

# Working On Our Own... Don't We All?

Webinar for Dietitian Connection

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Dietitian specialising  
in food sensitivity

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**Working on our own, and don't we all?  
Using food sensitivity investigation as an  
example.**

**How my clinical research helped me learn  
about dietetic practice in general and about  
food sensitivity in particular**

**Everyone is at a different stage re these so  
I hope some of my ideas are helpful**

The dietitians we become  
develop from **how we practice**,

shaped by **who we are**, our area of dietetics, how **others react** to these.

Working with diet investigation - many challenges all dietitians face.

On our own with our own patients -

First as clinicians implementing **evidence based research**.

I want to advance the idea that **what we notice and record clinically** is worthy of as much respect as basic research is.

In a controversial area such as food sensitivity advances more dramatic > the various aspects clearer.

I hope there are ideas that may be useful to you.

# Two types of ideas for you:

- 1 **Ideas for practice:** ideas that apply to practice in all areas of dietetics
- 2 **Ideas I have found useful** – these help make diet investigation for suspected food sensitivity more individualized > easier and more effective

# Early work 1975 now 40 years ago

- Feingold Diet to cure hyperactivity - 1975
- the current position then - his low additive low salicylate diet
- Outcome - not all responded
- forced to investigate the diet & symptom change, differences in non responders

# What I thought was important in 76

- Variation in amounts of suspect foods , withdrawal, hunger > more normal eating pattern, diet stable at three months. Other foods eg eggs suspect, and perfumes
- Reactions were not all or nothing, & build up > systematic reintroduction of foods
- Surprises - improvements in family members with different symptoms
- Unexpected - bedwetting and excessive anxiety improved

## An idea for practice

- Anyone who is doing diet therapy is doing clinical research whether they are consciously or formally collecting data or not.
- Whatever diet you are using it is still the current hypothesis.
- **It is not the same as was used 10 years before and it will not be the same as in 10 years time.**
- You begin noting what it is about those who do well with the diet and those who do not.

# What I found useful

- All smells of any kind in the patient's environment became an important addition to the diet exclusions.



# An idea for practice

- If you collect your data carefully be confident that you know something useful.
- And realize that it may be 20 - 30 years before what you find is generally supported!

# Write book or further study?

- Professionals were not supportive I would go back to study.
- A degree-equivalent dedicated diploma in the 60s
- Hoped for up-to-date biochemistry on aromatic compounds
- Changed professional work > the Adviser in Nutrition and Dietetics to Qld Health from 1979 until 1984.
- Expected that the whole question of diet affecting hyperactivity and food sensitivity reactions would be revealed!
- Useful research late 1980s and early 1990s
- The all-is-known part is yet to happen!

# Updated my patient diet manual in '88

- Used questionnaires to patients and the wonderful parents self-help group
- Back to work on diet and hyperactivity in 1984.
- Part-time dietetic service to the child mental health service for 10 years.
- It has been the only such service in Australia.
- Followed up a groups of 500 families and an then the extra 112 for my Masters research
- Reported diet changed behavior, social interactions, learning, hyperactivity and
- sleep problems and allergic symptoms.

# An idea for practice

- First our energy is directed towards ensuring we have the diet-as-written right.
- Then we see diet interacting with people, their symptoms or diagnosis, and their lifestyles.
- We become aware of **patterns** that may be specific to that group.
- In psychology we learnt about “frequency detection”
- This capacity that can grow into clinical research with careful counting
- Overall we shift from asking “Have we got the diet information right?” to asking “Have I understood what is happening in my patients using the diet?”

# Analysis data is one step in the process

- The analysis of salicylate by Anne Swain was published in 1980 and this changed much
- but the tolerance was not exactly as expected.
- For example the analysed salicylate level of apples was reported as low but patients reported reactions even though they were told it should be tolerated
- A good example of absence of placebo effect.

# An idea for practice

- When new research comes out implement it but be watchful about the outcome.
- Remember each new patient is a new research study.
- You go from hypothesis to testing, and reviewing, to a new hypothesis to test
- and so on throughout your career.

# Hypothesise



## Test



## Review



### New Hypothesis



### Test



### Review



### New Hypothesis



### Test



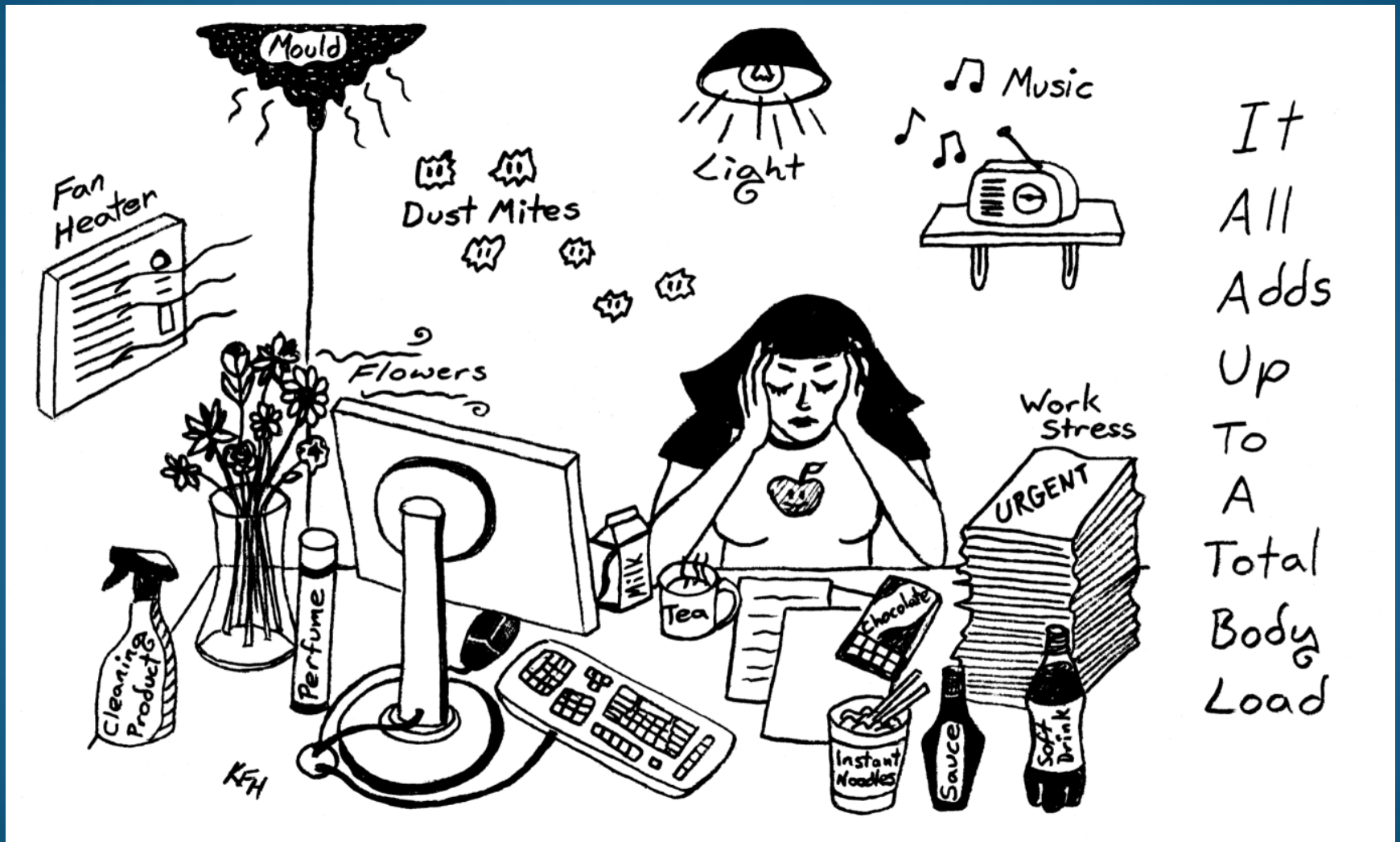
### Review

# Alternative practitioners own ideas

- Alternative practitioners - their own diets
- Medical clinical ecologists views were represented in books such as Clinical Ecology
- This helped with detailed current thinking by them
- Especially sensitivity to environmental factors.
- I watched what diet responding families reported as causing reactions in them
- Develop the idea of the **Total Body Load** of factors that **just occurred in this group**.



# The Total Body Load



It  
All  
Adds  
Up  
To  
A  
Total  
Body  
Load

# The Total Body Load

**Whole foods** - circle those not tolerated, or suspect in your family

Infant formula cows milk, goats formula, soy formula, predigested formula  
 Cows milk goats milk soy milk legumes  
 Wheat rye oats wholegrain wheat

Peanuts tree nuts onions  
 Eggs pork beef lamb chicken

Shellfish - crabs prawns lobster Molluscs - scallops, calamari, oysters  
 Freshwater fish - salmon, perch. Saltwater fish - tuna, cod, sea herring, trout, mackerel, s

**Additives** - natural and artificial colours flavours preservatives

**Salicylate group** -

Tomato and sauce oranges strawberries herbs spice peppermint tea

Write in others -

**Amines** - chocolate bananas ripe bananas just ripe broccoli brown sauces

aged cheese aged meats browned meats yeast extracts wines

**Flavours** - strongly flavoured foods

**Natural Monosodium Glutamate** – think about these

Soy sauce tomato paste cheeses yeast extracts mushrooms wine

**Natural spoilage in food** - food which smells stale to you

**Non-food items** - Smells - perfumes perfumed plants petrol/paint chemicals  
 cigarettes petrol/diesel new carpets plastic smells new cars

**Skin contacts** - finger paint hair dye coloured playdough skin creams detergents

**Inhalants** - pollen windy days house dust mite moulds  
 grasses animal dander **Temperature change** **Seasons** **Stress**

**Hormones** **Insect bite** **Infections** **Medications**

# What I found useful

- Patients can use the idea of the **Total Body Load** to realize that
  - they should take all factors into account
  - not just concentrate on food chemicals
  - so they get maximum benefit from the diet.
- 
- Detail of the Total Body Load is available in all my books

# “Diet aggravates the underlying disorder”

- Report on 500 families published in our **AJND** in 1991.
- Nearly 80% improved, with family history of allergy [not reported before] implicated.
- By then I was sure that suspect food chemicals “**aggravate the underlying predisposition in susceptible children**”
- rather than being causative agents.
- Strictest in infancy, >> early teens drop >> adulthood
- Developed **The Family Sensitivity History** >>
- history of all of the possible food sensitivity symptoms in the person, and in their first degree relations for three generations & any food or environmental factor that is suspect at any time of their lives

# The Family Sensitivity History

- After examiners disagreed about the controversial content my Masters was accepted in 1994.
- I saw similar results in both families with complex problems and in private practice.
- Genetic aspects allowed development of the **Family Sensitivity History**
- Shows food sensitivity symptoms are in the three generations , and any food or environmental factor that is suspect, or was at any time of their lives.
- This gives important clues about the likely emphasis in the initial baseline diet, and whether whole foods need to be attended to or not.





# Family Sensitivity History

**Symptoms** may be: irritable bowel syndrome, headaches, migraine, eczema, hives, rashes, anaphylaxis, dermatitis, hay fever, sinus, ear aches, asthma, colic, tummy aches, gut pain, wind, diarrhoea, constipation, reflux, nausea, mouth ulcers, bad breath, limb pains, depression, ASD, ADHD, ODD, behavioural problems, mood changes, sleep difficulties. Note symptoms in any family members.

**Suspect substances** Write in anything that may be suspect. It can include whole foods, additives, inhalants, contacts, smells, medicines, infections, stress etc.

Don't forget to include symptoms that occurred in **infancy** too.

**Note fussiness** too.

Also note if any family member is sensitive to aspirin.

Family member	Symptoms	Suspect Substances
First family member [Member investigating diet]		
Brothers		
Sisters		
Mother		
Aunts		
Uncles		
Maternal grandmother		
Maternal grandfather		
Father		
Aunts		
Uncles		
Paternal grandmother		
Paternal grandfather		

# What I found useful

- Use the **Family sensitivity history** to help individualise the initial diet
- Diet is designed to fit the patient, or family, not the symptoms  
such as excluding wheat & dairy for gut symptoms
- E.g. emphasise dairy or amines if dairy is reported a problem in some, and amines if smells of stale food in the refrigerator, or over-ripe bananas, or strong cheeses are mentioned



# An idea for practice

- When you mention interesting findings in one patient, or any clinical results, they can be rebuffed as anecdotal findings
- Yet it is the stories about individual people that we remember and think about when practicing

# Differences of Diet Detective Method to RPAH

- Based on whether many reactions were reported or not
- “only exclude a food if you have a good reason”
- Keep in foods that are nutritious if possible – canned fish, peanut butter – unless suspect in family
- Keep in foods if analysis data is not clear e.g. amines
- Keep in foods that are convenient – processed cheese even if have a preservative that few react to
- Keep in foods that people really like if at all possible – use info from what minimises reactions - in Tolerating Troublesome Foods

# Food acceptance = a developmental process

- Working with OTs & PTs & STs helped me realize that taste, texture, temperature change, thickness etc are all separate developmental progressions.
- I found it useful to remind parents of all the progressions the child was managing eg taste and thickness, to help with texture

# Fussy Baby

## Food Intolerant Baby



By Dietitian,  
Joan Breakey

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# Review article is a position statement

- My collation of all the work done on diet and ADHD throughout the world was published in the JPCH in '97
- Diet reducing irritable mood was the unexpected main area of change.
- Concentration, impulsivity and activity reduced
- See Evidence Base section in Articles on site
- [www.FoodIntolerancePro.com](http://www.FoodIntolerancePro.com)

# An idea for practice

- Be reassured that if you have been careful in your collection of data, and you are finding similar changes to overseas researchers, you can show this in a review article
- And you can show your position in a book giving others your position to discuss and use
- Writing a book is rewarding but it does take five to ten years of your spare time to deliver!
- As does the accompanying diet manual!

## Trying a new idea in the 1990s

- With little general scientific recognition of work I provided the information directly to the public in, a **self-help book that was also a diet manual, called Are You Food Sensitive?** describing the whole process. It included the **Easy Detective Diet** and a **Finer Points Diet** to meet differences in symptom severity and motivation.
- Adverse reactions happened not only in ADHD but also in many conditions
- “The diet is in the person, not in the diagnosis”



# Are You Food Sensitive?

Food Intolerance - Diet & behaviour,  
ADHD, migraine, IBS,  
eczema, & more



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The Diet Detective Approach  
to the Investigation of  
Suspected Food Sensitivity  
A Manual for Dietitians

Joan Breakey  
DNFS Cert.Diet. TTTC B Sc M App Sc

# What your nose knows

- I had noticed the **supersensitivity to smells** and taste as early as 1977 but had my pull-it-together moment in the 90's
- Almost all suspect substances were high in flavour >>
- The important idea that a food sensitive person could be trained in diet therapy to know what they know: that they can be guided by the smell and or taste in whether they will tolerate a particular food or not.
- In 2001 I presented 'Food – What's smell go to do with it? If bitterness is a warning via taste, is flavour a warning via smell?' to the Institute of Australasian Psychiatrists Conference.

# An idea for practice

- When I explained something twice my young granddaughter said
- “I already knowed that, Grandma”.
- If you put a gradually evolved idea out to the people who work in the area, it becomes something that that is as if it has always been known.

## Another idea for practice

- Whenever you mention a finding in one patient, or even a report of clinical findings, they can be rebuffed by colleagues as only an anecdote
- But single case studies where you collate all that is relevant in many into one case are accepted for publication.
- I wish I had been advised of this before I lost motivation for publication!

# An idea for practice use teams

- Work with a team as well as on your own
- Different members bring different skills and perspectives
- The allergy-ig is another important team
- Dietitians who contact and move on are important too
- A Qld group formalised the Easy Elimination Diet seen by clinicians as useful in the real world
- I like the combination of the Easy Elimination Diet with limited dairy and wheat for many
- and this can be added to an easy FODMAPS for IBS

# An idea for practice – a website

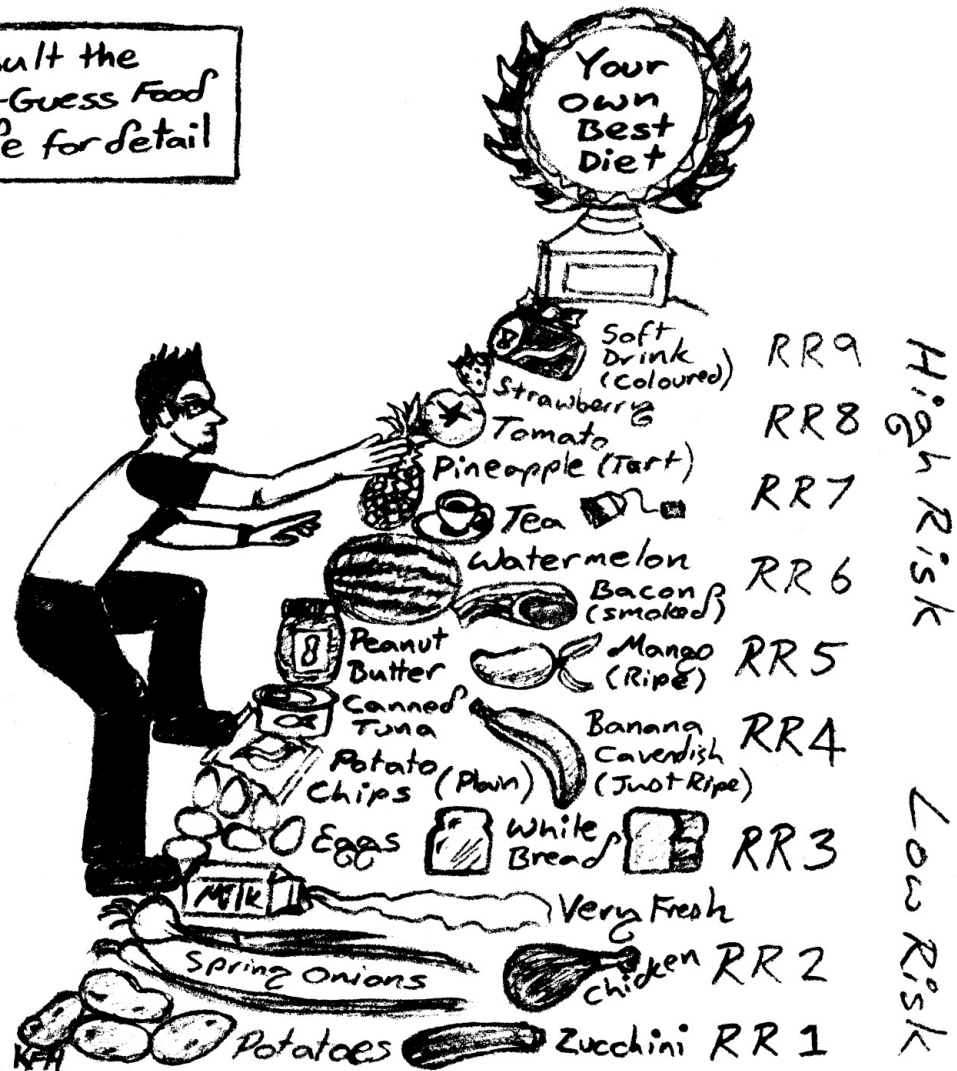
- Having a website dedicated to your niche is a good way to force you to be clear about what you are reporting
- It is your position statement to be used and further expanded by others as the years pass
- Colleagues and patients can go to the Articles section to read what you have taken responsibility for
- It takes time and energy!

# What I have found useful

- **The diet is in the person not in the symptom**
- I like to individualise the diet from the beginning – using the Family Sensitivity History > > >
- Their own initial baseline diet > > >
- Their own variation of challenges > > >
- [This may not be related to chemical grouping]
- Their own single food trials > > >
- Their own best diet

# Tolerating Troublesome Foods

Consult the  
Best Guess Food  
Guide for detail





# Tolerating Troublesome Foods

Make your elimination diet easier  
using the Best Guess Food Guide



By Dietitian,  
Joan Breakey

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# Presume Individual Variation



# Conclusion

- I hope I have helped support you in recording what you have found, believing in yourself as a dietitian, so you have the most satisfaction from our wonderful choice of career.
- And...
- I hope I have helped give you some ideas which help with diet investigation into food chemical sensitivity.
- I am happy to be contacted re the content of any of my articles or books.
- [www.FoodIntolerancePro.com](http://www.FoodIntolerancePro.com)

# An idea for practice

- It is still important to report what you are counting and finding.
- There has been a demand that the idea that a low chemical diet should be able to be researched simply by double-blind placebo controlled trials
- despite the fact that it is researching dozens of foods with particular tastes!
- Any research into any diet therapy, whatever the diet, **is complex** and I am sure we should be louder in our recognition of this.

# What I found useful

- **Individual variation** should be expected
- not just in which main exclusion chemical groups
- but in foods within each group
- And, as well, in whole foods excluded
- including, but not limited to, allergens

# Work rejected as controversial

- Presented ICD Post Congress Paediatric Seminar unprofessional.
- Report accepted Australian Family Physician 1978.
- Controversy - food industry supportive of research.
- Wrote diet manual of knowledge at that time
- Within two years reported food sensitive children's often extreme supersensitivity to texture, temperature and taste.
- Now-separate condition - Sensory Processing Disorder
- Presentation to Nutrition Society of Australia in 1979 generally dismissive.

# Food chemicals that caused reactions

- Of 100 diet responders approximately
- 90% reacted to flavoured uncoloured milkbottle lollies
- 90% reacted to chocolate
- 80% reacted to tomato sauce & to paint/petrol smells
- 70% to perfumes
- 65% reacted to MSG
- 55% to benzoate in natural lemonade
- 50% to bacon or ham
- 40% to mint toothpaste
- 35% to sulphite in natural lemon cordial
- 30% to preserved bread
- 25% reacted to vanilla and vanillin