

'Making Food Allergies Your Business' podcast

Episode 1 - Always ASK about food allergies

Claire McGuigan & Dr Catriona Walsh:

NARRATOR: The contents of this podcast are for educational and informational purposes only. They are not intended to be a substitute for professional medical advice. Listeners are advised to consult with appropriate medical practitioners on the diagnosis, treatment, and ongoing supportive management of food allergies.

CLAIRE MCGUIGAN: Hello, and welcome to our first podcast in a series of three podcasts called Making Food Allergies Your Business. And why should food allergies not be everyone's business from everybody who's at home to everybody who provides food from the garage that we stop off in the shop or due to the hotel or the takeaway restaurant. So, we're trying to share some information that we have done with the Open University Ireland. I'm Claire McGuigan and I've done some research looking at the experiences of people who are living with a food allergy.

And the reason for putting this information on podcast today is it's geared for the people who are working in the food service industry. And we know you just don't want to really read an academic journal, maybe not just as light reading in the evening. So, we thought we'd share some of our findings with you today.

And we're trying to put them in context. So today we're delighted to introduce now Dr Catriona Walsh, who's a consultant, paediatrician, and founder of the Northern Ireland-based 'The Food Phoenix' based in Belfast. Welcome, Catriona. Thank you for coming.

CATRIONA WALSH: Thanks very much for inviting me. It's a pleasure to be here. I probably should say I'm a former consultant paediatrician, and I'm a nutrition and lifestyle coach.

CLAIRE MCGUIGAN: So first, what we'll do is we'll have a talk about, I think, it's important for people that work in the food industry, regardless of how many years they've been there or if they're just starting out, is to have a better understanding of what a food allergy is. So we're delighted, Catriona, if you could tell us a little bit more about what a food allergy is and what causes it.

CATRIONA WALSH: Yeah. So, a food allergy is an allergic reaction to one or more different foods. It's an immune response. So, your immune system gets involved in the reaction that you have with a food allergy. Their food allergies are very common throughout the population. And they're actually increasing throughout probably all age groups, but maybe especially in younger age groups.

So with a food allergy, you can have a range of different symptoms, and food allergies are linked in with other allergic disorders. So they're linked with asthma, eczema, hay fever, and allergic rhinitis. And anaphylaxis then is the most dramatic form of food allergy. You can have other reactions to foods that aren't allergies because they don't involve that particular part of the immune system.

So, these are other types of food intolerance. And food intolerances will often give you different symptoms from food allergy. Food allergies can potentially be really quite devastating. It's not the case that every time that you have that food, you're necessarily going to have a massive reaction, but the reactions are quite unpredictable.

So if you get exposed to a food that you're allergic to, there is a potential that you can have a very severe reaction that can even be life threatening. So yeah. So, it's very important to take food allergies extremely seriously.

CLAIRE MCGUIGAN: Well, that's very interesting because I think what we see sometimes whenever we go out to eat, we hear people, whenever you go forward, for example, I have a food allergy. So when I would go and I would ask my daughter's food allergy, we say, well, we're allergic to this. They'll say, well, are you a little bit allergic? And you think, oh, wow. No. I actually have an allergy. So maybe there's something around the misunderstanding and the working knowledge that staff have in cafes and pubs and bars and restaurants and things.

Any place where you would go to eat around, what the difference between a food allergy and a food sensitivity is. How would you explain to them what the difference would be in just ordinary, everyday language?

CATRIONA WALSH: Yeah. So that's a really good question. It's actually not that easy to answer.

[LAUGHTER]

Yeah. So with food allergies, we know that there's a particular part of your immune system that reacts to that food as if you have been exposed to a particular type of infection. So, it's as if your immune system sees that food as an infective threat and tries to eliminate it immediately. And that's why you can get this absolutely massive immune response that can be very, very exaggerated and risk your life with a food intolerance.

There are a lot of different types of food intolerances. At the moment, they're classified usually as something that affects your digestive system, but actually you can have effects that are wider range like-- even things like migraines can be related to food intolerances, and so can fatigue and other things.

But generally speaking, at the moment, at this point in time, people often think of food intolerances as something that can cause a lot of gastrointestinal upsets. So, things like nausea and reflux and bloating and vomiting and diarrhoea, those symptoms whenever you're exposed to the food.

Usually with a food intolerance, you don't get difficulty with your breathing or your circulation. But that's actually-- there are some specific cases where you can have those as well. But it's much less common than with an allergic response. So generally speaking, food intolerances aren't seen as a same medical emergency that a food allergy can be.

CLAIRE MCGUIGAN: That's very interesting because part of the research study that we did when we asked people what it was actually like to live with food allergies, and I'll just read out a quote from one person who described how his food allergy affected him. And he describes it, "I thought when I had eaten something funny, I just felt a little bit bloated and nausea. And then I ended up being sick. And then I noticed this rash and a little bit of wheezing. And I wasn't sure what was going on.

And then I wondered-- because I had already checked with the staff a couple of times, and I wondered, was there traces of peanuts in the dish? And then all of a sudden, I had a rash, my neck swollen, and I had difficulty breathing. The nodes and under my arms and in my groin swollen up. And I had to be rushed to hospital."

So, it seemed a fairly serious graphic picture of how something as simple and as nourishing as we take for granted is something that we need to sustain our life could actually-- we could lose our life over it. So while that might be an extreme example, as somebody has shared, I think it does highlight the point of how serious a food allergy can be and should be taken by the food industry. And also, that it shouldn't be confused with an intolerance that is totally different.

It's not going to give me like a run to the toilet, a gut reaction, and I'll be OK in a few days. This could render a lot of people in hospital. So, it seems to have a spectrum where people react and they may go limp, and they may have nothing else. Really, just go limp, and they start to shut down and that, and then it can move across where their reaction is hives and a rash and difficulty breathing to this extreme dependent-- it would seem from the research on how much someone has eaten the environment they're in and all those sorts of things.

So I wonder if it was me working in a cafe, I would be petrified. Even as a nurse, because if you hadn't seen it before, or you didn't-- and as a nurse, if I was outside of my clinical area, I don't have these people to call on. I don't have machines and drugs and all that. So I wonder, could you, for a moment, put yourself in, say, the waitress's shoes and that happened. What advice would you give them?

CATRIONA WALSH: Yeah. And certainly, even in a hospital situation where you have lots of teams about-- and anaesthetists and everybody's trained up in advanced life support, it can still be very scary. So I guess you want to be on the lookout for somebody who is feeling unwell and is visibly starting to look like they're feeling unwell. So they may develop, as you've already mentioned, they may become quite quiet and limp and pale.

They could pass out, but even before that, they may have some breathing difficulties. So you might notice that they're struggling to breathe or gasping for air or that their breathing becomes very noisy, quite wheezy, quite difficult to breathe. Their breathing in can become very, very noisy as well.

CLAIRE MCGUIGAN: And what do you mean by that? What do you mean breathing in could be a bit noisy?

CATRIONA WALSH: It might be easiest if I demonstrate. So you can have this quite loud [WHEEZING LOUDLY].

CLAIRE MCGUIGAN: So as if they're fighting for air. It sounds as if--

CATRIONA WALSH: So, they're really struggling. Yeah. Really struggling to breathe and can't catch a breath in. Actually, one of the things that we would say in hospitals is the time to really worry is when they go quiet. Because at that stage, they may have actually stopped breathing altogether.

CLAIRE MCGUIGAN: Well, that's interesting, because if you were in a very busy restaurant, and it was very noisy and staff were busy and businesses make money by turning over that table as many times as they possibly can, you could miss those cues. So as opposed, in many ways, it's just to be mindful of that whenever they're taking the order, and someone has declared their allergy to them is just to have that extra level of vigilance as they serve the food as well and watch until the customer leaves. It might be just good practice.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: That's really useful. And I really liked your sound effects, Catriona. And that was really, really good. Just in case anybody wasn't sure what it sounded like; you could be listening out for that. But as Catriona says, you really need to be calling for help, the ambulance, and looking after that customer at that stage. And that takes us nicely then into how quickly those reactions can actually happen.

And what we found out through the research, from people who have a nut allergy, it's just enough to be in the environment to have it as an aerosol. It's just in the air. The smell of nuts can be actually overwhelming for people, and it can actually trigger those reactions through to maybe just having a couple of mouthfuls.

So, I suppose if you were thinking of the person who's serving the food and it might be useful for them to drop back to the table to check everything's all right within five minutes of starting the food, would that be something that'd be useful for them, do you think?

CATRIONA WALSH: Yeah. Just dropping and checking that everybody is OK. And if they need anything else, then you can just have a scan of them and make sure that they're not in any kind of distress or looking uncomfortable while they're eating, and you can do that without calling attention to the fact that you're checking on their health.

CLAIRE MCGUIGAN: Yeah. Well, I think you wouldn't want to have the big glad hand looking down and saying, this is the person here that we're worried about or something like that. So, I think it can be done subtly and discreetly and it does show that extra level of care, that's in the environment in the business for people that have food allergies.

So that's really good. And the thing that was really important that came out really strongly in the research that we did was with people with food allergies, the adjectives they used to describe living with their food allergy, they were using things like they were frightened, and they were frustrated. They were embarrassed, and they were angry at times of people treating them differently.

They were annoyed when staff got defensive if they asked so many times just for clarity. They felt that they were being treated differently because they had to repeat their needs, and they didn't think that people were taking them seriously. And they felt that they lacked them by virtue of having their food allergy, that they didn't have the same social freedom as other people, that they weren't able to just get up and go out for a meal like everybody else does, because if you don't have a food allergy, you can go wherever you want, and you can eat whatever you want.

And as soon as you walk into a place, you don't have any second checks to make or anything like that. And you don't have to wait until you actually have three mouthfuls of your food to relax before you start having a conversation with what you're going to do in holidays or where you're going the rest of the night.

So, they find that its life changing. And for some people, if they've had allergic reactions, it can change their body and how their body acts, how they cope with life. So, the biggest thing that probably people that are serving food or preparing food aren't aware is the wider impact. And it's one thing to make sure that people are physically safe when they're eating out with you.

But what we did within The Open University Ireland was they were telling us that there was the emotional impact they had. They suffered with anxiety. One person even said, when they were watching cooking shows on the TV, if they were cooking with nuts, they felt nauseated, if that was their allergy.

They felt socially excluded. There was a financial impact. So I just wondered, if we're talking about how much of an impact living with a food allergy has, I just wondered what you thought of that. Is that something that you would have come across in terms of the wider impact rather than just the physically safe piece.

CATRIONA WALSH: Hmm. Oh, yeah. Absolutely. It's a very stressful situation to be in. Like, whenever you go out to eat, it can feel like it's a roll of the dice, whether you're going to get sick, or you have that hanging over you when you're even making choices about where to go to eat. And you're placing your trust in the establishment that's providing your food.

You're literally placing your life in their hands, which is quite a responsibility, I guess. But yeah. It's hugely, hugely stressful, and it can be very isolating. It can really take the spontaneity out of eating. And it can be difficult. If you're rushing around, you're busy, but you're hungry and you can't just go somewhere and grab something necessarily off of a shelf or just grab something quick to eat.

Everything has to be very much thought through and planned. And you have to check and double check that people understand what your allergies are and how many hidden allergens there can be in different foods as well, and in food ingredients and additives as well. So yeah.

It can be hugely stressful and frustrating and isolating. And it can really affect people's choices of where they'll choose to eat.

And it doesn't just affect single people's choices, because if you have groups of people going out together, then if there's one person with an allergy, then that can really affect where they all decide to go because if you've had a bad experience or before in an eating establishment or if it's not clear from the menu or whenever you call up in advance, because-- a lot of this has to be very planned out. Whenever you go eating out, you're probably going to skip certain places as well just to make sure that you're safe.

CLAIRE MCGUIGAN: It's almost if they have to be the allergy tourist of all these eateries where they have to go. And it's almost as if they need a TripAdvisor model of what can I eat here, and am I going to be safe here? Are they going to look after me? And I think one of the participants said, you're quite right. It doesn't really just affect me, but if I go out with my partner to eat, I'm relying on that person to get me to hospital if anything goes wrong.

So, they're always thinking and planning ahead as a worst-case scenario and working backwards. And it's not that surprising then to think about it. Why people with food allergies actually don't bother going out to eat because they don't feel safe as such. And some of the reasons its well-documented literature is that they don't feel that the environment is, perhaps, transparent enough.

They don't know how it's cooked. They don't know how the information is passed over from front of house to back of house, those sorts of things. But when we're talking about food allergies, I think in the UK, we know that we're regulated for the 14 top food allergens. And I know over the last number of years, there's been a substantial amount of work done on peanuts and nuts, in particular, as the focus had been, because most people reacted fairly quickly to those sorts of allergens.

But I did see that milk seems to be the highest one at the moment. Could you tell us a bit more about what the top ones are and how we could make it more inclusive for those people to eat out?

CATRIONA WALSH: Yeah. So, the list of potential allergies seems to get longer. But some of the top ones are, as you've said, milk, which is in nearly everything. And if it's not good milk in it, gluten. So that is wheat, barley, and rye. Those three cereal grains, but other foods can have cross-contact with gluten. So that would be the likes of oats unless they are specifically gluten-free, can be contaminated with gluten as well.

Eggs are another big one. We've already mentioned peanuts, I think, before and tree nuts, fish and shellfish as well. So, crustaceans like prawns and shrimp and crab and lobster and scampi as well. The molluscs, that's things like mussels and oysters. Soy is another really big one. Sesame seeds, lupin, and sulfur dioxide.

Yeah. So those are some of the commonest ones at the moment. But a lot of them are so commonly found now in food ingredients or you find that foods are produced in factories where some of the other ingredients are. So, there's a risk of getting cross-contact with those other ingredients. So, it's quite important to always look at labels whenever you're serving people as well.

CLAIRE MCGUIGAN: Yeah. I think if we just even look at the one for milk, for an example, just to give our listeners an idea of how complicated navigating the whole eating out, buying something to take home to eat or even just doing your groceries can be difficult, if we look at dairy, as you say, dairy is in everything, it's in the obvious things like yogurt and cheese and butter, but it's in chocolate and crisps and all those other convenience things that we yearn for most of the time.

So, it's in all those things. But the difficulty then with the labels is really that it can come in so many different formats. So, milk can be albumin and different things like that. So, there's an element of where the person who works in the food service industry needs to know almost

what the sediments are for those. The other words for milk. And that can be difficult, can't it? Because if you're just looking for milk, and it's not there, but it's maybe there as something else--

CATRIONA WALSH: Casein and whey.

CLAIRE MCGUIGAN: Yeah. Casein and whey are prime examples, aren't they? And usually, they can be different types even of that beforehand, and labels can be maybe a little bit worn. So it's a big responsibility, isn't it?

CATRIONA WALSH: It is. And then even within the restaurant itself, it can be, unless you are extremely careful about your food preparation areas, even if you use a knife to spread butter on one thing and then you use the same knife without cleaning it to use a non-dairy spread, the contact from the butter can spread onto the spread.

CLAIRE MCGUIGAN: And that's really important because we're not talking that we need a kilogram of an allergen to have somebody to have a massive reaction. We're talking about very small amounts, aren't we really?

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: And we're not even talking as much as a teaspoon. We're just talking almost as if you dip your small finger in. And if it gets into your mouth, it can be enough for some people.

CATRIONA WALSH: Yeah. Even if you have a crumb of something and it gets into your mouth, and you spit it out, that can be enough to trigger you.

CLAIRE MCGUIGAN: Yeah. It's about being vigilant, isn't it? And you're quite right. It's about the trust that you put into other people. Really when you go out to eat, I think if we were looking at what people can do, I think what I found interesting in the research that we done was that people who had food allergies, even if they had food allergies for more than 10 years, they didn't always take their rescue emergency medication with them, which is the EpiPens, which in many ways, people who have food allergies can't absolve themselves from their own responsibility.

They must take their EpiPens if they have them with them out to eat or everywhere they go. There shouldn't be an exception to that. Could you tell us a little bit more about how that EpiPen works for the patient or for the person and then how that would really work from the point of view of advising, maybe the people that are working in and how to manage that if somebody needed their EpiPen.

CATRIONA WALSH: Yeah. So, an EpiPen it's basically an automated dispenser of adrenaline. So yeah. So, it's this spring-loaded device. It's got a little needle that's hidden away until you go to use it. And it's in something that looks a bit like a very, very long large marker. And it's loaded up with a dose of adrenaline.

So whenever somebody is having an anaphylactic reaction, so that's the most severe end of things where you have the breathing difficulties, and you the patient might collapse, go unconscious, look very unwell. That's where you might have the swelling as well, or even going silent.

So, somebody needs to administer the EpiPen. So, you do this into the thigh. It's the upper outer aspect of the thigh. And with the EpiPen, all you have to do is prime it, so you flick the end up. And then all you have to do is a bit of a swing and jab.

CLAIRE MCGUIGAN: Used to have yourself with it, don't you?

CATRIONA WALSH: You do. But the needles are not out. So, it's not like you're stabbing. You're not stabbing somebody with a needle. It's actually quite blunt. But you just want to

firmly give it a good firm strike onto the upper outer leg. It doesn't take a lot of pressure to do it. So, you don't have to punch them. It's just a good firm strike. But the thing is, when that happens, the needle will pop out. You'll hear and feel a bit of a click. But you want to hold that EpiPen there for a good 10 seconds.

CLAIRE MCGUIGAN: Yeah. They say 1 elephant, 2 elephants, and 3 elephants, 4 elephants, up to 10 elephants, they say. And the elephant part is important because they say, the elephant is the length of time you do it for. So, we do 1 to 10, and 1 elephant, 2 elephant.

CATRIONA WALSH: Is it elephants?

CLAIRE MCGUIGAN: Yeah. It changes all the time. But my daughter is one elephant, two elephant. And that's how we work it. And so, if somebody who's taken an anaphylactic reaction to their food is out on their own, for example, eating, and which most people tend to do if they're maybe at work or rushing here and there, if somebody in the cafe-- that's there as a waitress or a waiter, find somebody that needs that.

That's really good advice. So, it's to identify that hopefully they'll have known they have the allergy to source where maybe on their body in their purse or whatever, they might have their EpiPens and then to go ahead and give it. And I suppose the big message there is not to hesitate, is really to give it. Isn't that, right?

CATRIONA WALSH: Yeah. Yeah. If somebody has collapsed, no. Some people's allergic reactions are to foods that they've never had before or never had an allergic reaction to before. So, it can come as a huge shock to anyone. So, something you can do if you find somebody has collapsed and you weren't expecting them to have an allergic reaction, you can still do a quick scan, look for the jewellery.

So, look on their wrists for the medical alert. Medical alert jewellery on the wrist or at a necklace. And then if it says that they have allergies, then they should have an EpiPen on them somewhere so you can go through and try and find the EpiPen. Now, the first thing you do when you find somebody unconscious is to call an ambulance, call for help, or get somebody with you to call an ambulance while you're doing these other things.

But yeah. So, you can go through their things to look for their EpiPens. They should be carrying two EpiPens. So, you use the first one immediately. Lie them down. Make sure that they're lying. Don't try to sit them up. You can elevate their legs a little bit so that the blood will help to get to their heart and to their brains.

But yeah. Don't set them up. Make sure that they're lie down and make sure that they stay lying down as well. Give the first EpiPen. Make sure that that works. Sometimes when people hear the big click, they withdraw and go 'Oh my goodness' and pull away and the adrenaline just go everywhere else except where it's supposed to go. If that happens, then you immediately give the second EpiPen and make sure that you do that 10 elephants count.

Otherwise, you can wait for the next 5 to 15 minutes, about 10 minutes. And if they're still looking very unwell, you can give the second dose, then if health help hasn't already arrived.

CLAIRE MCGUIGAN: Yeah. That's really good because I think what was coming up and some of the participants that we interviewed were that they were so embarrassed about having their reaction that they left the restaurant and maybe went over to a pharmacy to buy an antihistamine. And it was on the journey to the pharmacy that they actually were very unwell and actually collapsed in the street and then went on.

So there seems to be a little bit of a misconception about the role of pyridine or antihistamines in that rescue recovery. So, I suppose the message is, if in doubt, give your EpiPen. It won't do you any harm. Isn't that really it?

CATRIONA WALSH: Yeah. Yeah. And also, a lot of these reactions can be very unpredictable. So in the past, you might not have had a severe reaction, but on any given

day, like, say, if you have an exacerbation of your asthma, if your asthma is playing up or if you have an infection or something else is going on with your body that can prime or trigger your immune system, you could have a really severe reaction before you've got away with a bit of scare. So, it's that unpredictability as well, that can get people into trouble.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: And the amount of time that it can take for you to notice a reaction immediately or almost immediately. But at the start, you might just be feeling a bit of a scratchy throat or a bit of a cough. Maybe a little bit of wheeze or chest tightness. But as time progresses, over the next minutes, half an hour or maybe, you may be being more and more exposed to the food as you start to digest it so you can get a bigger and bigger dose, and then your reaction can become more severe.

So, people can get caught out because they don't realize that the dose is increasing, so the severity might increase as well. So, it's really, as you're talking about, as they've put the food in and as if the foods were going down into its tummy and getting it used up, then it's breaking down and then the allergen is fusion out through the body, and that's where they're getting this. They might be OK for the first 5 or 10 minutes, and they could have this false sense of security and they don't need their EpiPen, or OK. I'll just go on about whatever I was going to do.

And then as those 20 minutes pass or whatever, once it starts to go through the body, it's then when they could get really hit and actually be more life-threatening at that stage. So, it's just supposed to be mindful of that as well. It's really useful to have that degree of insight into it because I think certainly from the people who were carrying the EpiPens in the study, they did leave home quite often without their EpiPens.

And I found one of the people who had said that was a man and his reason for it was, well, there isn't a bag. There was nothing to carry EpiPens in. These pens are quite like you do describe them. They're quite long, thick markers. And men don't carry bags. The majority of men don't carry bags. And so young men won't even carry a jacket going out at night. It's not cool enough and all those things. So how do we reinforce that message for people to carry their EpiPens with them?

CATRIONA WALSH: Yeah, I mean, it's pretty critical, if you've been prescribed an EpiPen, it's been done for a reason. It has to stay on you 100% of the time. There are no real times when you can get away with it, unfortunately. It just has to be with you wherever. It's not going to be helpful if it's in your car or somewhere else.

The same thing, I suppose, goes for schools and kids. The EpiPen should never be locked away. It should always be on the child because you may only have minutes, if even that, before people are becoming very unwell. So, yeah. It has to be there so that you can use it immediately. You can't be running around. You're not going to be in any fit state to run around looking for it.

CLAIRE MCGUIGAN: You're going to have to make friends with it and keep it with you. I suppose one of the main reasons we're doing the podcast is the best way to manage food allergies is to avoid them. Isn't that really it? You have to be vigilant and avoid them.

CATRIONA WALSH: Yeah. As much as you can. Yeah. So, avoidance is the key. You also can't rely on your EpiPen for getting you out of an emergency situation or rely on your inhalers for getting out of an emergency situation. So, you have to do whatever you can to be as vigilant as you can and avoid those allergens that you're aware of. Now, I suppose every now and again, you can get caught out when you don't know that a food is an allergen for you. But when you do know that it is, yeah, avoid it.

CLAIRE MCGUIGAN: So, I suppose what I think I'm hearing, and correct me if I'm wrong, is that what you're saying is that people have to do what they can to keep themselves safe and not put themselves in those situations. And I suppose that's a fine balance, isn't it? Because

some of the emotions that were coming up and the research we were doing where people were feeling excluded, they were feeling anxious.

And they felt that they were being treated differently. So those are the things that people don't want to feel differently. They want to have the same freedom to go out and eat where they want and all of that. And there's a balance to be struck there, isn't there, really, between what's on offer currently for people that have food allergies and the rising amount of food allergies. So that's a difficult path, isn't it, for the food service industry to take on board.

CATRIONA WALSH: And people with allergens, they don't want to be the weird ones.

CLAIRE MCGUIGAN: No. That's right. Yeah. They don't want to be the weird ones. They don't want to look different.

CATRIONA WALSH: No.

CLAIRE MCGUIGAN: No.

CATRIONA WALSH: No.

CLAIRE MCGUIGAN: Or the trouble that can be seen as being troublemakers as well. I think one of the people in the study had said that they were out for a lovely Sunday roast in a pub, and they had asked about their allergens. And when they happened to go to the loo, which was down past where the kitchen was, they overheard the kitchen staff saying, well, why do they even bother coming here, when they know this is going to be so difficult to make for them?

So, it's very difficult for them to be included. They don't want to be, they're calling out not to be treated differently. But then how does the wider society, even think of a child going to a birthday party on a birthday cake that has milk and gluten and egg and if you have multiple allergies, it's very difficult even to get a birthday cake. So how can we be more inclusive as a society to keep these people safe?

CATRIONA WALSH: Yeah. I suppose we all need to try to be more compassionate and to try and see things from these people's points of view, because it's something that they have, it's definitely not a choice that they're making. And it's not something that is trendy. Well, it's trending up, and that more people are being diagnosed with allergies, and it is becoming more common, but it's not like it's trendy to have a food allergy this week.

CLAIRE MCGUIGAN: Yeah. It's not a choice they make.

CATRIONA WALSH: No. It's never a choice. It's something that they have to live with. And they would much rather not have. So, trying to understand the food allergies. And then I suppose if you have the list of the top 14 food allergens and trying to plan ahead and create maybe a couple of recipes that don't include those so that people have a choice when they go out to eat and it's not such a big stress for everyone, and they're not being seen as being very demanding or very high maintenance.

CLAIRE MCGUIGAN: Yeah. I think that is part of it as well, because what some of the people in the study were saying that they would either prefer to eat at home and meet somebody later for a drink rather than be part of the social gathering where people went out to eat if they felt that when they looked at the menu, there was nothing there, or if their initial conversation when they tried to research, if it was suitable, it was just going to be too difficult. They would have preferred to eat at home, and then join the group later.

And other people were saying that if they did go out, sometimes their choice was just a plain piece of chicken, a plain bowl of rice and some veg with no spice, no nothing on it. And they may be paying 15 pounds for this. And there was the injustice in that. You know that it's not inclusive.

It's not a level playing field for the people to be out eating the same thing. But they're still being charged for the time and effort it makes to cook that. So, I think there's more work to be done really around that, isn't there, you know. Because as you said earlier, people that have food allergies just don't go out to eat on their own. They do go out as a group. So, it could be better business for people if it could be inclusive.

CATRIONA WALSH: Yeah. Absolutely. Yeah.

CLAIRE MCGUIGAN: I just wanted to ask you about. You did say that food allergies are on the rise, and we know that they're on the rise across the world. I just wondered, how many people in the UK have a food allergy. And how do we know that? Do we keep a register of those people? Do we proactively go and seek those people out so we can treat them and all of that? How does that all work within health?

CATRIONA WALSH: Yeah. We actually don't know. It's not something that is necessarily terribly well recorded or audited. They do attempt to estimate these numbers now and again, but we're not sure. So in the UK, it may be 1% to 10% of the population or possibly even up to 20%. So at 1% of the UK population, which is about 66 million, you're talking about 2/3 of a million people at the very lowest estimate. 10% would be nearly 7 million people in the UK. And 20% would be double that.

CLAIRE MCGUIGAN: Those are massive numbers.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: Really massive numbers.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: So, we're not talking about a few handful of people in each community.

CATRIONA WALSH: No. No.

CLAIRE MCGUIGAN: We're talking about a wave of people across all age groups.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: Would that be fair to say?

CATRIONA WALSH: Yes. All age groups can be affected, but you tend to see younger people affected a bit more often than older, so when it comes to food allergies. Allergies in general is a little bit difficult, but for food allergies, it seems to be more at the moment younger people that may shift over the next few decades.

CLAIRE MCGUIGAN: And why do you think that, if we're not picking them up and we're not watching them and monitoring, why do you think more people, younger people are diagnosed with a food allergy?

CATRIONA WALSH: It seems to go hand in hand with the increasing numbers that we're seeing of the allergy-related disorders. So asthma and eczema, hay fever, and allergies all seem to go together. And we're seeing increasing trends with that. That's probably quite a big topic. And it may go into changes. Well, I think it definitely does go into the dietary changes that have been happening over the last few decades. And then also increased exposure to more toxins in our environment that are affecting people's immune systems and their tolerance of foods.

But yeah. It's probably quite a complex thing, but there seems to be a real rise in food allergies and the associated disorders as well.

CLAIRE MCGUIGAN: So yeah. That has a huge burden on people's health then, doesn't it? It's not just the food allergy and the social side of it and all of that, but it's the fact that they could have another condition that is there. So they're more susceptible. I suppose if they have asthma and a food allergy, they're probably more likely to have an anaphylactic reaction because their body's hot and inflamed.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: Yeah. That would make sense to a lot of people. I think the thing that we picked up in the studies were that the most frequent age was in their 20s. And 20s to 30s group was the people who were the largest number of participants in our study. And it was interesting that how their expectations of how they should be treated were different from people who were a little bit older, a little bit older, just are more reserved to the idea that they can manage it, and they avoid going out. And whereas people in their 20s wanted to be out, they wanted to have their allergy front and centre. When people are out eating, they want people to come forward and ask them about their allergies, so they feel that it's front and centre of their business.

So over time, perhaps, our attitudes towards it changed. But I think even that slight progression of thinking is useful for people that are in the food allergy or in the food sector that this podcast is hopefully going to be useful to them to understand that people want just a little bit more information and a little bit more choice on their menus and things like that, so they don't feel different.

CATRIONA WALSH: Hmm.

CLAIRE MCGUIGAN: I think the other thing too is that we think about food allergies in food and that, but we do know that milk and gluten and that can be found in other care products as well, like even from shampoos to makeup and things like that. So the biggest thing, I think, for people in the food sector is perhaps they don't make the link between alcoholic beverages and food allergies. Could you talk a wee bit about that? Or maybe you're not the best person to talk about that. [LAUGHTER]

CATRIONA WALSH: Yeah. Well, I suppose alcoholic beverages-- well, there's a few different ways, I guess. The first one that sprung to mind is in people's choices. Whenever you have a few drinks, you can get quite nonchalant about everything else that you put in your mouth. And the pub nuts might start to look more attractive.

CLAIRE MCGUIGAN: Yeah. I think it's that old thing, you let your guard down when you have a few drinks.

CATRIONA WALSH: Yeah. And also, you might start feeling a bit more amorous and pick up allergens off other people's lips, for example. But then within the beverages themselves, quite a few alcoholic beverages, probably more with gluten, I guess, and dairy. But it can happen with dairy as well, but a lot of drinks are fermented from wheat and barley.

So, there's things like beers and stuff like that can have hidden gluten that you wouldn't necessarily be expecting. So, people need to be careful there. I mean, milk is used for some liqueurs like Baileys and stuff like that.

CLAIRE MCGUIGAN: And the base of some nice cocktails in the summer. Yeah. Yeah. Yeah.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: And I suppose there are some alcohols or there are some gluten-free beers I see on the market as well.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: But I suppose it's just bringing that awareness to whoever the server is. That it's not just the food that they would need to be thinking of with the food. It's also the drinks as well, isn't it?

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: It's just where it could be. And also, the cross contact if somebody had maybe a glass of milk, and that glass wasn't maybe particularly washed well through the machine. It's just taken a double look at it and checking it may be giving it a good rinse before you serve somebody. You have a milk allergy. It's all the little practical things, isn't it? And there are little safe steps we put in place to keep people safe.

CATRIONA WALSH: Yeah.

CLAIRE MCGUIGAN: Catriona, I just wanted to say, thank you so much for coming into the podcast. I think it's been very useful to break down what a food allergy looks like. What it is and how it affects people. And I think if there were any take home messages, what would you give to the people? First of all, the people who have a food allergy, if they're coming out to eat, but also to the people who are doing their best to serve them and make it inclusive for them. What would you say to them?

CATRIONA WALSH: I mean, certainly for people with a food allergy, it's a difficult landscape to navigate. Certainly, we want you to enjoy your lives and to have fun when you're out. But we also want you to be safe. And that may involve doing a bit of homework before you leave the house.

And that can involve looking up menus to see if there is anything that you think might suit you. It can also involve contacting the eating establishment if you are having a celebratory meal or something. You know that you're going to be going out to somewhere, and it's booked, giving them a ring in advance, and letting them know that you have a food allergy. And asking, are they going to be able to cater for you? Don't leave home without your EpiPens.

CLAIRE MCGUIGAN: That's a key message. And the interesting one you had talked about kissing. I think it might be interesting for the listeners to understand that even if you're out and you're the person who has a food allergy, even if you are going to be kissing someone, even if somebody's random or somebody that you're with, it doesn't really matter. It's really about understanding that that person could have eaten something previous to them meeting you that contained your allergen. Isn't that, right?

CATRIONA WALSH: Yeah. Yeah. Yeah. Yeah. You heard it here. Do not go out kissing people. [LAUGHTER]

CLAIRE MCGUIGAN: Well, of course, we want you to have fun, but we're just trying to say that, well, we talk so much about sex education and all of that, but we never hear about kissing on the sex education for children or for schools or young adults about how that important intimacy around kissing can actually be fatal for some people. So, it's not there yet. But we have heard it here first. Definitely here to refer. So just be careful. Yeah. Just be careful. Maybe arrange a second meeting maybe and explain your allergies would be the best way. Would it?

CATRIONA WALSH: Yeah. Yeah. Yeah. That probably is got to be a better way. Yeah.

CLAIRE MCGUIGAN: Yeah. Go for the second date on the first date. Yeah. That's probably the better way. For the industry themselves, what would you say to them? I think most of them do try to make the best of it, don't they, for them.

CATRIONA WALSH: Yeah. I think people do try very hard. It's very stressful for people in the industry. You don't want to be serving somebody, and then they collapse because they've been contaminated with or they've been exposed to some food allergy, and they've already mentioned.

But yeah. So, I think people are already doing a pretty good job, but obviously, there's always room to improve a little bit here and there. Certainly, learning about the big 14 allergens is important. But having said that, people can still have allergies to foods that aren't included in the top 14 list.

Being as transparent as you can about what allergens are in particular foods. Trying to, in advance, think of food combinations or meals or recipes that are not likely to have major allergens in them. So that people have that choice, hopefully, whenever they go out to eat. Maybe even having some flexibility about allowing people to bring in their own sauces or something so that that plain chicken and vegetable thing they can add something to it.

Also being aware of all of the places where you can get cross-contact. So even things like deep fat fryers--

CLAIRE MCGUIGAN: Display cabinets for maybe pavlovas and cakes. That's a huge thing, isn't it?

CATRIONA WALSH: Oh. Yeah. And I can remember being in some one cafe and somebody had the gluten-free cakes on one plate and the gluten-containing brownies on another plate and then whenever the two were getting a bit low, they sort of moved some of the--

CLAIRE MCGUIGAN: One onto the other.

CATRIONA WALSH: One onto the other, and it was like, no.

CLAIRE MCGUIGAN: Yeah.

CATRIONA WALSH: Yeah. That's crumbs everywhere.

CLAIRE MCGUIGAN: Yeah.

CATRIONA WALSH: But yeah. Even little things like that, people just aren't necessarily aware of. Putting on the menus then and I know a lot of places already put the gluten-free options and the vegetarian options, but even thinking of some of other the big 14, labelling those on menus, both in the establishment and online, because people do check before they go out to places what they can eat.

CLAIRE MCGUIGAN: And that theme of transparency around menus was huge. And the research we did as well, people were calling out for that degree of openness and transparency on the ingredients, but also if it was possible to have open kitchens where people could see them cooked and some restaurants were good at that as well. So yeah. Lots of things to think about.

CATRIONA WALSH: Oh. I would also say, yes. And do make sure that you read every ingredient label for people with food allergens because I know I've been caught out before. There are some hidden things like so, especially, with things like wheat and gluten. Things like soy sauce. I've been caught out before with egg noodles. Somebody put bits of cute little egg noodles in through rice. And it was about halfway through before I realized that this isn't wild rice that was in it.

Yeah. So yeah. Just making absolutely sure that even things like Worcester sauce, all those other things that you would just pop casually into meals, making sure that all of the ingredients, reading all of the labels as well is super important.

CLAIRE MCGUIGAN: Yeah. So, I think the big message is that allergies are everybody's business. And it's up to the food business to make it their business going forward, isn't it?

CATRIONA WALSH: Yeah. Allergies aren't going anywhere. And people with allergies aren't going anywhere. If anything, they're going to be more, I'd say, in the coming years.

CLAIRE MCGUIGAN: So, suppose the challenge to the, the food sector and the food service industry is really to embrace it and see what they can come up with some creative solutions. And it could be a new business model or a new design for them.

CATRIONA WALSH: Yeah. It would all have to go to whether with allergies or not.

CLAIRE MCGUIGAN: Yeah. Absolutely.