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## Food allergy

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## **Food allergy**

Food allergy is a nonseasonal pruritic disorder. The exact incidence is not known, but it is usually described as less common than the other two allergic diseases. One limitation to assess the prevalence is that there is a subset of cats which never had an optimal diagnostic workup for food allergy due to refusal of the food trial by the patient or an appropriate provocation was not done. There is not much known about the involved pathomechanisms (hypersensitivity reaction versus non-immunologically mediated disease). The most common immunological response involved in food allergy is probably a type I immediate hypersensitivity, although type III and type IV reactions may also occur. Most food allergens are thought to be large glycoproteins if extrapolating from human medicine.

In the cat the disease can occur almost at any age, with most studies showing a mean age of 4 to 5 years. Siamese cats have been reported to be the predisposed breed. Clinically it can be indistinguishable to flea bite hypersensitivity or atopic dermatitis (head and neck pruritus, noninflammatory alopecia, eosinophilic granuloma complex, military dermatitis). Bacterial folliculitis, *Malassezia* dermatitis and otitis are found in some cases. Other signs can be angioedema, urticaria and conjunctivitis. Gastrointestinal signs are reported in up to 15% of the cases. Some cats can have concurrent multiple hypersensitivities.

Foods commonly found to be responsible for this type of allergy are beef, fish and dairy products, but also lamb, eggs, pork, and rabbit can be implicated.

Performing an elimination diet trial, which is associated with a reduction in clinical signs, is essential in the diagnostic work-up. The diagnosis is confirmed if the clinical signs recur when the cat is fed the previous diet. A suitable diet is selected based on patient history and the patient's preferences. It is important that the ingredient is new or that the cat had a minimal exposure to it in the past. Outdoor cats should become indoor cats to prevent access to other food sources. Home-cooked diets are still considered more reliable but sometimes the owners are not willing to cook or the diet is not balanced (young cats). Some favourites are horse, rabbit, kangaroo or lamb meat. Some cats eat just commercial food in this case a selected-protein source diet must be chosen (not many on the market) or a hydrolysed diet. Unfortunately, some cats can manifest pruritus to these diets and the owner should be informed beforehand. Other tests (serology testing) are not recommended at this time point.

Clinical management involves identification and avoidance of the offending allergen. Some cats require symptomatic treatment due to inability to prevent exposure to offending allergen(s).

Bryan J, Frank LA. Food allergy in the cat: a diagnosis by elimination. *J Feline Med Surg.* 2010; 12(11): 861-6.

Gaschen FP, Merchant SR. Adverse food reactions in dogs and cats. *Vet Clin North Am Small Anim Pract.* 2011; 41(2): 361-79.

Guaguère E, Prélaud P. Food hypersensitivity in the cat. *JCAP - Vol. 19 - Issue 3 December 2009*

Verlinden A, Hesta M, Millet S, Janssens GP. Food allergy in dogs and cats: a review. *Crit Rev Food Sci Nutr.* 2006; 46(3): 259-73.