

Evidence-Based Versus Non Evidence-Based Tests and Treatments for Allergic Disorders

Frequently Asked Questions

This document has been developed by [ASCIA](#), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. For patient or carer support contact [Allergy & Anaphylaxis Australia](#) or [Allergy New Zealand](#).

Q 1: What is required for an accurate diagnosis of allergy?

Allergy is a science and an evidence-based medical speciality, which relies on understanding the biological mechanisms of allergic disorders. These include asthma, allergic rhinitis (hay fever), food allergy, insect venom allergy, drug allergy, atopic dermatitis (eczema) and severe allergic reactions (anaphylaxis).

Accurate diagnosis of allergies requires an examination of a person's clinical history (including symptoms) combined with proven, evidence-based, and reliable allergy testing by a qualified medical practitioner. A diagnosis of allergy based only on test results cannot be confirmed without a full medical and physical review by a qualified doctor.

When considering allergy tests and treatments, advice needs to be 'evidence-based'. This means that there is scientific evidence that a particular test or treatment is reliable. This evidence will usually be based on studies of other people with similar conditions.

Q 2: What are proven and evidence-based allergy tests?

- **Skin prick tests and blood tests** measure antibodies known as allergen specific immunoglobulin E (IgE).
- **Food or drug allergen challenges** involves a person being given the food or drug suspected to have caused the allergic reaction in a supervised medical clinic. Food or drug allergen challenges should always be conducted under medical supervision, using published, consistent protocols.

Q 3: What are proven and evidence-based treatments for allergy?

Proven, evidence-based allergy treatments include:

- Adrenaline (epinephrine) for treatment of life-threatening anaphylaxis,
- Allergen minimisation to reduce exposure to inhaled allergens that can trigger allergic rhinitis and asthma.
- Allergen avoidance to manage food, insect and drug allergy.
- Medications such as non-sedating antihistamines, intranasal corticosteroid sprays, and combination intranasal corticosteroid and antihistamine sprays.
- Allergen immunotherapy (AIT), by injections or sublingual tablets/liquids for people with a confirmed allergy to inhaled allergens, with conditions such as hay fever and allergic asthma.
- Venom immunotherapy (VIT), by injections for people with severe allergic reactions to stinging insects (bees, wasps, ants).

Q 4: What are unproven, non evidence-based allergy ‘tests’ and ‘treatments’?

Some unorthodox/alternative practitioners offer unproven, non-evidence-based allergy ‘tests’ and ‘treatments’ that are not recommended by ASCIA.

These include cytotoxic food testing, kinesiology, hair analysis, vega testing, electrodermal testing, pulse testing, reflexology, bioresonance, Bryan’s or Alcat tests, VoiceBio, allergy elimination techniques and immunoglobulin G (IgG) to foods. These tests can result in misdiagnosis, ineffective treatments, costly and often dangerous dietary restrictions.

Q 5: Why does ASCIA strongly advise against the use of online allergy ‘testing’ services?

Online allergy testing is not recommended by ASCIA because:

- They are not a reliable way to diagnose allergy. The tests that are offered (such as hair analysis, blood spot sample kits) are not scientifically proven to diagnose allergy and the results of these tests can be incorrect, leading to misdiagnosis.
- The use of online allergy testing for foods can be dangerous without the right advice from a qualified medical practitioner. Incorrect or inaccurate results may lead people to believe they have a food allergy when they do not, leading to unnecessary restrictions to their diet. A person’s results may not detect a food allergy when it is present, putting them at increased risk of further allergic reactions and anaphylaxis.
- They can be very expensive, and there is no Medicare rebate available.

Q 6: Why does ASCIA advise against unproven and non evidence-based allergy ‘treatments’?

Non-evidence-based allergy tests and treatments often lead to negative outcomes for people including:

- Impact on employment and social functioning, due to unnecessary avoidance of allergens.
- Impaired growth, food anxieties and malnutrition, due to unnecessary avoidance of foods.
- Delayed access to more effective diagnostic treatments for allergic disorders.
- Lost productivity and income from poorly controlled symptoms of allergic disorders.
- Significant costs due to unnecessary treatments for people incorrectly diagnosed with an allergy, and for those with allergies who are poorly managed due to a lack of medical expertise.

Q 7: What questions should you ask providers of unproven allergy ‘tests’ and ‘treatments’?

- What evidence is there that this works?
- Has any evidence been published? If so, can I find it on Medline/PubMed®?
- What are the risks and benefits?
- If I decide not to take this treatment, what will happen to me?
- How much is this going to cost?
- Are there any side-effects?
- Why has my doctor not suggested this type of treatment?
- What qualifications do the person recommending the treatment have?
- How is it possible that this one test/treatment can detect/treat so many different problems?
- Is there a Medicare rebate for this test?

© ASCIA 2024

Content updated March 2024

For more information go to www.allergy.org.au/patients/allergy-testing

To support allergy and immunology research go to www.allergyimmunology.org.au/donate