

How should you manage a reaction?

After a reaction to wheat, your child should be provided with advice about what to do if they have another reaction. The plan is usually written down – Allergy Management Plan.

Mild reaction - hives, swelling or vomiting, but no breathing problems or faintness:

If possible, get the child to spit out the food. Give an antihistamine.

Severe reaction - difficulty breathing (wheezing, noisy breathing, blue colour); **swelling in the throat** (noisy breathing, drooling); feeling faint or dizzy, **looking very pale** (lie the child down with their legs raised).

Get help straight away and dial 999 stating “anaphylaxis” (ana-fil-ak-sis). If you have an adrenaline pen – use it.

Who needs to know about this allergy?

It is important to inform the nursery/school and any after school clubs. Any other carers will also need to know.

Is wheat allergy life long?

Coeliac disease is life-long, and patients must continue to avoid all wheat containing foods. About 70% of children will outgrow the other forms of wheat allergy by six years. If there has been no reaction for a long time, then an oral challenge may be suggested.

Is there a cure?

Some patients (**not** those with Coeliac disease) can be helped to become more tolerant by eating a little wheat and increasing the amount regularly over many months, a process termed “desensitisation”. Advice should always be sought from your doctor or dietitian before trying to introduce any wheat back into your child's diet.

Leeds S et al. Wheat oral immunotherapy. *Curr Opin Allergy Clin Immunol*, 2021
Ricci G et al. Wheat allergy in children. . . *Medicina*, 2020.
Nowak-Wegrzyn A. RDBPCT of vital wheat gluten OIT. *J Allergy Clin Immunol*, 2018
Scherf KA et al. Wheat-dependent exercise-induced anaphylaxis. *Clin Exp Allergy*, 2016



North West Paediatric Allergy Network

Wheat allergy

Information for parents and carers

www.allergynorthwest.nhs.uk

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Wheat allergy Guidelines - North West Paediatric Allergy Implementation Group
This information should be used in conjunction with advice from a medical professional

How common is wheat allergy?

3-5 children in every 1,000 in Europe have an allergy to wheat. It is seen most in infants and preschool children.

What are the symptoms of wheat allergy?

Immediate reactions occur within minutes of exposure and include an itchy rash (hives), swelling, vomiting, diarrhoea, runny nose, and itchy eyes. Severe reactions are much less common but can include difficulty in breathing (with wheeze or swelling in the throat), feeling faint or dizzy. Some people develop symptoms with wheat only after vigorous exercise (exercise-induced wheat-associated allergy).

Delayed reactions occur several hours after eating the food and include tummy pain, vomiting, diarrhoea and worsening of eczema.

Coeliac disease or gluten intolerance is a delayed reaction to wheat. People with Coeliac disease do not get hives or breathing difficulties but can have belly aches, diarrhoea or generally feeling run down.

How serious is wheat allergy?

Most people with wheat allergy only have mild reactions. Severe reactions affecting the child's breathing can occur, particularly in those with bad asthma and these need urgent medical attention.

How to avoid wheat?

It is important to read the ingredient list carefully. Products like breaded cheese, sausages, beef burgers, Quorn (used as meat substitute), gravy granules, stock cubes, soya sauces and beverages (malted milk, Ovaltine,) can contain wheat. Sometimes a label may not specify wheat but another form of wheat like bran, semolina, couscous, rusk, or flour. Oil that has also been used to fry food containing wheat like fish fingers can lead to a reaction.

People allergic to wheat need to be aware of the risk of cross-contamination in restaurants, bakeries and loosely sold products.

Most children can tolerate corn, rice, oats, barley, buckwheat, tapioca, sago, and quinoa (keen-wa).

Advice should be sought from a dietitian.

How do we diagnose wheat allergy?

The diagnosis of wheat allergy is based on the history of a typical reaction after contact with wheat.

Positive allergy tests (skin prick or blood IgE) support the diagnosis where symptoms come on immediately or with exercise, but should not be used alone, as people can have positive allergy tests but tolerate wheat without getting a reaction. Skin prick tests are safe and can be done in clinic provided that the child has not had any antihistamines for a few days. Blood tests are not affected by antihistamines, but the results are only available in a week or so after the clinic appointment. If the diagnosis is uncertain an oral wheat challenge is sometimes recommended.

Coeliac disease is screened for using a special blood test and usually needs a camera test (upper endoscopy) to confirm the diagnosis. These patients are looked after by gastroenterology doctors.

Can you prevent wheat allergy by delaying giving solids to babies?

It is advisable to wean babies to solid food at 4-6 months of age. There is no scientific evidence to suggest that delaying giving wheat to babies any later than this age will protect them from this allergy.