



Effective Health Care

Non-IgE Food Allergies and IBD or Asthma Nomination Summary Document

Results of Topic Selection Process & Next Steps

- *Non-IgE Food Allergies and IBD or Asthma* reflects an interest of patients and consumers in potential treatment strategies. However it is not feasible for a full systematic review due to the limited data available for a review at this time.

Topic Description

Nominator(s): Individual

**Nomination
Summary:**

The nominator is interested in the comparative effectiveness of various diagnostic and treatment strategies for non-IgE food allergies as they relate to improving symptoms in patients with irritable bowel syndrome and asthma

Staff-Generated PICO #1

Population(s): Patients with irritable bowel syndrome with diarrhea (IBS-D) or IBS-cyclic

Intervention(s): treatment strategies that use diagnostic tests for food allergies followed by individualized dietary change, such as the Lifestyle, Eating, And Performance protocol (LEAP) test

Comparator(s): treatment based on symptoms (e.g., dietary changes as indicated); all other management approaches (diagnostic and treatment); no treatment

Outcome(s): decreased IBS symptoms; patient quality of life

Staff-Generated PICO #2

Population(s): Patients with asthma or other allergy symptoms

Intervention(s): treatment strategies that use diagnostic tests for food allergies with individualized diet change such as the Lifestyle, Eating, And Performance protocol (LEAP) test

Comparator(s): treatment based on history (e.g., dietary changes as indicated); all other management approaches (diagnostic and treatment); no treatment

Outcome(s): decreased asthma symptoms; patient quality of life

**Key Questions
from Nominator:**

1. For patients with IBS-D or -cyclic, how many/what percentage of patients have symptoms caused by non-IgE food allergies?
2. For patients with asthma or other allergy symptoms such as sinusitis or fatigue, how many/what percentage have symptoms caused by non-IgE food allergies? How many have symptoms caused by non-IgE inhalant allergies?

Revised Key Questions:

After further review of the nomination, it appeared that the nominator was specifically interested in the comparison of the use of diagnostic testing versus elimination diets. In consultation with the clinical reviewer, the nominator's key questions were further refined in terms of the scope and formulated in a way that they could be addressed by an evidence review.

1. How effective are diagnostic strategies and treatments for non-IgE food allergies for improving symptoms in patients with IBS-D or IBS–cyclic?
2. How effective are diagnostic strategies and treatments for non-IgE food allergies and/or non-IgE inhalant allergies, for improving symptoms in patients with asthma?

Considerations

- The topic meets EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Asthma and irritable bowel disease (IBD) are highly prevalent conditions. These are chronic medical conditions that require self-management by individuals with these conditions. The associations between food allergy and IBS and between food allergy and asthma are not clearly understood. An investigation into the comparative effectiveness of various treatment strategies for non-IgE food allergy, as related to decreasing symptoms of IBS and asthma, will help inform decisions about patient options and potentially improve self-management. According to the nominator, this investigation will help patients live healthier, happier, and more productive lives, while simultaneously reducing health care costs.
- There is limited research on treatment strategies that use diagnostic tests with dietary change (such as the Lifestyle, Eating, And Performance [LEAP] protocol) versus treatment based on symptoms for non-IgE food allergies. Additional searches did not identify any studies that compared diagnostic testing with dietary change to elimination diets in patients with IBS; or to asthma medications in patients with asthma. Therefore, this topic is not feasible for a full systematic review due to the limited data available for a review at this time.