UNDERSTANDING FOOD INTOLERANCE

Bloating & Digestive Symptoms

A complete guide to recognising patterns, finding the right support and protecting your relationship with food.

When your stomach seems to react to everything
Bloating, wind, cramps, nausea and unpredictable bowel changes can affect confidence, work, sleep, socialising and the simple pleasure of eating. The symptoms are real, but the cause is not always obvious. This guide helps you investigate without assuming that every symptom means an intolerance.

What digestive signs can look like

- Bloating, tightness or uncomfortable fullness
- Excess wind, rumbling or gurgling
- Abdominal pain or cramping
- Diarrhoea, looser stools or urgency
- Constipation or changes in usual bowel pattern
- Nausea or occasionally vomiting
- Indigestion or discomfort after meals
- Symptoms that repeatedly follow a particular food, ingredient or portion size

Timing matters

Food intolerance symptoms can begin minutes to hours after eating and may persist. A delayed reaction can make the connection harder to recognise, especially when several foods are eaten together. A useful question is not simply ‘What did I just eat?’ but ‘What have I eaten over the last several hours, how much, and has this happened before?’

Allergy warning
Sudden swelling of the lips, mouth, tongue or throat, breathing difficulty, collapse or rapidly worsening symptoms may be anaphylaxis. Call 999. Food allergy is different from food intolerance.

Bloating does not automatically mean intolerance

Bloating is common and can have many causes. Gas production, constipation, swallowing air, changes in gut movement, IBS, coeliac disease, infections, medicines and other digestive conditions can all contribute. That is why recurring symptoms deserve assessment rather than increasingly restrictive self-treatment.

Lactose intolerance

Lactose intolerance occurs when the body does not make enough lactase to digest lactose, the sugar in animal milk. NHS guidance lists tummy discomfort, bloating, wind, rumbling, diarrhoea or constipation, and nausea among common symptoms. A GP may use an elimination approach, blood tests or a hydrogen breath test when lactose intolerance is suspected.

A useful distinction: dairy is not the same as lactose

Someone can react after dairy foods for different reasons. Lactose intolerance is an enzyme deficiency. Cow's-milk allergy is an immune reaction and can be serious. Commercial IgG food-reactivity tests are different again. YorkTest explicitly states that its IgG programmes do **not** diagnose lactose intolerance or enzyme deficiencies.

IBS and fermentable carbohydrates

Some digestive symptoms are associated with fermentable carbohydrates (FODMAPs). A low-FODMAP approach is intended to be structured and temporary, followed by reintroduction to identify individual tolerance. It is best undertaken with dietetic guidance rather than turning into a permanent highly restrictive diet.

Coeliac disease

Coeliac disease is an autoimmune condition rather than a food intolerance. If coeliac disease is possible, speak to a clinician **before removing gluten**, because testing is most reliable while gluten is still being eaten.

Become a pattern detective — not a food detective

The aim is to collect enough information to make a sensible decision, not to scrutinise every mouthful. For 10–14 days, record the meal, approximate portion, symptoms, when they began, intensity from 0–10, bowel changes, and relevant factors such as stress, sleep, illness and medication.

Questions that help

- Does the symptom occur repeatedly after the same ingredient?
- Does a larger amount cause more difficulty than a small amount?
- Do I tolerate the food in one form but not another?
- Do symptoms occur even on days when I have not eaten the suspected food?
- Am I becoming frightened of eating or removing more and more foods?

A safe principle
Change one thing at a time where possible. Removing several major food groups together can obscure the pattern and create nutritional gaps. Children, pregnant people, anyone with low weight, ARFID, an eating disorder or a medically restricted diet should seek professional guidance before elimination.

When to seek medical advice

See a GP when symptoms keep returning, are persistent or are interfering with everyday life. Seek medical advice for unexplained weight loss, persistent changes in bowel habits, blood in the stool, ongoing vomiting, severe pain, dehydration or other concerning changes. A dietitian can help identify triggers while keeping the diet nutritionally adequate.

Testing: what is useful?

For suspected lactose intolerance, NHS guidance describes approaches including a lactose elimination diet and hydrogen breath testing. More broadly, food-and-symptom diaries and planned elimination followed by reintroduction may form part of assessment.

YorkTest — an optional commercial route

YorkTest offers food-specific IgG blood testing. YorkTest itself states that these programmes do not test for lactose intolerance, food allergy, coeliac disease, histamine sensitivity or enzyme deficiencies, and that food-specific IgG results cannot diagnose, treat or cure a specific food intolerance. The NHS also cautions that some home tests marketed for food intolerance have limited evidence for diagnostic accuracy and may lead to unnecessary food avoidance.

Your YorkTest code
PLEAROYD
If you choose to explore YorkTest, you can enter this code when ordering. Check current terms and availability. Use commercial testing as additional information, not as a substitute for medical assessment.

A personal perspective

This is a composite reflection based on common experiences, not a claimed real customer testimonial.

> *"I got to the point where I had simply had enough of planning my life around my stomach. I would wake up wondering whether I would be bloated by lunchtime and I stopped trusting meals I used to enjoy. The turning point was deciding to investigate properly instead of randomly cutting foods out. I kept a diary, spoke to someone who understood nutrition and began looking at patterns. I discovered that some foods I blamed were not the problem at all. For me, getting curious rather than frightened was life-changing. I felt as though food stopped controlling every decision." — **Sarah** (composite reflection)*

Supporting your digestion without creating fear

• Eat regularly where possible; long gaps followed by very large meals can complicate symptom patterns.

• Eat at a pace that feels manageable and chew comfortably.

• Drink enough fluid, particularly if diarrhoea or constipation is present.

• Consider portion size: tolerance can sometimes depend on dose.

• Read labels when a specific ingredient is being investigated, but avoid unnecessary blanket restriction.

• Reintroduce foods when clinically appropriate rather than assuming every removed food must stay out forever.

• Ask for support if digestive symptoms are making you anxious about eating or are shrinking your safe-food range.

Books & further reading

The Complete Low-FODMAP Diet — Sue Shepherd & Peter Gibson. A practical introduction to FODMAP management for IBS-type symptoms; use alongside professional advice when possible.

The Bloated Belly Whisperer — Tamara Duker Freuman. A dietitian's discussion of different patterns behind bloating and digestive discomfort.

Take Control of Your IBS — Kirsten Jackson. Practical dietitian-led information about understanding IBS and managing symptoms.

A supportive message

From Space to Breathe Therapy
Living with digestive symptoms can make you doubt your body and become wary of food. You deserve more than a cycle of discomfort, guessing and restriction. Start small: notice the pattern, write it down, seek appropriate medical or dietetic support and allow yourself to learn what your body needs. The goal is not a perfect diet. It is greater comfort, confidence, nourishment and freedom around food.

Clinical note

This resource is educational and is not a diagnosis. Persistent or concerning gastrointestinal symptoms should be medically assessed. Food allergy and coeliac disease require different assessment from food intolerance. Commercial IgG testing does not diagnose lactose intolerance. Do not make major dietary exclusions without appropriate clinical or dietetic advice.