

## ELIMINATION DIETS (EDS): A CLINICIAN'S GUIDE

### What Is It?

Elimination diets (EDs) involve the strategic removal of a specific food or foods from the diet in an attempt to reduce a given set of symptoms. Like drugs, foods can have both helpful and harmful effects.

### How Does It Work?

A person may develop an intolerance to a particular food. This may be tied to a known structural or functional issue, such as lactose intolerance or celiac disease, but it may also be due to other, less clearly-defined, mechanisms. Intolerance can involve an IgE-mediated response or an accumulation of eosinophils, or it may be due to IgG, pseudo-allergies, cross-allergies, psychogenic effects, or other mechanisms.

Inflammation of the lining of the gut, caused by food intolerances, disruptions in the microbiome, or other processes, is thought to allow for increased permeability in the gut. If larger molecules are able to enter the bloodstream, immune responses and inflammation, with all their secondary effects, can occur.

### How Do I Use This?

There are four steps to an elimination diet (see the citations below for more information).

1. **The Planning Phase.** It helps to use a food diary/log to explore the relationship between foods and symptoms. It should note foods, as well as symptom timing. Comfort foods and highly-craved foods are often the very foods that should be removed first. Work with the patient to create a list of potential culprits. Common culprits include gluten, dairy, eggs, soy, citrus, fish peanuts and/or tree nuts, shellfish, and food additives like aspartame.
2. **The Avoidance Phase.** People may just choose to eliminate one food or food group, or (with appropriate guidance) they may remove a number of foods at once and then add one food back every so often. How long to eliminate is controversial, but try for at least 10 days, if not for 2-4 weeks. In some cases, people find it can take several days for the symptoms to improve; they may even describe low-level withdrawal symptoms, or a brief worsening of symptoms, after first stopping a food. It is important to avoid even the smallest amount of the food during this time. E.g., if you eliminate dairy, have them stay off of all casein and whey-containing foods too. Label reading is key.
3. **The Challenge Phase.** Next, if symptoms decrease, it is important to re-introduce the food to verify whether or not symptoms recur. In essence, this equivalent to doing an “n of 1” trial. If symptoms come back, one can be fairly sure there is a link with eating the food in question. Add the food back in a small quantity at one meal, then in a larger quantity the next one. If multiple foods have been eliminated, after a day, even if symptoms don't recur, go back off that food until all the other foods that have been eliminated have been tested.
4. **The Long-Term Plan.** It is reasonable to stay off the food for 3-6 months. Sometimes people will become tolerant of an eliminated food after a period of time.

## When Should I Use It?

The list of potential indications for EDs is huge. Consider it for chronic conditions, where symptoms are fairly frequent and not likely to spontaneously improve on their own. Use it with people who have the financial (and emotional) resources to make shifts in their diet without too much difficulty. Fatigue, IBS, allergic symptoms, chronic sinusitis, rheumatoid arthritis, ADHD, and headache tend to respond well in many instances. These diets can be useful with autoimmune problems, arthritis, and pain of unknown cause.

## What Should I Watch Out For?

- Never reintroduce a food that has previously caused an anaphylactic reaction.
- Use caution in people with eating disorders.
- Pay close attention to weight loss and gain.
- Ensure people are keeping their nutrition balanced. Are nutrient needs being met?
- Be sure people don't overeat other foods to compensate for the groups they have eliminated.

## Any Other Tips?

- Some patients will ask about lab testing for food intolerances. There are a number of private labs that provide these services. Most of them test for IgG reactions to particular foods; many also test for IgE. Insurance rarely covers this testing, but many clinicians find it to be useful if initial ED trials have not clearly pointed toward a specific food or group of foods.
- Remember that some people may be bothered by multiple food groups. If removing one food helps some but not fully, consider elimination of other groups as well.
- One form of ED that has gained currency in recent years is the FODMaP diet, particularly for people with irritable bowel and other functional bowel problems. (For more on FODMaP, see the Digestive Health module on the Whole Health Library Website. The website is reviewed on page 209 of the binder.)
- Integrative health clinician experience is very favorable with this clinical tool.
- Couple EDs with approaches to promote a healthy microbiome. (For more on promoting a healthy microbiome, see the Digestive Health module on the Whole Health Library website. The website is reviewed on page 209 of the binder.)
- Some disorders seem to be affected by specific foods. Definitely try dairy elimination for sinusitis. Headaches are often linked to a distinct group of foods as well. See the Headache Elimination Diet clinician's guide summary for more details.

## Additional Resources

Lessens, D. Elimination diet: Clinical tool, Digestive Health Module. Whole Health Library website. Available at: <http://projects.hsl.wisc.edu/SERVICE/curriculum/index.html>. Accessed August 8, 2016.  
Rindfleisch, A. Food intolerance and elimination diet. In: Rakel, D, ed. *Integrative Medicine*. 3<sup>rd</sup> ed. Philadelphia, PA: Elsevier Saunders; 2012: 776-788.

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