Food Intolerance

Understanding symptoms, identifying patterns and protecting nourishment

A food intolerance can make eating feel confusing, restrictive or unsafe. This guide offers a calm, practical way to investigate symptoms without blaming yourself or removing more foods than necessary.

What food intolerance means

Food intolerance is an umbrella term for unpleasant symptoms that occur after eating or drinking something the body struggles to digest, absorb, process or tolerate. Symptoms are real, but they do not always appear immediately and they can vary with portion size, stress, illness, sleep, hormones, medication and what else was eaten.

Unlike a classic food allergy, most intolerances do not involve an immediate IgE immune reaction and are not usually life-threatening. However, severe symptoms, poor intake, weight loss or nutritional deficiencies still need proper medical attention.

Intolerance, allergy and coeliac disease

Food intolerance	Difficulty digesting or responding to a component; sometimes dose-related.	Symptoms may be delayed and tests are limited for many types.
Food allergy	Immune reaction, commonly IgE-mediated.	May cause hives, swelling, wheeze, vomiting or anaphylaxis.
Coeliac disease	Autoimmune reaction to gluten that damages the small intestine.	Do not remove gluten before testing unless advised, as this can affect results.

Possible symptoms

- Digestive: bloating, wind, pain, reflux, nausea, diarrhoea, constipation or urgent bowel movements.
- Whole-body: headache, tiredness, flushing or a general sense of feeling unwell. These symptoms have many possible causes, so patterns should be assessed rather than assumed.
- Food-related anxiety: fear of symptoms, checking, avoiding social eating or relying on a shrinking list of ‘safe’ foods.

Emergency warning: call 999 for difficulty breathing, throat or tongue swelling, collapse, severe wheezing, or rapidly worsening symptoms after food. Use prescribed adrenaline immediately if an allergy plan says to do so.

Common Types and Possible Causes

The same symptom can have different causes. A careful assessment looks at timing, amount, repeatability and the wider health picture.

Lactose

Low lactase enzyme activity can make lactose in milk difficult to digest. Symptoms may include wind, cramps and diarrhoea. Many people tolerate smaller portions, hard cheese or lactose-free products.

FODMAP sensitivity

Fermentable carbohydrates in foods such as some onions, garlic, wheat products, pulses, fruits and sweeteners can draw water into the bowel and ferment. This is common in IBS. A low-FODMAP approach should be short term and followed by structured reintroduction with a dietitian.

Histamine-related symptoms

Some people report flushing, headache, itching, palpitations or digestive symptoms with aged, fermented or stored foods. Evidence and testing are still developing, and similar symptoms can come from allergy, medication or other conditions.

Food chemicals

Caffeine, alcohol, sulphites, benzoates, monosodium glutamate and naturally occurring salicylates or amines may trigger symptoms in some people. Responses are individual and broad avoidance can become unnecessarily restrictive.

Enzyme or absorption problems

Examples include fructose malabsorption and rarer enzyme deficiencies. Breath testing may help in selected cases, but results must be interpreted alongside symptoms.

Non-coeliac wheat or gluten sensitivity

Some people feel better when wheat is reduced after coeliac disease and wheat allergy have been excluded. Fructans in wheat, rather than gluten itself, may sometimes be responsible.

Secondary intolerance

Gut infections, coeliac disease, inflammatory bowel disease, surgery or other damage to the gut lining can temporarily reduce digestion or absorption. Treating the underlying problem matters.

Symptoms are influenced by the ‘total load’. A food may be tolerated in a small amount on a settled day but not in a large portion alongside stress, poor sleep, illness, constipation, alcohol or several other trigger foods.

What food intolerance is not

- It is not a personal failure or a sign that someone is being difficult.
- It is not reliably diagnosed by a single commercial IgG blood test, hair analysis, kinesiology or bioresonance.
- It does not mean every symptom after eating was caused by the last food consumed.

Investigating Symptoms Safely

The goal is to find the least restrictive pattern that supports comfort, confidence and adequate nutrition.

1. Start with a clinical review

Speak with a GP, registered dietitian or relevant specialist, especially when symptoms are persistent, worsening or affecting intake. They may review medicines, bowel habits, menstrual or hormonal factors, infection, IBS, reflux, coeliac disease, inflammatory bowel disease and allergy risk.

2. Keep a neutral diary

For two to four weeks, note food and drinks, approximate amounts, time eaten, symptom type and severity, bowel pattern, sleep, stress, illness, medication and menstrual cycle where relevant. Record facts without labelling foods ‘good’ or ‘bad’.

3. Look for repeatable patterns

A useful pattern appears more than once, has a plausible timing and changes when exposure changes. Consider portion size and combinations. One difficult day is information, not proof.

4. Make one focused change

If clinically appropriate, remove or reduce one suspected component for a defined period. Keep the rest of the diet as stable as possible. Multiple exclusions at once make results difficult to interpret and increase nutritional risk.

5. Reintroduce methodically

Reintroduction is essential unless there is a confirmed allergy or a clinician advises against it. Start with a small planned amount, increase gradually and record the response. Reintroduction identifies tolerance and prevents permanent avoidance based on uncertainty.

6. Review the outcome

If symptoms did not improve, restore the food and reconsider the hypothesis. If they improved and returned reliably on challenge, discuss a personalised tolerance plan and suitable substitutions.

Simple diary prompt

Time and food - approximate amount - symptoms and when they began - severity 0 to 10 - bowel pattern - stress and sleep - medication or illness - what helped.

Testing: what may be useful

- Validated testing depends on the suspected condition: coeliac blood tests, allergy assessment, selected breath tests, blood tests for anaemia or deficiencies, or investigations for gut disease.
- There is no single validated test that diagnoses every food intolerance. Commercial IgG panels often reflect exposure to foods, not intolerance, and can lead to unnecessary restriction.
- Never deliberately challenge a food at home if it has caused breathing problems, significant swelling, collapse or another possible severe allergic reaction.

Eating Well While Managing Intolerance

Removing a food also removes its nutrients, familiarity and convenience. Every exclusion needs a replacement plan.

Protect the nutritional foundations

- Eat regularly where possible. Long gaps can worsen nausea, fatigue, headaches and anxiety around food.
- Include tolerated sources of protein, carbohydrate, fat, fibre and fluids across the day.
- Replace nutrients deliberately: for example, calcium, iodine and protein when dairy is removed; fibre and B vitamins when wheat is reduced; or protein, iron and folate when pulses are limited.
- Choose fortified alternatives when suitable and check labels because brands vary.
- Ask for blood tests or dietetic support if intake is narrow, energy is low or deficiency is suspected.

Label reading and cross-contact

In the UK, the 14 regulated allergens must be emphasised on ingredient lists, but intolerance triggers outside that list may not be highlighted. Check every label, including flavourings, sauces, supplements and medicines. Recipes can change. ‘May contain’ statements relate to allergen cross-contact and are especially important for diagnosed allergy; ask your allergy clinician how to manage them.

Eating away from home

- Contact the venue in advance and explain the specific ingredient and the reaction, without overstating or minimising it.
- Ask how food is prepared and whether substitutions or separate utensils are possible.
- Carry a suitable snack or meal when uncertainty would otherwise mean going without food.
- For allergy, follow the emergency plan and carry prescribed medication. Intolerance advice must never replace allergy precautions.

When eating is already difficult

Autism, ADHD, ARFID, sensory differences, trauma, nausea or past reactions can make elimination diets especially risky. Predictability may matter as much as variety. Keep reliable foods available, change one feature at a time, and avoid pressure or surprise exposure. A dietitian familiar with neurodivergence and ARFID can help protect nutrition without using shame.

A compassionate aim

Success is not eating perfectly. It is understanding your body, keeping enough foods available, meeting nutritional needs and feeling safer and more flexible around eating.

Useful substitutions

- Lactose: lactose-free dairy or fortified alternatives, depending on milk protein tolerance.
- Wheat: potatoes, rice, oats labelled gluten-free when required, quinoa, buckwheat or suitable breads.
- Onion and garlic during a supervised FODMAP trial: garlic-infused oil and tolerated herbs for flavour.
- Always match substitutions to the person’s allergies, sensory needs, culture, budget and medical advice.

Support, Red Flags and a Personal Plan

Food symptoms deserve attention, but they also deserve proportionate investigation and support.

Seek urgent or prompt medical help

- Call 999 for breathing difficulty, throat or tongue swelling, collapse, severe wheeze or rapidly worsening symptoms after food.
- Request prompt medical review for blood in stools or vomit, black stools, persistent vomiting, dehydration, severe or localised abdominal pain, fever, jaundice or waking repeatedly at night with symptoms.
- Arrange assessment for unexplained weight loss, faltering growth, persistent diarrhoea, anaemia, swallowing difficulty, recurrent mouth ulcers, a strong family history of coeliac disease or inflammatory bowel disease, or symptoms beginning later in life.
- Get extra support if fear of food, restriction or checking is increasing; fewer foods feel safe; meals are regularly missed; or eating is affecting school, work, relationships or mental health.

Who can help?

- GP: initial assessment, appropriate tests, medication review and referral.
- Registered dietitian: nutritional assessment, structured elimination and reintroduction, substitutions and deficiency prevention.
- Allergy specialist: investigation of immediate or potentially severe reactions and an emergency plan.
- Gastroenterology team: assessment when gut disease, persistent symptoms or malabsorption is suspected.
- Therapist or informed coach: support with anxiety, self-advocacy, routines and confidence, alongside medical and dietetic care rather than instead of it.

My next-step plan

Symptoms, timing and severity	
Foods and approximate amounts	
Other factors: sleep, stress, illness, medicines	
Professional I will contact	
One safe, focused next step	

Remember

Your symptoms are worthy of care. You do not have to prove them by becoming more restricted. The best plan is evidence-informed, nutritionally safe and shaped around your individual body and circumstances.

This booklet provides general education and is not a diagnosis or a substitute for individual medical or dietetic advice. UK terminology and emergency guidance are used.