

Self-reported food hypersensitivity with gastrointestinal symptoms

Allergological and psychological factors

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Conclusions and implications

The main conclusions and suggestions for future research that can be drawn from the present studies are as follows:

- In a Norwegian university hospital setting, patients with gastrointestinal complaints self-attributed to food hypersensitivity rarely got a diagnosis of food hypersensitivity as verified by current standards. The majority of patients fulfilled the diagnostic criteria for IBS.
- The SFH patients had, despite a low prevalence of verified IgE-mediated food allergy, a high prevalence of other atopic diseases, predominantly allergic rhinitis. The atopic SFH patients had a higher number of IgE-“armed” mast cells in their small intestinal mucosa, and higher intestinal permeability than non-atopic SFH patients. This finding suggests that in future research on SFH, more attention should be paid to atopic disorders in general, and not only to classical IgE-mediated food allergy. Future studies addressing the activation of such mast cells and its possible implications for the development and treatment of IBS-like symptoms are warranted.
- Transabdominal ultrasound and MRI of the small bowel seem to be informative and promising tools for the monitoring of local responses to intestinal food challenge. However, further validation studies are needed to establish the clinical utility of these new provocation tests.
- Anxiety disorders, depression and neuroticism were more prevalent in patients with gastrointestinal complaints self-attributed to food hypersensitivity than among healthy volunteers from the general population. The prevalence was not related to the

presence or absence of “objective” indications of IgE-sensitization or the results of DBPCFC.

- The presentation of mood disorders may be primarily somatic in SFH patients, which may explain why different measures of depression yielded significantly different prevalence results in the present population. This underlines the need for a careful selection of self-report screening instruments for psychological assessment of SFH patients, for research as well as for clinical purposes.
- Apart from a slightly higher score on the DIF dimension, alexithymia was not more prevalent among SFH patients than in the general population, and it did not seem to be a major explanatory factor for somatization in this group of patients. More likely do anxiety and depression contribute to the excessive reporting of somatic symptoms seen in these patients, yet we do not know with certainty to what extent these psychological factors are actually explanatory factors or whether they are secondary to the somatic symptoms. We suggest that future studies address the role for anxiety and depression in the development of unexplained symptoms in SFH patients, as well as the possible effect of psychological treatments on the reporting of food-related symptoms in these patients.

Taken together, the present results suggest a role for psychological as well as allergological factors in the pathophysiology and clinical presentation of gastrointestinal symptoms attributed to food hypersensitivity. Future studies addressing both areas as well as the possible connections and pathways between them are encouraged.