# Elimination Diet

A structured, temporary approach to identifying possible food triggers without creating unnecessary long-term restriction

**An elimination diet is not intended to be a permanent list of forbidden foods. It is a time-limited process in which a suspected food or group is removed and then deliberately reintroduced to see whether symptoms reliably change. When many foods are involved, or nutrition is already limited, professional dietetic support is particularly important.**

## Why might an elimination diet be used?

It may form part of investigating a suspected food intolerance, gastrointestinal symptoms or another clinically relevant food-symptom relationship. It should not be used to diagnose a true food allergy at home.

## The basic structure

| Stage | Purpose |
|---|---|
| 1. Baseline | Record usual food intake and symptoms before changing everything at once. |
| 2. Targeted elimination | Remove the suspected food(s) for an appropriate, defined period. |
| 3. Reintroduction/challenge | Reintroduce systematically, unless medically unsafe. |
| 4. Interpretation | Look for a reproducible pattern rather than one isolated bad day. |
| 5. Personalisation | Return tolerated foods and keep the diet as broad as possible. |

## Do not eliminate first and ask questions later

Starting with a very broad exclusion can make it difficult to identify the real trigger and can create nutritional deficiencies, food fear and practical difficulty.

## Allergy is different

If a food has caused breathing difficulty, throat/tongue swelling, collapse, widespread hives or another potentially severe allergic reaction, do not deliberately reintroduce it at home. Seek appropriate medical/allergy advice.

# Before You Begin: Clarify the Question

## What symptom are you investigating?

Be specific: bloating, diarrhoea, constipation, abdominal pain, reflux, headache, skin symptoms or another concern. Vague goals such as 'detoxing' or 'reducing inflammation' make it much harder to interpret results.

## Could something else explain it?

Symptoms can be influenced by infection, coeliac disease, inflammatory bowel disease, medication, menstrual cycle, stress, sleep, constipation, meal size and many other factors. Persistent or significant symptoms deserve clinical assessment.

## Testing before restriction

Some investigations require the food to remain in the diet. A key example is coeliac testing: removing gluten beforehand can affect the accuracy of tests. Speak to a clinician before starting gluten exclusion if coeliac disease is possible.

## Red flags

Seek medical assessment for unexplained weight loss, blood in stool, persistent vomiting, difficulty swallowing, anaemia, severe or worsening pain, fever, significant change in bowel habit, dehydration, or symptoms that are concerning or persistent.

## Choose the smallest useful experiment

If one food is genuinely suspected, removing ten unrelated food groups usually creates more confusion. A targeted question produces clearer information.

## Set a review date

Decide in advance when the elimination will end or be reviewed. Open-ended restriction can quietly become permanent.

# Food & Symptom Record

## What to record

| Record | Useful detail |
|---|---|
| Food/drink | What, approximate amount, brand/ingredients if relevant. |
| Time | When you ate or drank it. |
| Symptoms | Type and severity, for example 0-10. |
| Timing | How long after eating symptoms appeared. |
| Context | Sleep, stress, illness, exercise, menstrual cycle or medication changes. |
| Bowel pattern | Where relevant, frequency/consistency can help identify trends. |

## Avoid over-monitoring

A diary should help identify patterns, not make every mouthful feel dangerous. If recording increases anxiety or obsessive checking, simplify it and seek support.

## Symptoms are not always immediate

Different mechanisms have different timelines. This is one reason self-diagnosis from a single meal can be misleading.

## Reintroduction gives the diet meaning

Without reintroduction, improvement during elimination does not prove that a particular food caused symptoms. Symptoms may fluctuate naturally or improve because several things changed at once.

## A simple challenge framework

Where it is medically safe, reintroduce one excluded food at a time in a planned way, while keeping other variables reasonably stable. Record what happens, allow symptoms to settle if needed, and interpret the pattern with a dietitian or clinician when the situation is complex.

**The goal is information and dietary freedom: identify genuine triggers while bringing tolerated foods back.**

# Nutrition During Elimination

## Replace what you remove

Every excluded food group has nutritional consequences. Dairy may supply calcium, iodine, protein and B12; wheat-based foods may supply fibre, iron and B vitamins; eggs, fish, nuts, soya and other proteins each contribute different nutrients.

## Common replacement considerations

| If removing | Think about |
|---|---|
| Dairy | Fortified alternatives, calcium, iodine, protein, B12 and vitamin D. |
| Wheat/gluten-containing grains | Fibre, iron, folate/B vitamins and suitable alternative grains. |
| Egg | Protein and recipe/baking substitutions. |
| Fish | Protein, iodine and omega-3 depending on the rest of the diet. |
| Nuts/seeds | Energy, unsaturated fats, protein and alternative safe sources. |
| Soya | Protein and alternative fortified products if soya was a major staple. |

## Enough food matters

Elimination diets can unintentionally reduce total energy because familiar snacks, sauces and convenience foods disappear. Plan replacements before starting.

## Labels and cross-contact

For a medically diagnosed allergy, label reading and cross-contact precautions are essential. For an intolerance trial, the required strictness may be different; unnecessary allergy-level avoidance can make the experiment harder than needed.

## Eating out and social life

Plan how you will manage restaurants, work, family meals and travel. A diet that is impossible to follow consistently may not produce useful information.

# ARFID, Autism, Allergies & Eating Disorders

## ARFID

Elimination can be particularly risky when the safe-food range is already small. Removing one staple may remove a large proportion of energy or protein. In ARFID, preserving adequate intake and predictability can take priority over a speculative elimination.

## Autism and sensory needs

Replacement foods may look similar but taste, smell or feel completely different. Introduce alternatives before removing a relied-upon food where possible, and allow time for familiarity.

## Multiple allergies

People with diagnosed multiple food allergies may already have complex nutritional needs. Additional intolerance exclusions are best considered with specialist dietetic input.

## Eating disorders and restrictive eating

Elimination diets can legitimise restriction and increase food fear. Warning signs include relief at having permission not to eat, expanding the exclusion list, weight loss, rigid ingredient checking, guilt after reintroduction or reluctance to bring foods back despite no clear reaction.

## Children

Children have high nutrient needs for growth. Broad elimination should not be undertaken casually; appropriate paediatric or dietetic guidance may be needed.

## When to stop

Stop and seek advice if intake becomes inadequate, weight falls unintentionally, symptoms worsen significantly, the process becomes psychologically distressing or the restriction is expanding without a clear clinical rationale.

**An elimination diet should narrow uncertainty, not narrow your life indefinitely.**

# Myths, Check-In & Sources

## Common myths

**“Everyone benefits from cutting out common allergens.”** No. **“Feeling better during elimination proves intolerance.”** Not necessarily; reintroduction is important. **“A food intolerance test can tell me everything to remove.”** Many commercially marketed tests have limited or no validated diagnostic role. **“More foods removed means a cleaner result.”** Broad restriction can make interpretation and nutrition worse. **“Reintroduction is optional.”** It is often the most informative part.

## Personal check-in

- What exact symptom or question am I investigating?
- Have important medical causes been considered first?
- Could I use a targeted elimination rather than removing several food groups?
- Have I planned nutritionally equivalent replacements?
- Is there any chance this could be a true allergy, making home challenge unsafe?
- Have I chosen a clear review/reintroduction point?
- Am I recording symptoms without becoming hyper-focused on food?
- Do ARFID, autism, allergies or restrictive eating make this approach higher risk?
- Am I bringing tolerated foods back rather than keeping them excluded 'just in case'?

## A message from Space to Breathe Therapy

When food seems linked with symptoms, it is understandable to want answers quickly. But the most useful elimination diet is usually careful, temporary and targeted. You deserve information without ending up afraid of more and more foods. The aim is to understand what genuinely affects you while keeping your diet as varied and nourishing as possible.

## Evidence and further reading

**NHS:** food intolerance, food allergy, coeliac disease and balanced eating guidance.

**British Dietetic Association:** evidence-based dietetic information on food intolerance, IBS and elimination approaches.

**NICE:** clinical guidance relevant to food allergy, coeliac disease and gastrointestinal symptoms.

**Allergy UK:** practical information about diagnosed food allergy and safe avoidance.

**Educational information only. Do not deliberately challenge a food at home if there is a risk of a serious allergic reaction. This guide does not replace medical or dietetic assessment.**