Common Food Triggers & How They Affect You

A detailed guide to recognising possible triggers without turning food into something to fear.

Different foods affect different people
There is no universal list of foods that everyone with food intolerance needs to avoid. The most useful approach is to understand the type of reaction, notice repeatable patterns, rule out conditions that need medical testing and make the smallest dietary change that gives useful information.

What can trigger intolerance-type symptoms?

Current NHS guidance lists lactose as the most common established food intolerance and also notes that some people report intolerance to ingredients or substances including histamine, caffeine, alcohol, sulphites, salicylates, MSG and benzoates. Importantly, similar symptoms can also come from IBS, coeliac disease, food allergy or other gastrointestinal conditions.

Lactose and dairy foods

Lactose is a sugar in animal milk. When the small intestine does not make enough lactase enzyme, lactose can reach the colon undigested and contribute to bloating, wind, abdominal discomfort, diarrhoea or constipation and nausea. This is **not** the same as cow's-milk allergy. Some people tolerate smaller portions or lower-lactose foods better than large amounts.

Wheat and gluten: an important distinction

Symptoms after bread, pasta or other wheat-containing foods do not automatically mean gluten intolerance. Wheat contains several components, and coeliac disease must be considered because it is an autoimmune condition requiring proper testing. Do not start a gluten-free diet before discussing coeliac testing with a clinician, because removing gluten can affect the accuracy of tests.

FODMAP carbohydrates

Certain fermentable carbohydrates can trigger IBS-type symptoms in susceptible people. These occur across many foods, including some grains, fruits, vegetables, pulses and dairy products. A low-FODMAP diet is a structured short-term process with reintroduction, not a permanent list of 'bad foods', and is best supported by a dietitian.

Other possible dietary triggers

Caffeine

Coffee, tea, energy drinks and some fizzy drinks contain caffeine. Sensitivity can contribute to digestive upset in some people and may also affect sleep, palpitations or anxiety-like sensations.

Alcohol

Alcohol can itself be poorly tolerated and alcoholic drinks may contain other potential triggers such as histamine or sulphites.

Sulphites

Sulphites are used in some foods and drinks as preservatives and occur in products such as wine, cider and beer. Reactions require individual assessment; breathing symptoms should never simply be assumed to be an intolerance.

Histamine

Histamine occurs naturally in the body and in some foods. Symptoms attributed to dietary histamine can overlap with many other conditions, so self-diagnosis from a food list alone is unreliable.

Salicylates, benzoates and MSG

The NHS includes these among substances that some people may be intolerant to. Because they occur in many foods, broad avoidance can become nutritionally and practically difficult and should be approached carefully.

Eggs, nuts, fish and shellfish need particular care
These foods are well-known causes of **food allergy**. If they cause hives, swelling, wheezing, throat tightness, breathing difficulty, faintness or a rapid reaction, do not assume intolerance. Seek appropriate allergy assessment; severe reactions require emergency help.

How to work out whether a food is really a trigger

A suspected trigger becomes more meaningful when there is a repeated relationship between the food, the amount eaten, the timing and the symptom. One uncomfortable meal is not enough to identify an intolerance.

A simple pattern-finding method

- Record meals and ingredients for around 10–14 days.
- Note portion size — dose can matter.
- Record symptom onset, duration and intensity from 0–10.
- Include bowel changes, sleep, stress, illness, menstrual/hormonal factors and medicines where relevant.
- Look for repetition rather than perfection.
- Discuss persistent patterns with a GP or registered dietitian.
- If a supervised elimination is appropriate, reintroduce the food to test whether symptoms return.

Avoid the 'everything is a trigger' trap
When symptoms are frequent, it can begin to feel as though every food is responsible. Removing multiple foods at once can make the picture less clear and increase nutritional risk. The aim is the widest varied diet you can comfortably tolerate — not the longest exclusion list.

When medical assessment matters

Recurring or worsening symptoms should be discussed with a GP. Seek assessment for unexplained weight loss, blood in the stool, persistent vomiting, significant bowel changes, severe or persistent pain, difficulty swallowing, dehydration or other concerning symptoms. Sudden breathing difficulty, throat swelling, collapse or rapidly worsening allergic symptoms require emergency care.

Food intolerance testing: understanding the evidence

The NHS says some home tests sold as food-intolerance tests are not recommended because evidence for diagnostic accuracy is limited and results may lead people to avoid multiple foods unnecessarily. The British Dietetic Association's August 2026 fact sheet specifically states that food-specific IgG testing is not reliable for diagnosing food intolerance because IgG antibodies to foods can be found in healthy people.

YorkTest — what its own information says

YorkTest offers commercial testing that measures food-specific IgG antibodies. YorkTest states that its programmes do **not** test for food allergy, coeliac disease, enzyme deficiencies such as lactose intolerance, histamine sensitivity or other chemical sensitivities. YorkTest also states that food-specific IgG results cannot diagnose, treat or cure a specific food intolerance and recommends professional medical advice for concerning symptoms.

YorkTest code
If you independently choose to explore YorkTest, the Space to Breathe Therapy code is **PLEAROYD**. Check YorkTest's current terms at the time of purchase. A commercial result should not replace GP, allergy or dietetic assessment.

A personal perspective

The following is a composite reflection created from commonly described experiences. It is not a claimed customer testimonial.

> *“I had got to the stage where I was saying no to meals out because I never knew how I would feel afterwards. I blamed bread, then dairy, then vegetables, and before long my list of 'unsafe' foods was growing. I finally decided I had had enough of guessing. Keeping a proper record and getting advice was life-changing because I discovered the pattern was much more specific than I thought. I did not need to fear everything. I needed information, patience and a plan.” — **Emma** (composite reflection)*

Books & further reading

The Complete Low-FODMAP Diet — Sue Shepherd & Peter Gibson. Useful background when IBS and fermentable carbohydrates are part of the picture.

The Bloated Belly Whisperer — Tamara Duker Freuman. Dietitian-led exploration of different causes of bloating rather than assuming one food is always responsible.

Take Control of Your IBS — Kirsten Jackson. Practical dietetic guidance for understanding IBS symptoms and dietary management.

A supportive message

From Space to Breathe Therapy

When food repeatedly makes you feel unwell, it is understandable to want an answer quickly. But you do not have to remove everything at once. Start with what you notice. Look for patterns. Ask for the right tests where they are needed. Get dietetic support when restriction is becoming complicated. Understanding a trigger should give you more freedom and confidence around food — not less.

Clinical note

This resource is educational and does not diagnose food intolerance, allergy, coeliac disease or IBS. The same symptom can have several causes. Significant dietary restriction should be discussed with a GP or registered dietitian, particularly for children, pregnancy, low weight, eating disorders, ARFID or other nutritional vulnerability.