

Introduction

It's daunting when your child is diagnosed with a food allergy. You immediately focus on the negatives: the foods they can't eat, the meals they won't get to enjoy, the nutrients that will be missing from their diets and the hassle involved in adapting recipes, eating out and checking food labels.

This book is about the positives. Just because your child is allergic to one – or, indeed, several – foods doesn't mean that they can't eat delicious meals with the rest of the family and benefit from a balanced diet or nice treats – should they deserve them! The truth is that there is an almost endless range of meals that you can cook for your children using ordinary ingredients readily found in every supermarket.

It is also worth remembering that you're not alone. Allergies are on the increase with 6 percent of children now being diagnosed as allergic to one or multiple foods. That includes our children. And yet, when Isabelle and Casper were diagnosed with multiple food allergies, we found that there was surprisingly little practical advice out there or cookbooks that catered for multiple food allergies.

WHERE IT ALL STARTED

Ellie's daughter, Isabelle, had severe eczema as a baby and still suffers with asthma, which has resulted in numerous hospital stays. When she first ate a piece of cheese, Isabelle immediately came out in hives all

over her body and face and both her eyes puffed and closed up – she was quite clearly allergic to dairy. She subsequently tested positive for immediate allergies to egg, sesame and peanut (from which she is at significant risk of anaphylactic shock). Isabelle also gets hayfever and is allergic to dogs and house dust mites. She has, in other words, what the doctors refer to as a very typical (if quite severe) atopic profile.

Fiona's son Casper has an immediate allergy to egg, which was discovered in testing when he had severe eczema and was clearly a problem when he ate some cake and reacted immediately. As with Izzy, subsequent testing showed he also had an immediate allergy to peanuts. In addition, Casper has delayed allergy to gluten, which caused him severe gastrointestinal problems. And there was a time when he couldn't eat dairy or soya either as he had to eliminate these foods in order to help determine which allergen was causing the problems. He is one of the increasing number of children who have a combination of immediate and delayed food allergies, which meant his diagnosis was less straightforward than Isabelle's but the management of both types is the same: avoid the food allergens causing the problems.

We would, of course, rather that our children weren't allergic to anything. There have been scares, frustrations and inconveniences. But in the grand scheme of things, they have been minor.



ENDORSED BY EXPERTS

We have both been lucky to have had wonderful support from doctors and dietitians. Dr Helen Cox is one of just a handful of paediatric consultants specialising in allergy and immunology. Dr Rosan Meyer is a leading dietitian focusing on food allergy in children. They both run clinics where they see hundreds of children with food allergies every year and we are very grateful to them for lending their expertise in reviewing and endorsing this book.

OUR FRIENDSHIP

We have been friends since we were 11-years-old and our two families spend a lot of time together. We often compared notes about cooking healthy food for our kids (preferably without slaving for hours in the kitchen to produce it). If either of us was cooking a meal that Isabelle and Casper were both eating, it had to be free from five different food allergens. It was over one of those meals that we came up with the idea for this book.

Fiona has always been passionate about food; she trained at Leith's School of Food and Wine in London and has run a successful catering business. Before Isabelle was born Ellie could barely boil an egg. Fiona was the brains behind most of the recipes, but if Ellie couldn't cook them they didn't make it into the book.

The result is a collection of over 100 recipes that are delicious, healthy, quick and easy to cook, and can be enjoyed by your whole family. All the recipes just happen to be free of eight common allergens: dairy, eggs, peanuts, tree nuts, soya, gluten, sesame and shellfish.

ADJUSTING THE RECIPES

We are conscious that most children won't be allergic to all eight allergens; more likely it'll be a combination of a few or a couple of them. So we've explained how you can add back the ingredients to which your child is not allergic – there's no point eliminating foods unnecessarily when your child's diet is already restricted.

MAKING LIFE EASY

We are busy parents and know it's crucial that feeding your child fits easily into the rest of your life. We both have younger children, Camille and Zara, who have no allergies, but they always eat the same meals as their older siblings. We've arranged our recipes into categories we found helpful and that reflect how we cook for our children. Your whole family can enjoy these meals and there's no need to cater separately for your allergic child or for them to feel they're being treated differently or missing out.

ADVICE AND TIPS

But this is more than just a cookbook. Food allergy clearly needs to be taken seriously, but it does not have to change your life – with the right advice it can actually be straightforward to manage.

So in this book we've also shared what we've learned from our experience in managing food allergy.

We hope that the result is more than just a cookery book with wholesome, tasty family recipes using ordinary ingredients; it is also a handbook that any parent can rely on and refer to for accurate information and advice on every practical aspect of dealing with their children's food allergies.

FOOD ALLERGY

Explained by Dr Helen Cox

Dr Helen Cox is a leading expert in her field – paediatric allergy and immunology – and has extensive experience in the management of children with food allergy. She is one of the clinical lead consultants in paediatric allergy at Imperial College Healthcare NHS.

If your son or daughter is one of the six percent of children in the UK diagnosed with a food allergy then you are bound to have questions. Let's start with the most difficult one first.

WHY IS FOOD ALLERGY ON THE INCREASE?

There has been plenty of research into food allergy but, disappointingly, much of it has yielded conflicting results.

The lower rates of eczema, food allergy, asthma and allergic rhinitis in Third World countries lead experts to believe that the increase in allergies could be down to relatively recent changes in developed world lifestyles. There are a variety of theories that focus on genetics, epigenetics (the study of how genes can in some circumstances be altered by external factors), the environment, diet and infections.

But the frustrating answer is that we still don't know.

WHAT IS THE DIFFERENCE BETWEEN FOOD HYPERSENSITIVITY, FOOD INTOLERANCE AND FOOD ALLERGY?

These terms are often used interchangeably but they have distinct and specific meanings:

- * *Food hypersensitivity* is the umbrella term used to describe any reaction to food, encompassing both allergy and intolerance.
- * *Food intolerance* describes a reaction to substances other than food proteins that do not involve the body's immune system. Many intolerances relate to a deficiency in specific enzymes which help digest certain foods. For example, lactose intolerance occurs when someone lacks the enzyme lactase and therefore can't digest the naturally occurring sugar in milk called lactose.
- * *Food allergy* is the term reserved for reactions by the body's immune system to food proteins. These reactions can be either immediate or delayed.

IMMEDIATE IMMUNE MEDIATED FOOD ALLERGY

As the name suggests, these reactions happen quickly (within seconds or up to two hours after eating an allergen) and can, in some instances, be severe. They will result in one or more of the following symptoms:

- * Skin (redness, eczema, hives, facial/ lip swelling)
- * Gut (vomiting, diarrhoea)
- * Respiratory tract (cough, wheeze, difficulty breathing, hoarseness, noisy breathing)
- * Cardiovascular system (drop in blood pressure, profound drowsiness, lack of responsiveness or loss of consciousness)

* Anaphylaxis describes the most extreme form of an immediate allergic reaction where either difficulties breathing or a drop in blood pressure occur.

DELAYED IMMUNE MEDIATED FOOD ALLERGY

This is more difficult to diagnose as symptoms may occur one to three days after eating the relevant allergen. Some children are able to tolerate small amounts of the food protein but react to larger amounts, which can also complicate diagnosis. Typical symptoms can include one or more of the following:

- * Eczema
- * Vomiting
- * Reflux
- * Colic
- * Abdominal pain
- * Constipation
- * Diarrhoea
- * Blood or mucous in the stools
- * Faltering growth

Additional symptoms such as lethargy, sleep disturbance and respiratory problems may relate to food allergies.

IS IT POSSIBLE TO HAVE A COMBINATION OF IMMEDIATE AND DELAYED REACTIONS?

Immediate and delayed food allergic reactions are quite distinct. However, they are not mutually exclusive.

It is increasingly common for an individual to have delayed reactions to one or more food allergens as well as immediate reactions to others.

WHICH ARE THE MOST COMMON FOOD ALLERGIES?

Although any food protein has the potential to cause an allergic reaction, eight to ten foods account for 90 percent of all food allergic reactions. Eggs, cow's milk and nuts cause the most immediate reactions followed by wheat, sesame, kiwi, fish, shellfish and soya. Fewer foods cause delayed allergic reactions with cow's milk, soya, eggs and gluten causing the majority of problems.

IS IT UNUSUAL TO BE ALLERGIC TO SEVERAL DIFFERENT FOODS?

Up to two-thirds of children with allergies react to more than one food with some children being allergic to three or more of the common food allergens. Some food allergies are more commonly associated with others. Allergy to tree nuts and sesame occurs more frequently in children with peanut allergy and soya allergy is more prevalent in children with cow's milk allergy.

WILL MY CHILD OUTGROW HIS OR HER ALLERGY?

The good news is that about 80 per-cent of children who exhibit delayed reactions will grow out of their allergies by their third birthday. However, in a minority of cases, the symptoms can persist and should be thoroughly investigated.

With immediate reactions, it depends on the allergen in question. Tolerance is usually acquired over time with the majority of children

outgrowing their allergies to milk, egg, wheat and soya by their 10th birthday. Allergy to nuts, sesame, fish and shellfish tend to be more persistent, with only a minority achieving tolerance in childhood. At least 80 percent of children with nut allergy remain allergic in adult life.

ARE THERE ANY TREATMENTS OR CURES FOR FOOD ALLERGY?

Treatments for food allergy are still experimental and not ready for use outside of established research programmes. The best strategy is food allergen avoidance and the provision of an emergency care plan supported with appropriate medications.

Allergy tests are helpful in the diagnosis of immediate food allergy. They also help determine when to introduce foods into your child's diet. Sometimes this will be done in hospital and sometimes it can be carefully managed at home following specific guidelines from your child's allergy specialist.

Avoiding multiple food groups poses challenges. A trained dietitian should always be involved to ensure that the prescribed diet really is free from the relevant allergens and is nutritionally adequate.

However, the real experts are the parents who live, shop, teach and cook for their allergic children. I am thrilled that two such parents have taken the time and effort to pass on some of their invaluable experience, gleaned through years of living with allergy.

They have gone the extra mile in providing recipes that will suit 90 percent of all allergic children, with recipes free from eight common allergens. I am sure this will become a valuable resource for many families who face the daunting daily prospect of coping with food allergy.