The behaviour of children is often affected by their physical disposition. When they are tired and hungry their mood is affected. The ability of the child to ‘hide’ their discomfort is reduced compared to adults and it is often displayed in their behaviour. One source of bodily discomfort is food allergies and food sensitivities.

Particularly the young child will react with behavioural changes when affected by a food whether this is a food allergy or intolerance. Sleep disturbances are a common symptom of the food intolerances in the infant.

There is often confusion between food intolerance and a food allergy. A food allergy has an immediate effect and will manifest as rash, swelling or itch. It is mediated by the IgE class antibodies and there is usually a reaction within 20 minutes. It is best investigated by a RAST test or a skin prick test.

A food intolerance is usually a slower onset and there can be a build up over days until a threshold is reached and then the symptoms appear. The symptoms are more related to the gastrointestinal tract and often affect the bowel motions by either producing diarrhoea or constipation or an alternating pattern. There can be corresponding behavioural changes in the child. These are characterised by agitation, irritability and poor focus and concentration. The antibodies which mediate this response are more likely to be IgG antibodies. These are often not tested and a negative IgE based investigation can lead to a false conclusion that a particular food is not involved when clearly there is a clinical association.

Food intolerances have always been there and may have gone unrecognised for some time. There is an increasing awareness of the role of food intolerances and their affect on the behaviour of the child. With each child who presents to me I ask myself the question could a food or a chemical be affecting the behaviour of this child? The clue is often there when the behaviour is out of character or intermittent in nature. The Jekyl and Hyde behaviour is also a sign. This is when the child has a sudden flip out and can equally revert to normal behaviour. There may also be no recollection of the event or remorse if remembered.
Chemicals can also produce the wild swings of behaviour and can typically turn even a placid child into a wild animal. If a normally well behaved child appears in the consulting room and then proceeds to destroy the room I will often inquire as to what the child has eaten in the last few hours. The usual answer is nothing different, but after careful questioning the culprit is identified as a red, yellow or even a blue colouring or an artificial flavour. Those children who are reactive to artificial chemicals are also often reactive to naturally occurring chemicals such as phenolics, salicylates, glutamates and amines. These are high in certain fruits and vegetables. So the child who is displaying wild and aggressive behaviour at preschool could just be reacting to the fruit salad at morning tea time. I find a careful food diary will provide the necessary clues in identifying a food or chemical intolerance.

The incidence of these intolerances is becoming more common because of a greater awareness and because of the change in the diet over the last half century. The increase in the amount of refined foods has had a weakening effect on our digestive tracts and this has led to poor digestion and a ‘leaky’ gut. The increased permeability of the digestive tract allows the passage of larger and foreign food particles into the body whereby a reaction occurs and this is the allergy or the intolerance. The crossing of the blood/brain barrier of these substances can lead to the brain being affected. An example of this is the way in which autistic or ADHD children can react to the casein and gluten in their diet. A restriction of these foods can lead to an improvement in autistic symptoms in some children.

It is so very important to identify and treat food allergies and food and chemical intolerances as behavioural disturbances can be inappropriately diagnosed as attention deficit and hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD).

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