
The ADSA Newsletter

• July 2007 •

Message from the President

You may have noticed that I have allowed certain controversial advertorials to be sent to you via our email database. I would like to emphasize that ADSA does not endorse any of the advertorials we may send to you. We do however feel that it is important for dietitians to be well informed of services and products that our patients are being exposed to and may often use.

We trust that all dietitians will apply their professional discernment and evaluate all information against scientific

evidence. It is up to each dietitian to formulate her/his own educated opinions.

Dr. Harris Steinmann, an Honorary ADSA member, Submitted a comment on one of the advertorials that was recently featured in an ADSA email. To read his views, please see below.

René Smalberger RD(SA)
ADSA President (2006-2008)

CPD News

Carine & Karen have managed the CPD accreditation office on behalf of ADSA for a year now.

Please find a summary of the activities which have been accredited during this period:

2006 Accredited Service Providers: 12

2007 Accredited Service Providers: 11

2006: 9 Journal Clubs

2007: 12 Journal Clubs

May - December 2006: 82 accredited activities January - June 2007: 67 accredited activities

We would like to thank them for all their hard work in getting the new CPD system implemented and running smoothly and wish them well for the next year as their contract as CPD officers has been extended.

Debbi Marais

World Breastfeeding Week

The 16th World Breastfeeding Week (WBW) will be taking place from 1-7 August. This year's theme is *Breastfeeding: The 1st Hour - Early initiation and exclusive breastfeeding for six months can save more than ONE million babies!*

The World Alliance for Breastfeeding Action (WABA) has made material available for download at its website <http://worldbreastfeedingweek.org>.

Witness the Breast Crawl!

Every newborn, when placed on the mother's abdomen, soon after birth, has the ability to find her mother's breast all on her own and to decide when to take the first

breastfeed. This is called the 'Breast Crawl'. It is nature's miraculous way of initiating breastfeeding. This project is undertaken by UNICEF Maharashtra and BPNI Maharashtra. Go to <http://breastcrawl.org/> and download the free video documentary.

Go to <http://worldbreastfeedingweek.org/worldwide.htm> to find out who does what where. If you would like to announce your event, please send a synopsis (a paragraph) on what you are planning to do, when and where, to waba@streamyx.com.

Liew Mun Tip
International WBW Coordinator

Letters to the Editor

I notice that the ADSA newsletter has twice carried an advert for IgG testing as a diagnostic tool for adverse reactions to foods. Like with other controversial tests, this company is following an aggressive marketing strategy based on flimsy "evidence". There is not a single national Allergy Society, nor Allergy Organisation such as the American Association of Allergy and Immunology, or the European Academy of Allergology and Clinical Immunology that have endorsed or support these tests for routine diagnostic use because of their lack of predictive value.

There have been a couple of reviews on this topic. The ASCIA Position Statement: Unorthodox Techniques for the Diagnosis and Treatment of Allergy, Asthma and Immune Disorders summarises the evidence for IgG in the diagnosis for food sensitivity/allergy: "IgG antibodies to food are commonly detectable in healthy adult patients and children, independent of the presence of absence of food-related symptoms. There is no credible evidence that measuring IgG antibodies is useful for diagnosing food allergy or intolerance, nor that IgG antibodies cause symptoms. The exception is that gliadin IgG antibodies are sometimes useful in monitoring adherence to a gluten-free diet patients with histologically confirmed coeliac disease. Otherwise, inappropriate use of food allergy testing (or misinterpretation of results) in patients with inhalant allergy, for example, may lead to inappropriate and unnecessary dietary restrictions, with particular nutritional implications in children.[1]

Another reference concluded "Most people develop IgG antibodies to foods they eat and this is a normal non-specific response. There is no convincing evidence to suggest that this test has any allergy diagnostic value. In fact, the IgG response may even be protective and prevent the development of IgE food allergy! IgG4 antibodies produced after high level cat allergen exposure in childhood confer cat allergy protection and not sensitisation."[2]

A review by Teuber and Beyer - "IgG to foods: a test not ready for prime time". Both authors are internationally recognized experts in adverse reactions to foods. They conclude in this review that "Allergy and immunology professional societies need to better inform physicians and other healthcare practitioners of the evidence for specific diagnostic tests and the potential waste of money when tests that are still in 'research mode' are broadly accessed." They further state "...increased IgG may indicate acquisition of clinical tolerance to a food in cases of resolving IgE-mediated food allergy. How these studies compare with measurements of food-specific IgG in irritable bowel syndrome or other disorders with possible food hypersensitivity is still unknown."[3]

As they are more eloquent than me, I am going to quote extensively from their summary regarding the current status of this test.

"[W]e have again reviewed the literature related to IgG testing for foods. This topic was briefly touched upon in our reviews of unproven diagnostic procedures in 2003 and 2005. In the past 2 years, several more publications on the utility of elimination diets based on IgG testing to foods in irritable bowel syndrome have been published, but no studies were located on specific IgG testing in other disorders advertised by some of the laboratories as being related to food hypersensitivities, specifically chronic fatigue, fibromyalgia, headache and sleep disturbance."[3]

In the oft quoted study by Zar et al. [4] to argue for support of using IgG in patients with irritable bowel syndrome, there was no placebo diet group. Teuber and Beyer summarise this study by stating: "As there was no placebo group, it is difficult to further interpret these data, considering the far-ranging improvements that can be seen with the placebo effect."[3]

Indeed, as IgG studies have shown some prediction of tolerance, these authors point out that "[W]e could even foresee future assays for specific IgG to foods as predictive of clinical tolerance in some disorders." For example, in IgE-mediated food allergy, elevated levels of IgG4 to foods have been correlated with the development of clinical tolerance, and not with worsening of clinical food allergy. This is demonstrated in an oral immunotherapy trial of hazelnut allergic individuals in whom increases in hazelnut-specific IgG4 occurred following the onset of tolerance to hazelnut.[5] In fact the exact role of IgG in immune disorders is still unknown. Teuber and Beyer note "[The role of IgG] is certainly a question for further research and emphasizes that it is far too early to encourage patients or insurers to spend money on blood test panels that are suited for research, not clinical, applications at this time."[3]

Teuber and Beyer also state: "Some companies also construct a 'rotary diet' for the patient to follow at home, which limits intake of foods from identified food groups to only once per cycle after a pathologist on staff has reviewed the tests, though most laboratories do not get involved in the practice of medicine in this way. Such dietary prescriptions can be hard to follow, and are without proven benefit, as no double-blind, placebo-controlled series have been published that critically evaluate their effectiveness."^[3]

I therefore want to caution readers of the newsletter to carefully consider the merits of implementing this test in the assessment of your patients.

Sincerely,
Dr Harris Steinman (Honorary ADSA Member)

- [1]. ASCIA Position Statement: Unorthodox Techniques for the Diagnosis and Treatment of Allergy, Asthma and Immune Disorders. Dr Raymond J. Mullins on behalf of the Education Committee, ASCIA October 2004.
[2]. Morris A. Complementary and Alternative Allergy Tests. Current Allergy & Clinical Immunology 2006, Vol 19, No.1, p 26-28.
[3]. Teuber SS, Beyer K. IgG to foods: a test not ready for prime time. Curr Opin Allergy Clin Immunol 2007 Jun;7(3):257-258.
[4]. Zar S, Mincher L, Benson MJ, Kumar D. Food-specific IgG4 antibody-guided exclusion diet improves symptoms and rectal compliance in irritable bowel syndrome. Scand J Gastroenterol 2005; 40:800 - 807.
[5]. Enrique E, Pineda F, Malek T, et al. Sublingual immunotherapy for hazelnut food allergy: a randomized, double-blind, placebo-controlled study with a standardized hazelnut extract. J Allergy Clin Immunol 2005; 116:107-109.

A Health Hero Returns

Kellogg's All-Bran Hi-Fibre makes a welcome return to supermarket shelves.

South African consumers have cause to celebrate as Kellogg's All-Bran Hi-Fibre cereal is once again available to them from April 2007.

It is said that the road to good health is paved with foods rich in fibre. Kellogg's All-Bran Hi-Fibre is the fibre leader, providing 13 grams of fibre per serving, compared with fruit which provides 2-3 grams and breads which provide on average 3 grams per slice.

Research shows that the average South African eats less than half of the 30grams of recommended daily fibre intake. Boosting the amount of fibre in the diet promotes a healthy

digestive system and makes a meaningful contribution to overall good health.

Sue Cloran, Dietitian at Kellogg's, explains the huge market demand for Kellogg's All-Bran Hi-Fibre: "We all know that fibre helps us to stay regular, but it is not always easy to get enough fibre in our diets. Fibre foods are also perceived to be bland and tasteless. A bowl of Kellogg's All-Bran Hi-Fibre provides almost 50% of your daily fibre requirements. In addition to the reintroduction of Kellogg's All-Bran Hi-Fibre we will also be introducing an exciting new variant – Kellogg's All-Bran Hi-Fibre Fruit & Oats, making achieving your daily fibre intake that much easier!"

Leigh-Ann Silber
ADSA Executive: Sponsorship Portfolio