foods are damaging to our teeth and are often found in foods which are already high in calories. Most of us eat far too much sugar and much of it is hidden in snacks and fizzy drinks. Sugary foods may include: sweets, chocolates, cakes, biscuits, pastries, fizzy and soft drinks, some breakfast cereals, fruit canned in syrup, other canned foods, chilled and frozen desserts. It is best to read the food label. The ingredients are listed in order of quantity used.

Sugar may be called: sucrose, glucose, fructose, maltose, invert sugar, corn syrup, hydrolysed starch. Sometimes individual sugars are not listed and are included in the quantity of carbohydrates. This means you cannot separate out the starches and sugars.

Note **'a lot of sugar'** means more than 10g per 100g of food
'a little sugar' means less than 2g per 100g of food.

The idea is to reduce sugar consumption to a minimum. This may help to keep blood sugar levels even. Some foods will have sugar added in cooking, which is unavoidable. Dried fruits have very concentrated amounts of natural sugar and should be eaten sparingly.

Salt

Most of us consume too much salt in our diets, even if we don't add it to our foods. This is because about three quarters of our salt comes from processed foods and ready made meals. High salt may be found in: some cereals, soups, sauces, bread, biscuits, pickles, cured meats, salami, canned foods, salty snacks (crisps, peanuts) etc.

Eating too much salt can make you very thirsty and instead of drinking water many people will drink canned, fizzy drinks (see above under **sugar**).

It is suggested that we have no more than 6g of salt a day. It is difficult to quantify how much salt we consume, but if we reduce the amount of ready prepared foods and snacks we eat, our overall salt consumption will automatically be lessened. Also, do not add more salt at the table.

To calculate quantities of salt, you need to multiply **sodium** listed on food packets by 2.5. Thus 1g sodium + 2.5g salt.

Note **'a lot of salt'** is 0.5g **sodium** per 100g (1.25g **salt** per 100g) food
'a little salt' is 0.1g **sodium** per 100g (0.25g **salt** per 100g) food.

Too much salt may contribute to high blood pressure, which in turn may lead to heart disease, kidney disease or contribute to a stroke.

Get active

Keeping active can help to maintain a healthy weight. If we are a little overweight, cutting down on our fatty, sugary and snack foods and exercising regularly should be rewarded by an improvement in our overall well-being.

'Active' doesn't mean visiting a gym, or running for miles. Walk where possible. Visit the local swimming pool, go dancing, skating, or buy a skipping rope. Take stairs instead of lifts or escalators. If work involves sitting for long periods of time, get up at regular intervals.

Water

Water is required for maintenance of all body fluids (including blood), skin, kidneys and digestion, and lack of it can induce many symptoms including dry mouth and skin, constipation, poorly functioning kidneys and headaches.

Many people do not drink enough water. We need to drink about 6 – 8 glasses (about 1.25 litres) of water or other fluids to keep well hydrated (sugary drinks or alcohol are not included). During hot weather, or if doing a lot of exercise, you will need more fluids.

Don't skip breakfast

Breakfast provides energy to start the day and may prevent a mid-morning binge of doughnuts, croissants or biscuits. Do not forget to start the day with a drink!

In this programme we add:

Foods to avoid

Avoid chemicals and additives in food

This includes colourings, preservatives, antioxidants, flavour enhancers, flavourings, thickeners, emulsifiers and stabilizers. Most added chemicals are listed on a food packet under an 'E' number. However, if a food is not wrapped it does not need to have an ingredients list on it. Wines and beers do no have to be labelled, nor do foods bought in a café or restaurant. (For various reasons, not all additives have to be listed on cooked/manufactured foods.) Additives do not have to be listed on medicines.

Some foods have a drug-like action on the body because of the caffeine they contain. These include: tea, coffee, chocolate and cola drinks. If a large volume of caffeine is regularly consumed, withdrawal will probably cause a very bad headache which may last for 3 – 4 days.

Some foods are rich in *histamines* which can cause unpleasant symptoms in susceptible people. *Histamine* rich foods would include: ripe cheeses, continental sausage, canned fish and some red wines.

Margarines and spreads of any kind are highly processed. Butter or oil is recommended.

Avoid alcohol**

The patient should be asked to avoid all alcohol during this part of the programme. It is therefore important to find out how much alcohol is regularly consumed.

** Too much alcohol can be very detrimental and cause major health problems. Therefore after establishing the appropriate long term diet it is wise to limit alcohol intake to:

2 – 3 units a day for women (who are not pregnant) or
3 – 4 units a day for men

Note A unit is half a pint of beer, lager or cider (normal strength), a pub measure of spirits or half a glass of wine. Alcopops are about 1.5 units.

The daily 'allowance' should not be 'saved' for a weekend of binge-drinking.

** FSA guidelines.

Avoid highly processed foods

For obvious reasons, these will be full of chemicals and/or additives. Much of the natural goodness will have been removed. Highly processed foods are often high in fats, salt and/or sugar.

Avoid fast foods and take-aways

It is difficult to know what ingredients have been used. If eating out, eat simple foods without sauces and spices.

Avoid very spicy foods (this programme only)

Some people find these irritate the stomach.

Why do we eat what we eat?

What we eat is often not a question of pure choice, but arises from:

- Upbringing
- Habit
- Feeling bored or fed up
- Feeling we deserve a treat
- Circumstances over which we have little control (eg canteen or sandwich lunches at work)
- Influences, likes and dislikes of family and other people with whom we eat
- Shopping time/place – small shop with limited choices
- Many other factors including: peer pressure, hunger, finances, dental health, religion, weight and health
- Cravings – sometimes we crave foods that are the triggers for our symptoms.

How to take a food and diet history
Questions

1	What time do you usually get up?
2	Do you usually sleep well?
3	When and what is the first thing you have to eat or drink?
4	Do you then have breakfast?
5	When and what is the next thing you have to eat or drink? And the next? And the next? etc. Note meals, snacks and drinks against time.
6	What is the last thing you have to eat or drink before you go to bed?
7	Do you eat or drink during the night?
8	How much tea or coffee do you think you drink each day?
9	How much water/soft drink do you think you drink each day?
10	What snack foods do you eat during the day, and when?
11	Do you drink alcohol? If so how much?
12	Do you smoke? What do you smoke? How much do you smoke?
13	Do you use any other recreational drugs?
14	Do you do any exercise? If so what?
15	Who does the shopping?
16	Who does the cooking?
17	How often do you eat out or have a take-away?
18	Are your weekend eating and drinking habits very different?
19	What medication are you taking?

Notes

You need to know a fair amount about the patient's home/job/lifestyle before offering advice on how to change the diet, which is an integral part of daily life.

1	**What time do you usually get up?** Remember time of getting up may vary depending on job, home situation, health etc.
2	**Do you usually sleep well?** Sleep disturbance may depend on many things, including health, indigestion, new babies, hyperactive children, worries, room temperature, a partner's snoring, being a carer for a sick relative etc. This question helps to fill in the picture of the home situation. Lack of sleep is one cause of tiredness, loss of concentration, etc.
3	**When and what is the first thing you have to eat or drink?** Sometimes the first things eaten are at breakfast, which covers Q.4. Others may have a cup of tea/coffee/glass of water before starting the day. Others may have a drink and nothing else. A very few people have nothing at all. If the answer is a cup of tea or coffee, check what type of tea/coffee, with/without milk, what sort of milk, with/without sugar/sweeteners.
4	**Do you then have breakfast?** See note above on tea and coffee. If the answer is 'cereal', check what sort, with milk, what sort of milk; with/without sugar/sweetener. If the answer includes toast, check what sort of bread, what goes on it and how many slices.
5	**When and what is the next thing you have to eat or drink? And the next? And the next? etc. Noting meals, snacks and drinks against time.** The day's food and drink intake is listed against time.
6	**What is the last thing you have to eat or drink before you go to bed?** Note the last intake, then bed-time.
7	**Do you eat or drink during the night?** Note what and when, if possible.
8/9	**How much tea, coffee, water, soft drink do you think you drink each day?** This doesn't always correspond with the above. People forget how much tea, coffee or soft drinks they consume. This is just a back-up question.
10	**What snack foods do you eat during the day, and when?** Same as above. If **fruit** hasn't been mentioned at all, you can introduce it here.
11	**Do you drink alcohol? If so how much?** Not always included in the patient's history. Also a chance to check on the amount and frequency of alcohol intake, plus binge drinking.
12	**Do you smoke? What do you smoke? How much do you smoke?** Smoking affects the way the body digests food. The same applies to indirect smoking where living with a heavy smoker can have a significant effect. This is an opportunity to discuss the possible impact of smoking on a patient's appetite and eating pattern.
13	**Do you use any other recreational drugs?** This is now so common that patients rarely take offence, and the answer is often positive. If patients take offence, an explanation of 'this is just one of the questions I have to ask and you are not obliged to answer' is usually sufficient.

14	**Do you do any exercise? If so what?** Not only an indication of lifestyle or health but may be a cause of skin complaints (swimming), thirst (insufficient fluid intake compared with energy expenditure), low weight (excess exercise and not enough food), bruising (contact sports), diarrhoea, loose stools (long distance jogging), etc. Also, lack of exercise with an excess of food can lead to obesity, constipation etc.
15	**Who does the shopping?** An important question if the patient is not the shopper and doesn't have any control in the home or kitchen. See the notes below (Q.16).
16	**Who does the cooking?** Unless the patient controls the shopping and/or cooking there is little chance of a change of diet being implemented successfully. Sometimes it is useful to invite the person 'controlling' the food to accompany the patient to an appointment, if both parties are willing.
17	**How often do you eat out or have a take-away?** This is important as there is no way of knowing what is in this food.
18	**Are you weekend eating and drinking habits very different?** It is important to establish other regular patterns of eating as they may have a significant impact.
19	**What medication are you taking?** This can be an important qualifier to a patient's eating and diet history, and may need to be discussed with the GP either before the clinic (if the GP has referred them) and/or before any specific plan is agreed.

Where the patient eats out in a staff canteen, restaurant or has to eat whilst travelling, strategies should be worked out to accommodate the situation.

Please remember: it is very important to note the **social** situation of the patient. It is often difficult for people with limited means to follow a special diet or to buy special foods. It is also no good asking someone to cook all their food at home if the gas or electricity has been cut off, or if he/she is living in a room with no cooking facilities.

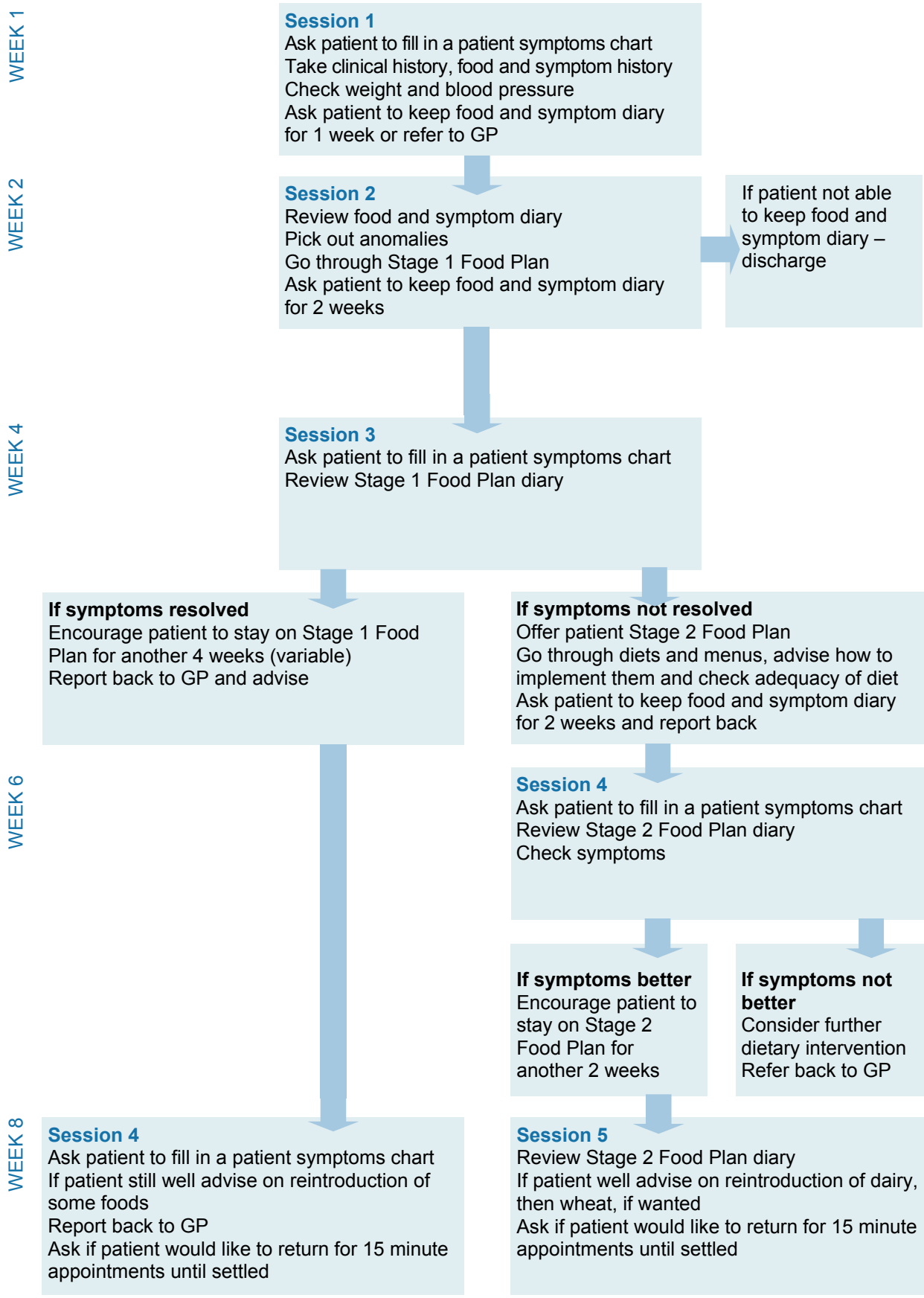
How to keep a food diary

One page per day.
The patient lists times of all eating, drinking and snacking in time order.

Day and date:

Time	Food	Reaction/symptoms

How the clinic is run



Stage 1 Food Plan – healthy eating

What you should avoid

Meat	Any smoked, processed or cured meats, including bacon, ham. Continental sausage or pickled meat. Any smoked or processed chicken, turkey, duck, game. Ready made meat pies.
Fish	Any smoked, processed or pickled fish. Salted tinned fish. Fish which is not fresh or frozen.
Dairy	Very ripe cheeses. Dairy desserts and yoghurts with sugars and/or colourings or other additives.
Grains	Ready-made buns, cakes, biscuits, pastries, doughnuts, pies, croissants etc. Breakfast cereals high in salt or sugar.
Fruit	Pineapple, papaya.
Fats and oils	Foods made with coconut oil or palm oil. Margarine.
Nuts and seeds	Ready salted or dry roasted. Peanut butter.
Drinks	Coffee, teas, cola of any kind, alcohol (includes alcohol-free beers and wines). Food cooked in wine or beer.
Condiments	A lot of salt, spices including curry.
Others	Sweets, chocolate, sweet sugary foods, sugar, golden syrup. Sweeteners. Take-away food, instant foods.

Stage 1 Food Plan

What you may eat

Food should be preferably home cooked, or come from a place where the ingredients are known.

Meat	Any fresh or frozen meat, game, chicken, turkey etc.	
Fish	Any fresh or frozen fish.	
Eggs		
Dairy	Milk (preferably skimmed or semi-skimmed), butter, most cheeses, plain yoghurts	
Grains	**Wheat**	Wholemeal bread, pasta, Shredded Wheat, Puffed Wheat Flour, home-made pastry, plain crackers (matzo crackers are made of only wheat and water)
	Corn	Corn pasta, sugar free corn flakes, corn crackers, sweet-corn, cornmeal, pollenta, corn-flour, corn oil
	Oats	Porridge, oatcakes
	Quinoa	
	Rye	Rye bread, plain rye crackers, rye flour
	Barley	Pin barley (for soups), barley flour
	Rice	All kinds of rice, rice pasta, rice flour, rice cakes
	Sago/tapioca	
Vegetables	All vegetables, fresh or frozen. All salads. Peas, beans and lentils. Potatoes, sweet potatoes, yam.	
Fruit	All fruits except pineapple and papaya. If eaten canned, have the fruits in their own juice rather than syrup. Limit the amount of dried fruits. Some fruits can be bought frozen. Unsweetened fruit juice.	
Fats and Oils	Olive oil, sunflower oil, safflower oil, rapeseed oil, butter.	
Nuts and seeds	Most fresh or dried nuts and seeds (avoid the salted or dry roasted ones).	
Drinks	Water, herb teas, fruit juices (see above).	
Condiments	A little salt, pepper, garlic, herbs.	
Other	A little honey or maple syrup can be used for sweetening.	

Stage 2 Food Plan – wheat and dairy free diet

Excluding wheat

Much of our traditional eating is based on wheat, so **a wheat free diet may be challenging and some patients will find it difficult to establish.** However it is not impossible and many alternative products (flours, cereals, pastas etc.) are now available in the supermarkets and health food shops.

If the following ingredients are listed on a food label, they are often **derived from wheat**:

- Cereal binder
- Cereal filler
- Cereal protein
- Cereal starch
- Edible starch
- Flour
- Food starch
- Modified starch
- Starch

Note

E.306 (vitamin E) and E.621 (monosodium glutamate) may both be derived from *wheat*

There are now some **wheat free** flours in the supermarkets, as well as **wheat free** cakes, biscuits and pastas. Most of them are kept in a 'free from' area.

Wheat

The following foods or ingredients **may** be made of or contain wheat.
Please read labels carefully

Baking powder
Bread (brown, white, rolls, pita etc)
Bread pudding, bread and butter pudding
Breaded fish or meat portions
Bread stuffing
Biscuits
Batter
Bran
Beer
Beefburgers
Cakes
Cereals (Weetabix, Shredded Wheat, Puffed Wheat etc)
Cordials
Cous-cous
Cracked wheat
Crispbreads
Crumpets
Custard
Dumplings
Doughnuts
Flour (white, brown, strong etc)
Gluten free wheat products
Gravy mixes and gravy thickeners
Gin
Ice cream
Jam
Luncheon Meats
Lasagne
Macaroni and Macaroni cheese
Malt bread
Matzos and matzo crackers etc)
Malt flavourings (not all are made from barley)
Mayonnaise (some – read the label)
Mincemeat, mince
Pies
Moussaka
Muesli
Mustard
Muffins
Noodles
Pasta
Pancakes
Processed cold meats
Pastry (all kinds)
Pasties
Quiche
Rye bread (mixed)
Rusks
Ravioli
Sauces (soya, ketchup, white, cheese, bread etc)
Salami, sausages
Semolina
Spices (some ground spices)
Spaghetti
Soups (esp. thickened soups or those with noodles)
Suet puddings
Stock cubes
Sweets
Tarramasalata
Tarts
Treacle
Toast
Trifle
Vermicelli
Wheatgerm
Whisky
Yorkshire pudding

Stage 2 Food Plan

Excluding dairy

Milk is a good source of protein and **calcium**. If it is to be excluded for more than a short time you should discuss supplementing the **calcium** in your diet – refer back to the doctor

The following are either milk products, extracted from, or manufactured from milk and should therefore be avoided

Milk	Whole, semi-skimmed, skimmed, sterilised, dried, powdered Condensed, evaporated milk Milk solids, milk fats or milk protein (on the labels)
Cream	Single, double, whipping, clotted, sterilised, soured, half-and-half, (some synthetic creams) crème-fraîche
Butter	Ghee, butter-cream, half butter, butter fat Buttermilk, smetana, quark
Cheese	All cottage, cream, curd, spreads
Ice cream	
Lactose	Lactalbumin, casein, caseinate
Whey	
Whiteners	Coffee/tea whitener etc
Yoghurt	

Note
Some multi-mineral tablets may contain milk. Most coffee creamers contain milk.

Milk

The following foods or ingredients **may** be made of or contain milk.
Please read labels carefully

Batter
Baked beans in tomato sauce
Biscuits
Bread – especially white
Blancmange
Buns
Cakes
Cheese sauce
Cheese
Cheese cake
Chocolate - except some bitter chocolate
Chocolate drinks
Creamed foods (soups, mashed potato)
Creamed sauces
Custard
Drop scones
Doughnuts
Éclairs (fresh cream)
Eggs (omelette, scrambled etc)
Fish pies
Fritters
Fruit cake
Fruit pies
Hamburgers and hamburger buns
Hard sauces
Ice cream
Instant desserts and puddings.
Instant or dried potato
Low fat spreads
Mashed potato
Malted milk drinks.(Ovaltine, Horlicks, BournVita)
Meatloaf
Margarines
Milk jelly
Milk puddings
Milk shakes
Mousses
Moussaka
Onion sauce (white)
Pancakes
Parsley sauce
Pasties
Pastry
Pastries (croissants, cream)
Pies
Pizza
Protein supplement drinks
Prepared cake and pastry mixes
Quiche
Rice pudding
Rolls (especially white)
Salad cream
Sauces (cheese, white, cream, onion etc)
Scones
Shepherds pie
Soda bread
Soufflés
Soups (especially cream)
Spaghetti (canned in sauce)
Sweets
Tarts (custard, cream etc)
Trifle
Tzatziki
Yoghurt
Yoghurt ice cream
Yorkshire pudding

Stage 2 Food Plan

What you may eat

Many supermarkets will provide lists of their wheat free and dairy free products. Foods should preferably be home cooked, or come from a place where the ingredients are known.

Meat	Any fresh or frozen meat, game, chicken, turkey etc prepared and cooked without wheat or dairy products.	
Fish	Any fresh or frozen fish prepared and cooked without wheat or dairy products	
Eggs	Prepared without wheat or dairy products	
Grains	**Barley**	Pearl barley, barley flour
	Buckwheat	Grains, flour, pasta
	Corn	Flour, sweet-corn, cornmeal, pollenta, corn pasta, corn flakes, corn crackers.
	Millet	Flour, flakes
	Oats	Oatmeal, porridge, oat fibre, oatcakes.
	Quinoa	Quinoa grain, flakes or flour
	Rice	All rice grain, rice flour, rice pasta, rice cakes
	Rye	Rye flour, crispbread, rye crackers
	Sago/tapioca	Grain, flour
Fruit	Any fresh, frozen, canned in own juice, dried. Not cooked or prepared with any wheat or dairy products	
Vegetables	Any fresh, frozen or dried. Not cooked or prepared with any wheat or dairy products	
Pulses	Peas, beans, lentils etc	
Salads	Any lettuce, cucumber, onion, tomato etc	
Nuts/seeds	Any fresh nuts, any fresh seeds	
Fats	Most oils especially olive, sunflower, safflower etc. Dairy free margarines and low fat spreads (read the labels)	
Drinks	Water, herb teas, fruit juices	
Condiments	A little salt, pepper, garlic, herbs	
Sweetener	A little honey or maple syrup can be used for sweetening	
Dairy alternatives	For **milk** use coconut milk, nut milks, oat milk, rice milk, soy milk	
	For **cream** use Silken tofu, soy cream, 'butter cream' made with dairy free spread	
	For **butter** use non-dairy spreads, Silken tofu, tofu, smoked tofu	
	For **Ice cream** use tofu/soy ice cream, water ices, sorbets, frozen dairy free mousses	
	For **yoghurt** use soya 'yoghurt'	
	For **cheese** use soy 'cheese' or 'cream-cheese'	

Stage 2 Food Plan

Wheat and dairy free breakfasts

Menu plan reproduced with kind permission of Joan Manning.

Half a grapefruit Boiled egg 2 Ryvita with a little spread Permitted drink	A fruit smoothie made with fresh or canned fruit, one banana, and a milk substitute, blended together Rice cakes with a little spread Permitted drink
A glass of fruit juice Bowl of porridge made with water or permitted milk Permitted drink	Fresh orange juice Pancakes made with wheat free flour, soya milk Permitted drink
A piece of fruit or fruit juice Cornflakes with permitted milk Corn crackers with a little spread Permitted drink	Fruit juice Toasted wheat free bread (if available) with grilled tomatoes and mushrooms. Permitted drink
A bowl of stewed fruit (apples, prunes, mixed berries) topped with soya 'yoghurt', sprinkled with mixed toasted nuts and seeds A couple of oatcakes with a little spread or marmalade Permitted drink	

These are only suggestions – other alternatives are:
Any cereals free from wheat and sugar:

- rice puffs
- corn flakes
- millet flakes
- quinoa flakes
- wheat free muesli

Eggs in any form:

- scrambled
- poached
- omelette
- boiled

Stage 2 Food Plan

Wheat and dairy free lunches

Menu plan reproduced with kind permission of Joan Manning.

Jacket potato with tuna and sweetcorn Mixed salad – lettuce, cucumber, tomato, beetroot etc Permitted drink	Cold chicken Coleslaw and potato salad Permitted drink
Avocado filled with seafood with dressing made from olive oil and lemon juice Oatcakes, corn crackers and spread Any fruit Permitted drink	Kedgeree (rice with fish, hard boiled eggs and peas) Stewed apples with soya ice cream/yoghurt Permitted drink
Large Spanish omelette (made with diced potato, peas etc) Selection of vegetables Fresh fruit salad Permitted drink	Wheat free pasta (or rice) with Bolognaise sauce Side salad of celery, apple and walnuts, dressed with a little oil and lemon juice Permitted drink
Thick vegetable soup (preferably home made) Stir fry of vegetables and any cold meat left over from previous night's dinner Piece of fruit Permitted drink	

These are only suggestions - other alternatives are:

Salad of a choice of any vegetables with cold meat, chicken, seafood

Risotto, wheat free pasta, jacket potato with a choice of filling

Eggs (if not eaten for breakfast)

Grilled fish

Soups, stir frys

Fruit, fruit compotes

Sandwiches (made from wheat free bread) with any choice of permitted pate, spread, filling

Crackers (rice, corn, rye, oatcake) topped with any choice of permitted pate, spread, etc

Avocado with prawns

Fruit salad

Cold meat. Cold poached salmon

Jacket potato

Stage 2 Food Plan

Wheat and dairy free dinners

Menu plan reproduced with kind permission of Joan Manning.

Mixed grapefruit and orange Grilled chops with fresh mint or rosemary New potatoes Vegetables of choice	Pan fried fish (cod, salmon or fish of choice) Chips Baked apples stuffed with raisins, dates and drizzled with a little honey
Leek and potato soup Meat loaf (using wheat free flour or oatmeal for binding) Roast potatoes (mix ordinary and sweet potatoes) Vegetables of choice (peas, mushrooms, green beans etc) Poached pears with soya ice cream	Chicken soup Roast chicken Roasted vegetables with parsnips Rice Pineapple, strawberries and dates
Tomato soup or vegetable soup Cauliflower cheese (Make a white sauce using soya milk, add a little mustard. Pour over lightly cooked cauliflower. Top with toasted wheat free breadcrumbs. Bake. Dot with a little margarine.) Serve with rice noodles, peas and sweetcorn. Tinned or cooked plums with a dairy free dessert.	Slice of melon Chicken portions baked with coconut milk, lemongrass and ginger, Rice and vegetables Apple crumble (using wheat free flour, oats or ground almonds for topping) Puree some tinned apricots with a little lemon, and heat (in place of custard)
Bake some white fish with tomato, onion and fennel Mashed potato, peas Red berries with soya yoghurt or ice-cream	

These are only suggestions – other alternatives are:

Any dairy free soups

Sea-food starter, melon, home-made pate, hummus, salad starter, fruit juice

Any cooked meat, fish, vegetarian dish with vegetables and potatoes, rice or wheat free pasta

Fruit, pie made with home-made pastry, dairy free dessert

Stage 2 Food Plan

Safe snacks

In small quantities:

Dried fruit, nuts, banana or other fruit

Some low sugar cereal bars

Occasional packet of potato crisps or other crisped vegetables

Bowl of permitted cereal

Popcorn

Little rice cakes or corn chips with dairy free dips (salsa, hummus, home-made pate)

Checking food labels

Adapted from *The Complete Guide to Food Allergy and Intolerance,* 2008 edition, by Professor Jonathan Brostoff and Linda Gamlin.

Label description	Potential relevance			
	General diet	Wheat allergy or intolerance	Dairy allergy or intolerance	Other food allergies and intolerances
Arachis oil				Peanut oil
Baking Powder				May contain maize (corn)
Casein, caseinate			Milk	
Cereal binder		Usually wheat		
Cereal filler		Usually wheat		
Cereal protein		Usually wheat		
Cereal starch		Usually wheat or maize (corn)		
Corn syrup	Type of sugar			Maize (corn)
Dextrose				Maize (corn)
Edible starch		Usually wheat or maize (corn)		
Flour		Usually wheat flour		
Food starch		Usually wheat or maize (corn)		
Flour		Usually wheat flour		
Food starch		Usually wheat or maize (corn)		
Fructose	Type of sugar			
Glucose syrup	Type of sugar			Maize (corn)
Groundnut oil				Peanut oil
Hydrolysed protein				Usually yeast
Hydrolysed vegetable protein				Usually yeast
Lactalbumin			Milk	
Lacctose			Milk sugar	
Leavening				Yeast
Lecithin				Possibly made from peanut, but usually from egg or soya
Maltose	Type of sugar			
Miso				Soya
Modified Starch		Usually wheat or maize (corn)		
Ovalbumin				Egg
Starch		Usually wheat or maize (corn)		
Sucrose	Sugar			
Textured vegetable protein				Soya
Tofu				Soya
Vegetable gum				Can be soya or maize (corn)
Vegetable oil				Mixture, inc maize (corn) oils
Vegetable protein				Usually soya
Vegetable starch				Can be soya or maize (corn)
Whey			Milk	

Appendix 1 Patient symptoms chart

Name **Date**

Symptoms	Most days or every day	Sometimes	Occasion-ally	Never	Affects my daily life	Incon-venient	None	Needs meds	Reduced meds	No meds
Headaches										
Runny/stuffy nose										
Itchy skin										
Itchy scalp										
Itchy mouth										
Mouth ulcers										
Sore throat										
Nausea										
Stomach ache										
Bloating/gas										
Diarrhoea										
Constipation										
Frequent urination										
Thrush										
Itchy bottom										
Tiredness										
Poor sleep										
Aching joints/bones										
Sore muscles										
Spaced out feeling										
Ringing in the ears										
Spots/rashes										
Swellings/hives										
Tachycardia										
Other										

Weight Blood pressure

Appendix 2 Clinic management

Creating files

A simple patient file is sufficient.
It would contain the patient's name, address, date of birth etc.
The usual clinical history, and food and symptom history.
Height, weight and blood pressure.
Each file would also have the completed 'audit sheets' so the nurse can monitor any improvements.

Monitoring evaluation

Hopefully the 'audit sheets' will show that following either of the diets helps the patient's symptoms to improve.
The nurses should be able to put all results together, so at any one time the success of the clinic can be monitored.
Discuss nurses preferred methods.

Record keeping

It is also wise to keep to hand responses to how the clinic is promoted (eg. posters, mailings, word of mouth etc), records of how long patient sessions tend to run (some will be longer/shorter than others),general feed-back as to the helpfulness of the clinic and whether the patients find the instructions simple/difficult to follow. In fact, to start with record anything which will help the nurse to develop the clinic's own personality.
Discuss.

Allergy referrals

As is explained in the course, the word 'allergy' has many connotations. Most patients think that any food intolerance or adverse reaction to a food is an allergy. It is highly unlikely that the nurse will see any true allergies, because these will already have been identified by the patient or doctor because of immediacy of symptoms. In the unlikely event that the nurse suspects true allergy, this should be referred back to the GP. The nurses are not trained to identify or treat true allergies.

With regard to the referrals to the clinic, these may be through the GP or made directly by the patient.

Promotions and publicity

All clinics and nurses will probably know what works in their own areas. However, we have found the following to be reasonably successful:

- Posters (please see out hand-out 'Is it something I've Eaten')
- Mail shots.
- Hand-outs left on the receptionist's desk/at clinics.
- Introductory talks.
- Articles in the local newspapers on their health pages.
- Word of mouth.

Discuss.

Appendix 3 Developing network support

All items listed are for discussion and for the nurses input:

- Creating support groups
- Community support networks
- Healthy eating groups
- Recipe exchanges etc.

It would be nice if the nurses and/or patients were sufficiently interested to collect recipes which at some time in the future could make the basis for a Food Clinic support book.

It is also quite helpful if the clinic nurse accumulates information on different foods and ingredients which are available locally, which will help to individualise the clinics.

Also discuss whether the nurses are interested in forming their own Food Clinic nurses network, to update info and exchange ideas and support each other.

Update further ideas for Clinic promotion and publicity.