Click Here

Milk allergy test

More and more people suffer from milk allergies, but it’s important to distinguish between milk allergy and lactose intolerance. Lactose intolerance is caused by a deficiency of an enzyme needed to break down lactose (milk sugar). In contrast, a milk allergy is a true food allergy triggered by allergenic components of milk proteins. Understanding this difference is crucial for proper diagnosis and management. Cow’s milk contains several proteins with allergic potential, with the most significant ones being casein and ß-lactoglobulin. These proteins can cause a range of allergic reactions in sensitive individuals, making it essential to be aware of their presence in various foods. Casein is one of the major allergens in milk. It plays a crucial role in cheese production and is mainly found in cheese, quark, yoghurt, cream, and butter. Additionally, casein is present in bakery goods, chocolate, wine, and meat products. Since casein is not unique to cow’s milk, it is also found in sheep’s milk, goat milk, and other types of milk. This widespread presence means that individuals with a casein allergy need to be vigilant about checking food labels and ingredient lists. ß-lactoglobulin is a whey protein found in fresh milk and hydrolyzed dairy products like baby food. Allergies to ß-lactoglobulin commonly occur in children, while adults are more often allergic to casein. Because ß-lactoglobulin is not heat-stable, many allergic individuals can tolerate cooked dairy products. Products made from sheep or goat milk are often well tolerated by people allergic to ß-lactoglobulin. This can provide alternative dietary options for those affected by this allergy. Testing for dairy in food is essential for ensuring the safety of individuals with milk allergies. Our company offers two reliable methods: ELISA and lateral flow tests. Enzyme-linked immunosorbent assay (ELISA) is a widely used technique to detect specific milk proteins with high sensitivity and accuracy. It is ideal for both raw ingredients and finished products, providing clear and quantitative results. Lateral flow tests offer a quick and easy on-site solution. These tests are user-friendly, delivering rapid results without the need for specialized equipment. They are perfect for routine checks and immediate verification of dairy contamination in various food products. By utilizing ELISA and lateral flow tests, you can ensure your products are safe for consumers with milk allergies, maintaining compliance with labeling regulations and avoiding cross-contamination. Milk is subject to labeling as an allergen in many countries. This labeling helps consumers identify products that may contain milk proteins and avoid them if they have allergies. To ensure the safety of allergic individuals, it is crucial to test food and surfaces during the production process. Regular testing and strict labeling regulations help prevent cross-contamination and accidental exposure. Consumer safety: Protects individuals with milk allergies from potentially severe allergic reactions by ensuring accurate detection and labeling of milk allergens in food products. Regulatory compliance: Helps manufacturers comply with food allergen labeling regulations, ensuring that all milk-containing products are properly labeled. Quality assurance: Maintains the integrity and safety of food products by accurately identifying and quantifying milk allergens, preventing accidental exposure. Cross-contamination prevention: Ensures that food production environments are free from milk allergens, preventing cross-contamination and ensuring the safety of allergen-free products. Advanced detection methods: Utilizes sensitive ELISA tests and other advanced techniques to accurately detect and quantify milk proteins, even in processed foods. Monitoring for milk allergens is essential for protecting consumer health, ensuring regulatory compliance, and maintaining product quality. By employing advanced detection methods such as sensitive ELISA tests, manufacturers can accurately identify and quantify milk allergens, preventing allergic reactions and ensuring the safety of their products. This proactive approach supports robust allergen management, upholds food safety standards, and fosters consumer trust in milk-free products. ProductDescriptionNo. of tests/amountArt. No. RIDASCREEN®FAST Milk RIDASCREEN®FAST Milk is a sandwich enzyme immunoassay to quantify milk proteins (casein and ß-lactoglobulin) in food containing whey, milk or milk powder such as sausages, ice cream, chocolate, bakery goods, cake and bread mix, soups, sauces, … Read more Microtiter plate with 48 wells (6 strips with 8 removable wells each) R4652 RIDASCREEN®FAST β-Lactoglobulin RIDASCREEN®FAST β-Lactoglobulin is a sandwich enzyme mmunoassay for the quantitative analysis of native and processed β-lactoglobulin in rice crispies, chocolate and sausage. Read more Microtiter plate with 48 wells (6 strips with 8 removable wells each) R4912 RIDASCREEN® ß-Lactoglobulin RIDASCREEN® ß-Lactoglobulin is a competitive enzyme immunoassay for the quantitative analysis of β-lactoglobulin in hydrolyzed milk products including hypoallergenic baby food. The assay is calibrated to hydrolyzed β-lactoglobulin check … Read more Microtiter plate with 96 wells (12 strips with 8 removable wells each) R4901 RIDASCREEN®FAST Casein RIDASCREEN®FAST Casein is a sandwich enzyme immunoassay for the quantitative analysis of casein in food like bakery goods, cake and bread mix, non-hydrolyzed milk-based infant formula, ice cream, beverages, chocolate, wine and sausages. Read more Microtiter plate with 48 wells (6 strips with 8 removable wells each) R4612 load more ProductDescriptionNo. of tests/amountArt. No. bioavid Lateral Flow Casein incl. Hook line The Lateral Flow Casein (Milk) (Art. No. BLH714-15), with included hook line from bioavid, is an immunochromatographic test for the sensitive and qualitative detection of casein residues on surfaces (e.g. swab test for the hygiene control in food … Read more 15 test strips (15 determinations) BLH714-15 bioavid Lateral Flow Milk The Lateral Flow Milk (Art. No. BL623-15) from bioavid is an immunochromatographic test for the sensitive and qualitative detection of milk residues on surfaces (e.g. swab test for the hygiene control in food production lines), in cleaning / process … Read more 15 test strips (15 determinations) BL623-15 load more Det kan være vanskelig å skille mellom melkeallergi (melkeproteinallergi) og laktoseintoleranse fordi noen av symptomene er ganske like. Men generelt sett er barna med kumelkallergi dårligere og har symptomer fra flere deler av kroppen enn barn med laktoseintoleranse. Diagnosen melkeallergi stilles sjeldent fordi symptomene er vanskelige å knytte mot inntak av kumelk. Det er mange tilstander med lignende symptomer. Siden melk drikkes daglig, er det også generelt vanskelig å identifisere melk som årsak til plager. På den andre siden er også melk den matvaren som hyppigst feilaktig blir mistenkt for å gi uønskede reaksjoner.Legen kan stille detaljerte og relevante spørsmål om symptomer og tegn, gjøre en fysisk undersøkelse og foreta en prikktest på huden for å se om det dannes utslett. En allergiprøve og en blodprøve kan også bidra til å bekrefte diagnosen. Ideelt sett bekreftes diagnosen ved hjelp av en provokasjonstest. Dette er en test hvor barnet inntar en kontrollert mengde melkeproteiner, og at man deretter avventer reaksjonen hos barnet. Ofte unnlater man å gjøre provokasjonstest.Dette dokumentet er basert på det profesjonelle dokumentet Kumelkallergi . Referanselisten for dette dokumentet vises nedenfor Burks AW, et al. Reactions to foods. In: Middleton's Allergy: Principles and Practice. 9th ed. Elsevier; 2020. . Accessed May 23, 2022.Milk allergy. Food Allergy Research and Education. . Accessed May 17, 2022.Milk and dairy. American College of Allergy, Asthma & Immunology. . Accessed May 18, 2022.Jarvinen-Seppo KM. Milk allergy: Management. . Accessed May 23, 2022.Jarvinen-Seppo KM. Milk allergy: Clinical features and diagnosis. . Accessed May 23, 2022.Vandenplas Y, et al. Current guidelines and future strategies for the management of cow's milk allergy. Journal of Asthma and Allergy. 2021; doi:10.2147/JAA.S276992. There is a lot of confusion around what is an allergy or intolerance. Cow’s milk allergy is an abnormal response by the body’s immune (defence) system in which proteins in a food (in this case casein and whey proteins in cow’s milk) are recognised as potentially harmful. There are two main types:Immediate allergy (IgE mediated) is quick to appear and caused by the immunoglobulin E antibody. Typically, these allergic symptoms happen within minutes of consuming cow’s milk or up to two hours afterwards. This type of reaction is described as IgE mediated food allergy. This is the most common type in adults. In some adults with mild IgE-mediated milk allergy, a period of prolonged and strict avoidance may result in the allergy becoming more severe.Delayed allergy (non IgE mediated) is slow to appear and caused by a different part of the immune system reacting in a different way. This type of reaction is described as Non-IgE mediated food allergy but it is less common in adults. The symptoms typically develop from two hours after consumption but can take up to 72 hours. If cow’s milk continues to be consumed in the diet, the immune system will continue to produce such symptoms over days or even weeks.Intolerance reactions do not involve IgE antibodies or the immune system. The most common mechanism for a milk intolerance is due to the milk sugar lactose. Reactions are usually delayed, occurring several hours and sometimes up to several days after eating the offending food. The symptoms caused by these reactions are usually gut symptoms, such as bloating, diarrhoea, constipation and IBS. For more on lactose intolerance, this is explained later in the factsheet.How do you know if it is a delayed milk allergy or intolerance? The answer is that this can be difficult to work out without a healthcare professional to look at a history of all your symptoms. In simple terms, if you have developed symptoms as you have got older and your symptoms are more delayed then an intolerance is more likely. It is not uncommon for some people to think they have a cow’s milk allergy when cow’s milk in the diet causes unwanted symptoms often affecting the gut for example bloating and wind. Some people report having increased mucus and/or a cough after having milk in their diet this is not a symptom of cow’s milk allergy and is related to the texture of the milk rather that the milk causing an increase in mucus being made.Many people can develop symptoms of irritable bowel syndrome (IBS) and lactose may be one of many foods that helps to alleviate symptoms. See BDA resource for more information: Irritable Bowel Syndrome Food factsheet (bda.uk.com)How to get a diagnosisIf you suspect a cow’s milk allergy it is important to discuss your concerns with a health professional, this will normally be your GP who should offer further advice on whether allergy testing is needed or whether there may be an alternate cause for the symptoms you have experienced.Allergy testing for immediate reactions to cow’s milk can be done by a blood test and/or a skin prick test, the availability of access to these tests will vary from and may require referral to an allergy specialist for the testing and further management. It is important for immediate allergy you have allergy relief medication in case of a reaction for example antihistamines in the case of mild to moderate reactions. If you are at risk of anaphylaxis, you should carry two adrenaline autoinjectors, be trained in how to use them and administer one of the autoinjectors if symptoms suggestive of a serious allergic reaction occurs. A second should be administered 5 minutes later if there is no improvement whilst waiting for emergency services to arrive, after calling 999 (see Anaphylaxis factsheet).If symptoms are mild (IgE mediated) or delayed (non-IgE mediated) then it may be necessary to trial eliminating cow’s milk from the diet for 2-4 weeks before re-introducing. Importantly, a period of prolonged avoidance may result in IgE mediated milk allergy becoming more severe. This should always be done under the supervision of Healthcare professional and not self-initiated.What are the signs and symptoms of an IgE (immediate) mediated allergic reaction to cow’s milk? Signs and symptoms usually occur within minutes of contact with cow’s milk, but can also occur up to one hour later. Most allergic reactions are mild but they can also be moderate or severe. Anaphylaxis (pronounced ana-fil-laxis) is the most severe form of allergic reaction which can be life threatening.Mild to moderate symptoms include:Itchy mouth, tongue and throatSwelling of lips, around the eyes or faceRed raised itchy rash (often called nettle rash, hives or urticaria)Vomiting, nausea, abdominal pain and diarrhoeaRunny nose and sneezingSevere symptoms of anaphylaxis include:Any one or more of the following symptoms are a sign of a severe allergic reaction (anaphylaxis) and should be treated as a medical emergency. If available, adrenaline should be given without delay and an ambulance called with the call operator informed that it is anaphylaxis.Swelling of the tongue and/or throatDifficulty in swallowing or speaking or change in voice (hoarse voice)Wheeze (whistling noise) or persistent coughDifficult or noisy breathingDizziness, collapse, loss of consciousness (due to a drop in blood pressure)Alternative Tests for Food Allergy The National Institute for Health and Care Excellence (NICE) recommends that testing should not be sought from unreliable sources such as online or alternative practitioners. Such testing may include kinesiology, hair analysis, Vega testing and other blood tests. IgG blood tests are of no proven diagnostic value, including for milk intolerance. All of these tests should be avoided as there is no scientific evidence to support their use in diagnosing any food allergy or intolerance and such testing may result in the unnecessary removal of important food groups from your diet.Cow’s milk free dietA cow’s milk free diet means avoiding the proteins in cow’s milk. It is commonly perceived that lactose free products are suitable for people with a cow’s milk allergy but this is not true as they still contain the proteins (e.g. casein and whey) that people with a cow’s milk allergy react to. Other mammalian milks for example goat, sheep and buffalo milk should not be used as an alternative as these milks also contain similar proteins to those found in cow’s milk and are likely to trigger reactions in those with an allergy to cow’s milk. There are a wide range of plant based alternative milk products like soya, coconut, oat, almond, hazelnut, rice, hemp and pea milk readily available in supermarkets which can be found in free from sections. Please do ensure the brand you buy is fortified with calcium, you can check the ingredients list to be sure.Replacing key vitamins and minerals:CalciumThis mineral is the building block of our bones and teeth and is therefore very important to replace. Many plant-based alternative milks are fortified with calcium, however it is important to check the label as some are not, especially organic ones. The alternative milk products such as yoghurts and cheese are also often not fortified and therefore it is important to read food labels. As a handy guide most of the adult population require approximately three portions of a fortified alternative to meet their calcium requirements; examples include a 200ml cup of milk, a small pot of yoghurt or a 30g small match box piece of cheese. Some adult groups require more for example breast feeding women.For more information on calcium, to find out how much you need and natural food sources, see the BDA calcium factsheet. If you are concerned that you may not be getting enough calcium in the diet, then discuss this with a healthcare professional as you may need a calcium supplement.Vitamin DVitamin D is a very important vitamin which allows us to absorb the calcium we eat. Our main source of vitamin D is through sunlight; in the UK there are only enough UVB rays between April and September. Safety measure to protect against the sun like covering up and high factor sun creams also affect our vitamin D levels. Foods rich in vitamin D include: oily fish, eggs, fortified breakfast cereals, and spreads but you cannot get enough from diet alone. The government recommendations are for everyone over the age of one year to take a 10mcg supplement all year round, this includes women who are pregnant and breastfeeding mothers.Iodine Iodine is needed for thyroid function as well as many other processes in the body. Milk and dairy products are the main sources of iodine in the UK due to iodine supplemented cattle feed and only some milk substitutes are fortified with it. Try to include white fish and eggs regularly in the diet as these are rich sources. See the BDA iodine factsheet for more information.Reading a food labelIn the UK and European Union (EU) ingredients lists on food labels have to clearly emphasised (for example in bold or highlighted) whether they contain any of the 14 most common allergens, these include milk. Outside of the EU food labelling laws will be different so it is important to check ingredients carefully, especially where food has been imported from outside of the EU or when eating out whilst on holiday.Example of a food label highlighting that it contains cow’s milk:Olive spread:INGREDIENTS: Water, Vegetable Oils (37%) [Rapeseed Oil, Palm Oil], Olive Oil (22%),Whey Powder (from Milk), Salt (1.1%), Emulsifier (Mono- and Diglycerides of Fatty Acids), Stabiliser (Sodium Alginate), Preservative (Potassium Sorbate), Colour (Carotenes), Flavouring, Vitamin A, Vitamin D. Allergy Advice! For allergens, see ingredients in bold. Burks AW, et al. Reactions to foods. In: Middleton's Allergy: Principles and Practice. 9th ed. Elsevier; 2020. . Accessed May 23, 2022.Milk allergy. Food Allergy Research and Education. . Accessed May 17, 2022.Milk and dairy. American College of Allergy, Asthma & Immunology. . Accessed May 18, 2022.Jarvinen-Seppo KM. Milk allergy: Management. . Accessed May 23, 2022.Jarvinen-Seppo KM. Milk allergy: Clinical features and diagnosis. . Accessed May 23, 2022.Vandenplas Y, et al. Current guidelines and future strategies for the management of cow's milk allergy. Journal of Asthma and Allergy. 2021; doi:10.2147/JAA.S276992.