Food Allergy, Intolerance or Coeliac Disease?

Similar words, different conditions

Food allergy, food intolerance and coeliac disease can all cause symptoms after eating, but their mechanisms, risks, testing and treatment differ. Self-diagnosis and broad elimination can delay appropriate care and reduce nutrition.

Food allergy

A food allergy occurs when the immune system reacts to a food. Reactions may be mild, but some can become life-threatening. Symptoms can affect several body systems and may occur soon after eating or, for some allergies, later.

Possible symptoms

- Hives, itching or swelling of the lips, face, eyes or tongue.
- Cough, wheeze, hoarse voice, breathing difficulty or throat tightness.
- Dizziness, faintness, confusion or collapse.
- Nausea, vomiting, abdominal pain or diarrhoea.
- In babies and children: becoming limp, floppy or unusually unresponsive.

Anaphylaxis

Sudden swelling of the mouth, throat or tongue, breathing difficulty, severe dizziness, confusion or collapse may signal anaphylaxis. Use prescribed emergency adrenaline immediately according to the person's plan and call 999, even if symptoms improve. Do not drive yourself to A&E.;

Food intolerance

Food intolerance does not usually involve the same immune mechanism as allergy and does not cause anaphylaxis. Symptoms often depend on the amount eaten and may appear hours later. Bloating, abdominal pain, diarrhoea, gas, nausea, headache or fatigue may occur, but these symptoms have many possible causes.

Examples and complexity

Lactose intolerance involves difficulty digesting lactose. Other reactions may relate to food chemicals, medications, gastrointestinal conditions or individual sensitivity. A symptom after food does not prove intolerance, and a positive commercial test does not automatically establish a diagnosis.

Coeliac disease

Coeliac disease is an autoimmune condition. Gluten triggers an immune response that damages the lining of the small intestine and can reduce nutrient absorption. It is not a wheat allergy and not simply an intolerance. Treatment is a strict lifelong gluten-free diet after diagnosis, with clinical and dietetic follow-up.

Possible features

- Diarrhoea, constipation, bloating, abdominal pain or nausea.
- Fatigue, iron-deficiency anaemia, mouth ulcers or unexpected weight change.
- Poor growth in children, delayed puberty or difficulty gaining weight.
- Bone, neurological, skin or reproductive problems in some people.
- Few or no obvious digestive symptoms in some cases.

Do not remove gluten before testing

Coeliac blood tests and biopsy depend on a person eating gluten. If coeliac disease is possible, speak with a GP before starting a gluten-free diet. If gluten has already been removed, ask how testing can be planned safely.

A quick comparison

Risk

Allergy can cause an immediate emergency. Intolerance can be distressing but does not cause anaphylaxis. Untreated coeliac disease can cause intestinal damage and long-term complications.

Small amounts

Very small amounts may trigger serious allergy or damage in coeliac disease. Intolerance may be dose-dependent, although individual patterns vary.

Testing

Allergy assessment may include clinical history, skin-prick tests, blood tests and supervised food challenge. Coeliac assessment begins with specific blood tests while eating gluten and may involve specialist review and biopsy. Intolerance diagnosis depends on the suspected mechanism; there is no single reliable test for every intolerance.

Getting an accurate assessment

- Record the food, amount, timing and symptoms without expanding restriction.
- Include medication, exercise, illness, alcohol and other context.
- Take photographs of packaging and ingredient lists where useful.
- Speak with a GP; request referral where allergy, coeliac disease or complex symptoms are suspected.
- Use supervised elimination and reintroduction only when clinically appropriate.

Commercial intolerance tests

Be cautious with tests marketed directly to consumers, particularly IgG food panels, hair analysis, electrodermal testing or broad lists of "reactive" foods. Some are not recommended for diagnosing food intolerance and may lead to unnecessary restriction. Ask what evidence validates the test and whether recognised clinical guidance supports it.

Why unnecessary restriction matters

Removing multiple foods can reduce energy, protein, fibre, vitamins and minerals; increase cost; intensify food anxiety; and be particularly risky for children, older adults, pregnancy, ARFID or eating-disorder history. A registered dietitian can help preserve adequacy and identify equivalent alternatives.

Reading labels safely

UK food businesses must provide information about 14 regulated allergens used as ingredients. On prepacked food these allergens are emphasised within the ingredients list. “May contain” statements concern possible unintended cross-contact. Recipes and factories change, so check every time.

Vegan does not mean allergy-safe

Vegan labelling relates to the absence of intentionally used animal-derived ingredients. It does not automatically guarantee freedom from milk, egg or other allergens through cross-contact. Follow the allergy action plan and label advice.

Eating out and takeaway food

- Tell staff clearly about the allergy or coeliac disease before ordering.
- Ask to see written allergen information and discuss cross-contact.
- Do not rely on staff guessing from the menu name.
- If information is unclear or safety cannot be confirmed, choose another option.
- Carry prescribed emergency medication and identification.

Supporting someone with a restricted diet

Take safety seriously without making the person feel burdensome. Learn the emergency plan, prevent cross-contact and include safe food at shared events. Do not pressure someone to “just try” a suspected allergen. For intolerance, avoid dismissing symptoms simply because the risk differs from anaphylaxis.

When symptoms may have another cause

Digestive symptoms can arise from infections, inflammatory bowel disease, irritable bowel syndrome, medication, endometriosis, anxiety and other conditions. Restricting more food without assessment may hide the pattern rather than solve it. Persistent pain, bleeding, vomiting, swallowing difficulty, anaemia or unexpected weight loss needs medical review.

Questions to take to an appointment

- Does the timing and symptom pattern suggest allergy, coeliac disease or another cause?
- Which tests are evidence-based, and must I keep eating the food beforehand?
- What should I do if symptoms happen again?
- Which foods should I avoid now, and which should stay in my diet?
- Do I need an allergy action plan, emergency medication or dietetic referral?
- How and when will the diagnosis be reviewed?

A message from Maggie

> *You deserve answers that are careful rather than frightening. Do not remove more and more food simply because a list or online test tells you to. Protect yourself from genuine allergy risk, keep eating gluten while coeliac testing is underway unless your clinician advises otherwise, and ask for help to maintain nourishment. Your symptoms matter, and so does having enough safe food left to eat.*

Maggie Learoyd MNCPS
Psychotherapist | ADHD, Autism & ARFID Specialist
Founder, Space to Breathe Therapy

Further information and sources

NHS - Food allergy symptoms, testing and emergency action: nhs.uk/conditions/food-allergy
Food Standards Agency - Food allergies, intolerances and coeliac disease: food.gov.uk
Coeliac UK - Getting diagnosed and living gluten free: coeliac.org.uk
Allergy UK and Anaphylaxis UK - Allergy information and action plans: allergyuk.org / anaphylaxis.org.uk
British Dietetic Association - Find a Dietitian: bda.uk.com

Current UK guidance checked September 2026. General education only; this guide does not replace individual medical, allergy or dietetic advice.