

A Guide to the Home Introduction of Wheat for children



Patient Name:	
Dietitian:	
Date:	Contact Number:



A Guide to Home Introduction of Wheat

This guide is ONLY suitable for children who have, or are growing out of a <u>delayed</u> (<u>non-lgE-mediated</u>) allergy to wheat, and have been advised by their Doctor or Dietitian that it is safe to start introducing wheat at home.

Before you start

- Ensure your child is well and their eczema, asthma or hay-fever is well controlled.
- If your child has needed to use a salbutamol (Ventolin) or terbutaline (Bricanyl) blue inhaler in the last three days then delay starting the introduction.
- Your child should be tolerating any new medication for at least 2 weeks before starting the home introduction and should continue any regular medications as prescribed.
- Perform the home introduction in your own home. Choose a day when you have time to observe your child for at least 2 hours after they have eaten the food.

How to perform the home food introduction?

- Ensure that any wheat-containing foods you give do not contain, and are not contaminated with any other foods your child is allergic to.
- Do not introduce any other new foods while introducing wheat.
- If your child refuses to eat the food do not force them.
- We recommend spending at least three days at each stage before progressing to the next stage of wheat introduction. You may take longer at each stage if this is more convenient, if you think your child will tolerate it better, or on the advice of your Dietitian.
- Observe your child closely for at least 2 hours after they have eaten their first portion of wheat, and each time you increase the portion size (see 'wheat ladder' below).
- It is a good idea to keep a food and symptom diary to help identify any delayed reactions that may occur while you are introducing wheat.
- If at any time, you are unsure whether your child is having an allergic reaction, stop giving the food, and observe closely for any symptoms.



What if your child has an allergic reaction?

Immediate-type (IgE-mediated) allergic reactions

It is very unlikely that your child will have an immediate-type allergic reaction to wheat if you have been advised by your Dietitian or Doctor that it is safe to introduce wheat at home. However, we have listed the immediate symptoms below as a precaution.

<u>Symptoms of an **immediate-type** allergic reaction</u> generally develop <u>within minutes or up to 2 hours</u> of eating wheat and include one or more of the following: hives, red or itchy rash, runny/itchy nose, sneezing, itchy eyes, swelling of face/eyes/lips, sudden onset/persistent cough, wheeze, difficulty breathing, abdominal/tummy pain, vomiting or loose stools.

In the unlikely event that your child develops any of these symptoms STOP feeding them wheat and seek medical advice. You should take a photo to demonstrate symptoms. If you have an allergy action plan, please refer to it.

Delayed-type (non-IgE mediated) allergic reactions

Symptoms of a **delayed-type** allergic reaction generally develop between 2 hours and up to 3 days after eating wheat and include one or more of the following: worsening eczema, abdominal/tummy pain, increased wind, nausea, constipation or loose stools. Sometimes it is difficult to work out if delayed-type symptoms are due to a food your child has eaten and may also occur for other reasons e.g. a tummy bug, being stressed or anxious.

If delayed-type symptoms occurred the first time you gave wheat, stop feeding your child wheat and wait at least 4 weeks before trying again. Next time start by offering a smaller amount of the food e.g. 1/8th portion.

If symptoms occurred when you increased the portion size, or moved on to the next step of the wheat ladder, go back to amount or type of wheat-containing food that was tolerated. Wait 4 weeks before trying to increase the portion size again or moving to the next step of the ladder.

If your child continues to have delayed allergy symptoms you should discuss with your Doctor or Dietitian whether to continue with the wheat ladder.



Wheat introduction ladder for non-lgE-mediated allergy

We recommend you start with a $\frac{1}{2}$ a teaspoon-sized portion for one day.

Then give a ¼ portion for	day(s) and double this every	day(s) until a full portion is reached.
Additional advice on dose	progression:	

Choose one of the following options:

- 1 Weetabix™; 20g Shreddies™/Malties™
- 1 slice bread/toast; 1 bread stick; 1 small chapati
- 40g cooked pasta or cous cous;
- 2 cream crackers; 2 digestive biscuits; 2 rich tea biscuits

Options suitable for cow's milk and soya free diets:

- 40g cooked pasta or cous cous;
- 1 slice soya free bread (e.g. Jackson's™, Tesco Finest);
- 2 cream crackers (e.g. Jacob's™); 1 bread stick (e.g. Tesco);
- 2 milk free digestive biscuits (e.g. Doves Farm™, Waitrose, Sainsbury's)

If your child can manage a full age-appropriate portion daily for 7 days without symptoms, they should be able to manage wheat freely.

Notes:		

This diet sheet has been developed and peer reviewed by the Dietitians of the Food Allergy Specialist Group (FASG) of The British Dietetic Association (BDA) and is intended for use by BDA Registered Dietitians only. Content is based on expert opinion and available published literature at the time of publication. It is not a substitute for professional advice, should be used to aid a dietetic consultation and may be individualised where appropriate. To find out if your Dietitian is registered you can access www.hpc-uk.org. The FASG and BDA will not be liable for inappropriate use of this diet sheet. This diet sheet and others are available to download free of charge by Dietitians who are members of the BDA at www.bda.uk.com.

© BDA 2018. Written by Mary Feeney, Registered Dietitian.

Formatted and edited by FASG editing team - for details see www.bda.uk.com

Updated May 2021, Review date 2023.

