FoodChoice

Intolerances and Sensitivities

Common Food Intolerances and Sensitivities plus Predisposition to Food Allergies



Name: John Doe Kit: 27



Introduction



Thank you for choosing Fitgenes to assist in your food choice. Fitgenes is a DNA-based healthtech company aiming at helping you achieve your individual goals on overall health, nutrition, and performance, by applying nutrigenetics and nutrigenomics evidence.

Nutrigenetics is the study of the impact of genetic variation on dietary responses, while nutrigenomics is a scientific discipline that studies how nutrients affect gene expression. This means that **your genes are not your destiny:** you can modify your genetic predisposition to certain conditions by making the right lifestyle choices.

THE BASICS OF DNA

The human genome consists of 23 pairs of chromosomes found in the cell nuclei, which contain genes and other noncoding sequences. Overall, it is estimated that each individual has approximately 30,000 genes. A gene is, essentially, a sequence of DNA that codes for a molecule with a function. As chromosomes come in pairs, each individual has two copies of each gene, one inherited from each parent.



Genetic variants (alterations in the DNA sequence) is what makes everyone unique.

DIFFERENCES BETWEEN FOOD ALLERGIES, INTOLERANCES, AND SENSITIVITIES

Some of the symptoms of food allergies, intolerances, and sensitivities often overlap, although these are different conditions.

A true **food allergy** involves the immune system attacking a particular harmless food, and even small amounts can cause a reaction. **Coeliac disease** also involves the immune system, but this is an autoimmune disease, where a person's immune system attacks its own cells in response to gluten intake.

On the other hand, a **food intolerance** refers to a difficulty digesting certain substances, such as lactose and alcohol. This is generally due to an inefficiency of the enzyme (a protein that accelerates chemical reactions) involved in the process. **Histamine intolerance** is slightly different. This occurs when the body accumulates too much of it, and symptoms can look like those associated with seasonal allergies.

Finally, **food sensitivities** happen when the normal side effects of substances, such as caffeine and salt, are exaggerated. As a result, a person can become more sensitive to the effects of that substance in comparison to other people.

YOUR Genetic Profile Report



In this report, you will identify some of the foods or drinks that you should consider minimising or avoiding in order to prevent diet-related health issues and promote wellness, according to your genetics. In particular, we detail your specific genetic variants that can influence your body's response to what you ingest - ranging from coeliac disease risk and dietary intolerances to individual sensitivities to common ingredients, in addition to food allergies with genotype-specific interventions. This information, combined with other assessments, can be used by an accredited practitioner to design even more personalised and targeted interventions to maximise your health potential.

In order to simplify the results, the genes tested as part of your personal profile have been grouped in the following categories:

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- 1. Coeliac Disease Risk
- 2. Lactose Intolerance
- 3. Alcohol Intolerance
- 4. Caffeine Sensitivity
- 5. Salt Sensitivity
- 6. Histamine Intolerance
- 7. Food Allergies (Predisposition)

For each gene, you can have three different results, as shown by the figure below.

Beneficial

One or both of the genes in the pair contributes to the normal healthy functioning of the gene product.

Less Beneficial

One of the genes in the pair is contributing to a situation that impairs the healthy functioning of the gene product.

Least Beneficial

Both of the genes in the pair are contributing to a situation that impairs healthy functioning of the gene product.

For categories that have multiple genes, your risk for a particular condition will be increased with the more orange (slightly increased) or red (further increased) results you have. Similarly, if you only have green results, your risk will not be increased based on the genes included in this report.

If you have any worry or concern about a particular category or result, or if there is anything you do not understand, we encourage you to contact us for further information, in addition to speaking to your health practitioner. **Note:** when comparing results from Fitgenes with other sources, it is important to take into account whether testing was done on the forward or reverse strand. For this reason, it is possible that results do not completely match, but they are still the same (C=G, A=T). Caution should be taking with complementary changes (C>G, A>T). Disclaimer and limitations: all genes and variants presented in this report, with their corresponding implications for your health, have gone through extensive scientific literature review. Nevertheless, genetic research is rapidly increasing, and our understanding of the information included in this report will increase over time, and so the content of future reports may vary from this one.

1) COELIAC Disease Risk

Coeliac disease is defined as an autoimmune reaction to eating gluten. Symptoms are varied, and can include chronic diarrhoea, abdominal pain and swelling, or anaemia. It is estimated that about 1% of people suffer from coeliac disease. This condition is becoming more and more well-known due to the popularity of gluten-free foods in supermarkets and restaurants. Some people decide to follow a low-gluten diet when it is not "clinically" necessary. This may not be the best choice, as a study has inversely linked gluten intake and type 2 diabetes risk. A relatively more common issue is known as "non-coeliac gluten sensitivity", which does not require a strict gluten-free diet.

However, the genetic causes of this issue are not well-understood. The most common "coeliac disease genes" are *HLA-DQA1* (*this corresponds to the commonly reported haplotype HLA-DQ2*) and *HLA-DQB1* (*HLA-DQ8*), part of the HLA gene complex involved in the regulation of the immune system, whose genetic variants have been associated with risk of developing coeliac disease. That is, **a positive genetic result does not diagnose the disease, but indicates a higher predisposition to develop the disease than the general population.** A negative genetic result, however, has a stronger predictive value.

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Specific HLA genes produce receptor proteins that form a functional complex and bind gluten peptides



Individuals with certain genetic variants trigger an immune response more easily

Your Results



You have a moderately increased risk of coeliac disease



> It is recommended to have a small to moderate intake of gluten, eat a variety of vegetables daily, and avoid processed, high-sugar and high-fat foods

> Follow a gluten-free diet only if coeliac disease is confirmed through conventional testing (refer to the Supplementary File for further information on coeliac disease, and to your health practitioner if you are experiencing coeliac disease symptoms)



LACTOSE Intolerance



Lactose intolerance is characterised by the inability to digest lactose, causing abdominal pain and swelling, flatulence, diarrhoea, and other symptoms. It has been estimated that about 65% of the global population are lactose intolerant, although this differs among communities. Rates are higher in some Asian and African countries, with up to 100% of individuals affected, as opposed to only 4% in some European countries.

Lactase is the enzyme that digests the lactose present in milk and other dairy products. In some individuals, lactase activity persists at a high level throughout life, enabling the digestion of lactose as an adult. However, this activity can decline after weaning, leading to "lactose intolerance". Milk allergy, on the contrary, involves the immune system and can be lifethreatening. This can be determined by an allergy test. It is thus important to differentiate between lactose intolerance and milk allergy.

LCT is the gene responsible for producing the enzyme lactase. A genetic variant located in the *MCM6* gene has been found to affect the *LCT* gene function, and be associated with lactose intolerance.







Glucose

Your Results



You have a high risk of lactose intolerance



> Avoid milk and dairy products high in lactose, and processed foods that contain lactose (refer to the Supplementary File or your health practicioner for further information)

> Consider the use of digestive enzymes containing lactase available as a supplement to help digestion

> Make sure you get enough calcium from non-dairy sources (fortified soymilk, white beans, kale, almonds, etc.)

ALCOHOL Intolerance



Your Results



You have a moderately increased risk of alcohol intolerance

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> Avoid or limit alcohol intake. You can use non-alcoholic alternatives (refer to the Supplementary File or your health practitioner for further information)





Caffeine is present in many beverages, such as coffee, tea, caffeinated soda, or energy drinks. It is a natural central nervous system stimulant that helps combat fatigue and improves concentration, and is also a diuretic (increases production of urine). A morning coffee is a common routine for many people, although experts have said that this is not the best time of the day to drink coffee, since it interferes with cortisol production. The half-life for caffeine (time taken for the body to eliminate one-half of the caffeine) is between 4 to 6 hours on average, which is the reason why some people do not take coffee after 3 pm. Some individuals may consume a large amount of caffeine during the day without being affected, while others may experience anxiety and an increase in blood pressure after just one cup of coffee. In most healthy adults, up to 400mg of caffeine a day is considered to be safe, although the average amount is between 200mg and 300mg.

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Here, we show two important genes in the caffeine pathway: *CYP1A2*, which has a central role in caffeine metabolism and has been associated with risk of hypertension, and *ADORA2A*, determinant in caffeine effects on sleep and anxiety levels.

Your Results



You have a moderately increased risk of caffeine sensitivity



> Decrease intake of caffeine (up to 150mg a day), as it has a more stimulating effect for you. You can use caffeine-free alternatives (refer to the Supplementary File or your health practitioner for further information)

> Limit intake of caffeine to the morning or early afternoon at the latest to avoid sleep problems





Salt is a mineral added to most foods, and affects people differently. Salt sensitivity is arbitrarily defined as an increase in blood pressure of at least 10% in response to a change in salt intake. Increased salt intake, regardless of the actual level of blood pressure, can be a risk factor for cardiovascular and kidney diseases. It is usually believed that a reduction in salt intake results in a decrease in blood pressure, leading to beneficial outcomes. This is not always positive for everyone, as some individuals can be salt-sensitive, while others may be salt-resistant. Recommended amount of salt for most healthy adults is up to 6g a day (equivalent to 2,300mg or 2.3g of sodium), about a teaspoon of salt.

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The *AGT*, *ACE*, and *AGTR1* genes belong to the renin-angiotensin system, which regulates blood pressure and balance of fluids and salts in the body, and have been associated with salt sensitivity and risk of hypertension.

Your Results



You have a low risk of salt sensitivity



> Can use recommended intake of salt

> Refer to the Supplementary File for further information on salt (salt and health, salt in foods and alternatives), or to your health practitioner if you still have any concern

6 HISTAMINE Intolerance



Histamine is a biologically active substance naturally produced as part of the immune response to increase the permeability of the capillaries to leukocytes and proteins, and it also regulates other physiological functions.



The term histamine intolerance is used to describe a situation in which the histamine levels are too high and/or the human body cannot break it down effectively. Symptoms of histamine intolerance are very similar to those of seasonal allergies, and include headaches, itchy skin, runny nose, fatigue, hives, and digestive issues. A low-histamine diet, typically rich in fresh fruits and vegetables, can be recommended to those suffering from histamine intolerance.

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The main enzymes responsible for breaking down histamine are encoded by the *DAO* and *HNMT* genes, in which genetic variants have been associated with risk of histamine intolerance.

Your Results

levels



You have a high risk of histamine intolerance



 > Avoid foods with high histamine content or histamine-releasers (canned foods, fermented dairy products and vegetables, legumes, etc.) as well as drinks that have been reported to block histamine metabolism genes (alcohol, energy drinks, black and green tea, etc.)
 > Aim for foods and beverages with low histamine content (fresh

fruits and vegetables, grains, etc.)□ > Refer to the supplementary file for a more detailed list of foods and beverages with different histamine content or effect on histamine

Food ALLERGIES





Food allergies represent a condition in which certain foods trigger an abnormal response of the immune system. Most common foods allergies are caused by peanuts and tree nuts, dairy milk, eggs, shellfish, wheat, soy, and fish. Symptoms of food allergies are obvious and usually occur short time after exposure, ranging from mild to severe. The development of food allergies is determined by the epigenome, which can be altered as a result of environmental factors throughout the lifespan, although it is more sensitive during early life stages. On the other hand, food allergies often run in families. Children born in families with history of allergic diseases, especially when both parents are affected, are more likely to develop food allergies than those with no family history. Of note, children do not always develop the same type of food allergy as their parents.

Although **the genetics of food allergies are not fully established**, there is a growing amount of research identifying genetic risk variants for food allergies. Specifically, variants in a number of genes or regions involved in immunological regulation or epithelial barrier function (the SERPINB gene cluster, the cytokine gene cluster, the filaggrin gene, *C11orf30/LRC32* locus, and the HLA region) have been associated with a predisposition to risk of food allergies by candidate gene and genome-wide association studies.

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Your Results







> While you do not carry any of the tested genetic risk markers for food allergies, remember that this does not necessarily mean that you do not have or will never develop any food allergy

> Refer to your health practitioner for more information on allergy management and prevention (in adults and children), and to the supplementary file for more general information on food allergies from Allergy & Anaphylaxis Australia





This report has been designed to identify your genetic variants associated with body reactions to certain foods or drinks. Through genotype-specific interventions, you can find what elements in your diet should be avoided or minimised to maximise your health potential (this can be assisted by an accredited practitioner).

Please also see the Supplementary File containing more information about each of these categories, and we encourage you to speak to your health practitioner if you have any concern about a particular category.

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Results for Kit Id 27

Category	Gene (variant)	Your Result	Meaning	
Coeliac Disease	HLA-DQA1 (rs2187668)	GA	You have a medarately increased risk of cooliac disease	
	HLA-DQB1 (rs7454108)	СТ	Tou have a moderately increased lisk of coellac disease	
Lactose Intolerance	LCT (rs4988235)	СС	You have a high risk of lactose intolerance	
Alcohol Intolerance	ADH1B (rs1229984)	СС	You have a moderately increased risk of alcohol intelerone	
	ALDH2 (rs671)	GG		
Caffeine Sensitivity	CYP1A2 (rs762551)	CA	You have a moderately increased risk of caffeine consitivity	
Caneme Sensitivity	ADORA2A-1 (rs2298383)	СТ	Tou have a moderately increased lisk of calleline sensitivity	
Salt Sensitivity	AGT (rs699)	тт		
	AGTR1 (rs5186)	AA	You have a low risk of salt sensitivity	
	ACE (rs4343)	П		
	DAO-1 (rs2052129)	AC		
Histamine Intolerance	DAO-2 (rs1049793)	GC	You have a high risk of histomine intolerance	
Histamine intolerance	HNMT-1 (rs1050891)	тс		
	HNMT-2 (rs11558538)	тс		
	FLG-AS1 (rs12123821)	GG		
Food Allergies	C11orf30/LRRC32 (rs2212434)	СС		
	IL4/KIF3A (rs11949166)	AA	You have a law rick of food ellerging	
	SERPINB7 (rs12964116)	AA	rou have a low lisk of lood alleigles	
	HLA-DQB1-2 (rs9273440)	тт		
	SERPINB7/B2 (rs1243064)	тт		

References

Arngrimsson, R., Purandare, S., Connor, M., Walker, J. J., Bjornsson, S., Soubrier, F., . . . Bjornsson, H. (1993). Angiotensinogen: a candidate gene involved in preeclampsia? Nat Genet, 4(2), 114-115. doi:10.1038/ng0693-114

Asai, Y., Eslami, A., van Ginkel, C. D., Akhabir, L., Wan, M., Yin, D., Ellis, G., Ben-Shoshan, M., Marenholz, I., Martino, D., Ferreira, M. A. Allen, K., Mazer, B., de Groot, H., de Jong, N. W., Gerth van Wijk R., Dubois, A., Grosche, S., Ashley, S., Rüschendorf, F., ... Daley, D. (2018). A Canadian genome-wide association study and meta-analysis confirm HLA as a risk factor for peanut allergy independent of performance and the study of the of asthma. The Journal of allergy and clinical immunol 141(4), 1513-1516. https://doi.org/10.1016/j.jaci.2017.10.047

Baffour-Awuah, N. Y., Fleet, S., Montgomery, R. K., Baker, S. S., Butler, J. L., Campbell, C., . . . Hirschhorn, J. N. (2015). Functional significance of single nucleotide polymorphisms in the lactase gene in diverse US patients and evidence for a novel lactase persistence allele at -13909 in those of European ancestry. J Pediatr Gastroenterol Nutr, 60(2), 182-191. doi:10.1097/ mpg.0000000000000595

Bierut, L. J., Goate, A. M., Breslau, N., Johnson, E. O., Bertelsen, S., Fox, L, . . . Edenberg, H. J. (2012). ADH1B is associated with alcohol dependence and alcohol consumption in populations of European and African ancestry. Mol Psychiatry, 17(4), 445-450. doi:10.1038/mp.2011.124

Bonnardeaux, A., Davies, E., Jeunemaitre, X., Fery, I., Charru, A., Clauser, E., . . . Soubrier, F. (1994). Angiotensin II type 1 receptor gene polymorphisms in human essential hypertension. gene polymorphisms Hypertension, 24(1), 63-69.

Caprioli, J., Mele, C., Mossali, C., Gallizioli, L., Giacchetti, G., Noris, M., . . . Benigni, A. (2008). Polymorphisms of EDNRB, ATG, and ACE genes in salt-sensitive hypertension. Can J Physiol Pharmacol, 86(8), 505-510. doi:10.1139/y08-045

Cecilio, L. A., & Bonatto, M. W. (2015). The prevalence of HLA DQ2 and DQ8 in patients with celiac disease, in family and in general population. Arq Bras Cir Dig, 28(3), 183-185. doi:10.1590/s0102-67202015000300009

Childs, E., Hohoff, C., Deckert, J., Xu, K., Badner, J., & de Wit, H. (2008). Association between ADORA2A and DRD2 polymorphisms and catfiene-induced anxiety. npp.2008.17

Cornelis, M. C., Byrne, E. M., Esko, T., Nalls, M. A., Ganna, A., Paynter, N., . . . Chasman, D. I. (2015). Genome-wide meta-analysis identifies six novel loci associated with habitual coffee consumption. Mol Psychiatry, 20(5), 647-656. doi:10.1038/ mp.2014.107

Cornelis, M. C., Monda, K. L., Yu, K., Paynter, N., Azzato, E. M., Bennett, S. N., . . . Caporaso, N. E. (2011). Genome-wide meta-analysis identifies regions on 7p21 (AHR) and 15q24 (CYP1A2) as determinants of habitual caffeine consumption. PLoS Genet, 7(4), e1002033. doi:10.1371/journal.pgen.1002033

Dengel, D. R., Brown, M. D., Ferrell, R. E., & Supiano, M. A. (2001). Role of angiotensin converting enzyme genotype in sodium sensitivity in older hypertensives. Am J Hypertens, 14(12), 1178-1184.

Doaei, S., & Gholamalizadeh, M. (2014). The association of genetic variations with sensitivity of blood pressure to dietary salt: A narrative literature review. ARYA Atheroscler, 10(3), 169-174.

Działanski, Z., Barany, M., Engfeldt, P., Magnuson, A., Olsson, L. A., & Nilsson, T. K. (2016). Lactase persistence versus lactose intolerance: Is there an intermediate phenotype? Clin Biochem, 49(3), 248-252. doi:10.1016/j.clinbiochem.2015.11.001

Edenberg, H. J. (2007). The genetics of alcohol metabolism: role of alcohol dehydrogenase and aldehyde dehydrogenase variants. Alcohol Res Health, 30(1), 5-13.

Enattah, N. S., Sahi, T., Savilahti, E., Terwilliger, J. D., Peltonen, L., & Jarvela, I. (2002). Identification of a variant associated with adult-type hypolactasia. Nat Genet, 30(2), 233-237. doi:10.1038/ng826

Fina, D., Sarra, M., Caruso, R., Del Vecchio Blanco, G., Pallone, F., MacDonald, T. T., & Monteleone, G. (2008). Interleukin 21 contributes to the mucosal T helper cell type 1 response in coeliac disease. Gut, 57(7), 887-892. doi:10.1136/ qut.2007.129882

He, Q., Fan, C., Yu, M., Wallar, G., Zhang, Z. F., Wang, L., . . . Hu, R. (2013). Associations of ACE gene insertion/deletion polymorphism, ACE activity, and ACE mRNA expression with hypertension in a Chinese population. PLoS One, 8(10), e75870. doi:10.1371/journal.pone.0075870

Hon YY, Jusko WJ, Zhou HH, et al. Endogenous histamine and cortisol levels in subjects with different histamine and methyltransferase C314T genotypes : a pilot study. Mol Diagn Ther. 2006;10(2):109-114. doi:10.1007/BF03256450

Hunt, K. A., Zhernakova, A., Turner, G., Heap, G. A., Franke, L. Bruinenberg, M., . . . van Heel, D. A. (2008). Newly identified genetic risk variants for celiac disease related to the immune response. Nat Genet, 40(4), 395-402. doi:10.1038/ng.102

Jorgenson, E., Thai, K. K., Hoffmann, T. J., Sakoda, L. C., Kvale Jorgenson, E., Hiai, K. K., Holminalini, T. J., Jakoua, L. C., Ivale, M. N., Banda, Y., . . Choquet, H. (2017). Genetic contributors to variation in alcohol consumption vary by race/ethnicity in a large multi-ethnic genome-wide association study. Mol Psychiatry, 22(9), 1359-1367. doi:10.1038/mp.2017.101

Josse, A. R., Da Costa, L. A., Campos, H., & El-Sohemy, A. (2012) Associations between polymorphisms in the AHR and CYP1A1-CYP1A2 gene regions and habitual caffeine consumption. Am J Clin Nutr, 96(3), 665-671. doi:10.3945/ ajcn.112.038794

Kaukinen, K., Partanen, J., Maki, M., & Collin, P. (2002). HLA-DQ typing in the diagnosis of celiac disease. Gastroenterol, 97(3), 695-699. do ٨m doi:10.1111/ j.1572-0241.2002.05471.x

Kim, J. S., Kim, Y. J., Kim, T. Y., Song, J. Y., Cho, Y. H., Park, Y. C., & Chung, H. W. (2005). Association of ALDH2 polymorphism with sensitivity to acetaldehyde-induced micronuclei and facial flushing after alcohol intake. Toxicology, 210(2-3), 169-174. doi:10.1016/j.tox.2006.01.016 doi:10.1016/j.tox.2005.01.016

Kunz, R., Kreutz, R., Beige, J., Distler, A., & Sharma, A. M. (1997). Association between the angiotensinogen 235T-variant and essential hypertension in whites: a systematic review and methodological appraisal. Hypertension, 30(6), 1331-1337.

Koonrungsesomboon, N., Khatsri, R., Wongchompoo, P., & Teekachunhatean, S. (2018). The impact of genetic polymorphisms on CYP1A2 activity in humans: a systematic review and meta-analysis. Pharmacogenomics J, 18(6), 760-768. doi:10.1038/s41397-017-0011-3

Liu, E., Lee, H. S., Aronsson, C. A., Hagopian, W. A., Koletzko, S., Revers, M. J., . . . Group, T. S. (2014). Risk of pediatric celiac disease according to HLA haplotype and country. N Engl J Med, 371(1), 42-49. doi:10.1056/NEJMoa1313977

Macgregor, S., Lind, P. A., Bucholz, K. K., Hansell, N. K., Madden, P. A., Richter, M. M., . . . Whitfield, J. B. (2009). Associations of ADH and ALDH2 gene variation with self report alcohol reactions, consumption and dependence: an integrated analysis. Hum Mol Genet, 18(3), 580-593. doi:10.1093/hmg/ ddn372

Maintz L, Yu CF, Rodriguez E, et al. Association of single nucleotide polymorphisms in the diamine oxidase gene with diamine oxidase serum activities. Allergy. 2011;66(7):893-902. doi:10.1111/j.1398-9995.2011.02548.x

Marenholz, I., Grosche, S., Kalb, B. et al. Genome-wide association study identifies the SERPINB gene cluster as a susceptibility locus for food allergy. Nat Commun 8, 1056 (2017). https://doi.org/10.1038/s41467-017-01220-0

Mattar, R., de Campos Mazo, D. F., & Carrilho, F. J. (2012). Lactose intolerance: diagnosis, genetic, and clinical factors. Clin Exp Gastroenterol, 5, 113-121. doi:10.2147/ceg.s32368

Megiorni, F., Mora, B., Bonamico, M., Barbato, M., Nenna, R., Maiella, G., . . . Mazzilli, M. C. (2009). HLA-DQ and risk gradient for celiac disease. Hum Immunol, 70(1), 55-59. doi:10.1016/ i.humimm.2008.10.018

Meresse, B., Verdier, J., & Cerf-Bensussan, N. (2008). The cytokine interleukin 21: a new player in coeliac disease? Gut, 57(7), 879-881. doi:10.1136/gut.2007.141994

Murray, J. A., Moore, S. B., Van Dyke, C. T., Lahr, B. D., Dierkhising, R. A., Zinsmeister, A. R., . . . Czaja, A. J. (2007). HLA DQ gene dosage and risk and severity of celiac disease. Clin Gastroenterol Hepatol, 5(12), 1406-1412. doi:10.1016/ j.cgh.2007.08.013

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Norat, T., Bowman, R., Luben, R., Welch, A., Khaw, K. T., Wareham, N., & Bingham, S. (2008). Blood pressure and interactions between the angiotensin polymorphism AGT M255T and sodium intake: a cross-sectional population study. Am J Clin Nutr, 88(2), 392-397. doi:10.1093/ajcn/88.2.392

Palatini, P., Ceolotto, G., Ragazzo, F., Dorigatti, F., Saladini, F.,

Papparella, I., ... Santonastaso, M. (2009). CYP1A2 genotype modifies the association between coffee intake and the risk of hypertension. J Hypertens, 27(8), 1594-1601. doi:10.1097/HJH.0b013e32832ba850

Rasinpera, H., Savilahti, E., Enattah, N. S., Kuokkanen, M., Totterman, N., Lindahl, H., . . . Kolho, K. L. (2004). A genetic test which can be used to diagnose adult-type hypolactasia in children. Gut, 53(11), 1571-1576. doi:10.1136/gut.2004.040048

Sanada, H., Jones, J. E., & Jose, P. A. (2011). Genetics of salt-sensitive hypertension. Curr Hypertens Rep, 13(1), 55-66. doi:10.1007/s11906-010-0167-6

Sollid, L. M. (2002). Coeliac disease: dissecting a complex inflammatory disorder. Nat Rev Immunol, 2(9), 647-655. doi:10.1038/nri885

Sperandeo, M. P., Tosco, A., Izzo, V., Tucci, F., Troncone, R., Auricchio, R., . . . Greco, L. (2011). Potential celiac patients: a model of celiac disease pathogenesis. PLoS One, 6(7), e21281. doi:10.1371/ journal.pone.0021281

Stevenson J, Sonuga-Barke E, McCann D, et al. The role of histamine degradation gene polymorphisms in moderating the effects of food additives on children's ADHD symptoms. Am J Psychiatry. 201 appi.ajp.2010.09101529 2010;167(9):1108-1115. doi:10.1176/

Sulem, P., Gudbjartsson, D. F., Geller, F., Prokopenko, I., Feenstra, B., Aben, K. K., . . . Stefansson, K. (2011). Sequence variants at CYP1A1-CYP1A2 and AHR associate with coffee consumption. Hum Mol Genet, 20(10), 2071-2077. doi:10.1093/hmg/ddr086

van Ginkel, C. D., Pettersson, M. E., Dubois, A., & Koppelman, G. H. (2018). Association of STAT6 gene variants with food allergy diagnosed by double-blind placebo-controlled food challenges. Allergy, 73(6), 1337-1341. https:// doi.org/10.1111/all.13432

van Heel, D. A., Franke, L., Hunt, K. A., Gwilliam, R., Zhernakova, A., Inouye, M., . . . Wijmenga, C. (2007). A genome-wide association study for celiac disease identifies risk variants in the region harboring IL2 and IL21. Nat Genet, Journe 0.2 Content of Content. 39(7), 827-829. doi:10.1038/ng2058

Wang, W. Y., Zee, R. Y., & Morris, B. J. (1997). Association of angiotensin II type 1 receptor gene polymorphism with essential hypertension. Clin Genet, 51(1), 31-34.

Ward, K., Hata, A., Jeunemaitre, X., Helin, C., Nelson, L., Namikawa, C., . . et al. (1993). A molecular variant of angiotensinogen associated with preeclampsia. Nat Genet, 4(1), 59-61. doi:10.1038/ng0593-59

Way, M. J., Ali, M. A., McQuillin, A., & Morgan, M. Y. (2017). Genetic variants in ALDH1B1 and alcohol dependence risk in a British and Irish population: A bioinformatic and genetic study. PLoS One, 12(6), e0177009. doi:10.1371/ doi:10.1371/ One, journal.pone.0177009

Yokoyama, M., Yokoyama, A., Yokoyama, T., Funazu, K. Hawana, G., Kondo, S., . . . Nakamura, H. (2005). Hangover susceptibility in relation to aldehyde dehydrogenase-2 genotype, alcohol flushing, and mean corpuscular volume in the subscription of the subscription of the subscription of the subscription. Japanese workers. Alcohol Clin Exp Res, 29(7), 1165-1171.

Zong, G., Lebwohl, B., Hu, F. B., Sampson, L., Dougherty, L. W., Willett, W. C., . . . Sun, Q. (2018). Gluten intake and risk of type 2 diabetes in three large prospective cohort studies of US men and women. Diabetologia, 61(10), 2164-2173. doi:10.1007/ s00125-018-4697-9

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Your **DNA** journey with **Fitgenes** has just begun







Supplementary File



Coeliac Disease Risk

Conventional Coeliac Disease Testing

There are two tests usually performed to diagnose coeliac disease. The first is a blood test to measure antibodies which react to gluten, which will be elevated in those with the condition. Note that for accurate results, it is recommended to eat foods containing gluten for six weeks before this test. If you are already following a gluten-free diet, this result may be negative. The second test is a small bowel biopsy, which involves a gastroscopic procedure to take a sample of the small bowel.

Gluten-free Diet

If you need to follow a gluten-free diet, there are naturally gluten-free food groups that you can eat: fruits and vegetables, meat and poultry, fish and sea food, dairy, beans, legumes, and nuts. Regarding grains and other starch-containing foods, you can enjoy the following: rice, corn, soy, potato, quinoa, chia, and yucca, among many others. For other foods that usually contain gluten (pastas, breads, crackers, seasonings and spice mixes), you can find gluten-free substitutes by identifying the corresponding label in the product. Most beverages are naturally gluten-free (juices, sodas, and sport drinks). Most alcoholic beverages are also gluten-free, except for some types of wines (dessert wines and those made from barley malt) and beers made from gluten-containing grains.

Prevalence of coeliac disease



Further information

For further information on coeliac disease, please refer to your local support organisation:

Australia Canada New Zealand Singapore UK USA www.coeliac.org.au www.coeliac.org.nz www.singaporeceliacs.com www.coeliac.org.uk www.celiac.org



Lactose Intolerance

Lactose in Foods

Australian Dietary Guidelines inform that individuals with lactose intolerance can tolerate up to 250mL of milk a day, as long as this is consumed throughout the day and with other foods. Fermented dairy products, such as yoghurt and cheese, are often better tolerated, as lactase is used as part of the fermenting process, reducing the overall lactose content and therefore increasing tolerance to the end product. Below is a list of dairy products and their lactose content, in decreasing order, to use as a guide.

Food	Per 100g	Per Serving Size
Whey	39g - 75g	7.8g - 15g per 20g
Milk powder	36g - 52g	13g - 19g per 35g
Condensed milk	10g - 16g	5.5g - 8.8g per 55mL
Milk (low and full fat)	4g - 5g	10g - 12.5g per 250mL
Chocolate milk	4g	10g per 250mL
Cream	4g	1.6g per 40mL
Yoghurt (whole milk)	4g	8g per 200g
Ice cream	3g - 8g	2.25g - 6g per 80mL
Buttermilk	3g - 5g	7.5g - 12.5g per 250mL
Low fat yoghurt	2g - 7g	4g - 14g per 200g
Whipping cream	3g	1.2g per 50mL
Ricotta cheese	1g - 5g	1.2g - 6g per 120g
Cottage/cream/mozzarella cheese	1g - 3g	0.5g – 1.5g per 50g
Butter	0.5g - 1g	0.1g - 0.2g per 20g
Feta cheese	0.5g	0.15g per 30g
Cheddar cheese	0.1g	0.03g per 30g
Brie/camembert/parmesan/ gruyere cheese	0.1g - 1g	0.03g - 0.3g per 30g
Swiss cheese	0g - 3g	0g - 1g per 30g
Gouda cheese	0g - 2g	0g - 0.6g per 30g



Hidden Lactose

If you are lactose intolerant, you will need to carefully check the labels of what you ingest, as there are many other foods and drinks that can also contain lactose, including: biscuits, cream soups, cheese sauce, custard, salad cream and dressing, mayonnaise, cakes, some types of baked goods and breakfast cereals, muesli bars, or some processed meats.

Prevalence of lactose intolerance



Alcohol Intolerance

Alcohol and Health

Alcohol consumption and tolerance varies with each individual, due partly to your genotype. A general guide to reduce alcohol-related issues is:

- 1. For healthy adults, no more than two standard drinks a day reduces lifetime risk of harm.
- 2. For healthy adults, no more than four standard drinks on one occasion reduces risk of alcoholrelated injury.
- 3. For children and young people under 18 years, no alcohol is the safest option, and delay drinking for as long as possible.
- 4. For women who are planning pregnancy, pregnant or breast feeding, not drinking is the safest option.

While there are some studies which show that drinking a small amount of alcohol two to three times a week can be good for you, you **do not need** to start drinking regularly to get the health benefits.

Moderate to heavy alcohol consumption can have harmful effects on your health, and can increase your risk of developing several diseases, including liver disease, kidney disease, stroke, high blood pressure, cardiomyopathy, colorectal cancer, liver cancer, breast cancer, kidney cancer, and alcohol pancreatitis.



Alcoholism and Alcohol Intoxication Disorder

Genetically, some people have a higher risk of alcoholism, alcohol dependence or alcohol intoxication disorder (binge drinking). However, it is a complex problem that can have multiple causes. It can also be hard to notice in cultures where drinking a lot is socially acceptable.

Some of the signs of alcohol dependence include:

- Worrying about when you will be able to have your next drink.
- Sweating, nausea or insomnia when you are not drinking.
- Needing to drink more and more alcohol to get drunk.
- Drinking alcohol, or wanting to, when you wake up in the morning.
- Consuming alcohol regularly on your own, or trying to hide your drinking.
- Relationships with friends or family are affected by your alcohol consumption.

Digestive System

Alcohol can trigger symptoms of irritable bowel syndrome (IBS). Moderate to heavy drinking can potentially lead to bacterial overgrowth in your small intestine, which can cause bloating, gas, abdominal pain, constipation and diarrhoea. Chronic alcohol use causes changes in the structure and function of the small intestines, disrupting your ability to digest food. If you are experiencing IBS symptoms, it is recommended that you reduce your alcohol consumption and speak to your health practitioner.

Sleep

While alcohol can help you to fall asleep overall, it does not assist sleep due to several mechanisms:

- Alcohol can cause you to miss out on REM sleep, which is when the body restores itself. Usually you will have 6 to 7 cycles of REM sleep, but if you have been drinking, you may only have 1 2. It can also make you wake up more easily during the night and feel unrefreshed in the morning.
- Alcohol is a diuretic (increases production of urine), therefore it can interrupt your sleep pattern by making you need to go more to the bathroom.
- Alcohol relaxes the muscles in your body including your mouth, nose and throat, which stops air from flowing smoothly and can make you snore loudly.

If you are drinking alcohol, try to avoid drinking 1 to 2 hours before going to sleep. This allows your body time to process the alcohol before going to bed.

Non-Alcoholic Alternatives

Many social activities and celebrations for adults are associated with alcohol consumption. If you need to cut down on alcohol, you can find some alternatives below.

Sparkling Apple Juice	Sparkling Water/ Mineral Water	Mineral Water with Lime or Mint	Mocktails
Ginger Beer	Juice	Non-alcoholic Wine	Non-alcoholic Beer



Caffeine Sensitivity

Caffeine in Drinks and Food

The caffeine content in foods and drinks is variable. In this table, you can find a general guide to work out how much caffeine you are consuming daily. Note that higher amounts than 400mg of caffeine a day will have a deleterious effect regardless of your genotype.

Drink or Food	Per Serving Size	
Coffee from a café/takeaway (1 shot)	113mg - 282mg per 250mL	
Espresso or Short Black	~107mg/1 shot	
Instant Coffee	60mg - 80mg per 250mL	
Iced Coffee*	30mg - 200mg per 500mL	
Black Tea i.e. English Breakfast	25mg - 110mg per 250mL	
Energy drinks with caffeine*	~80mg per 250mL	
Oolong Tea	50mg - 75mg per 250mL	
Green Tea	30mg - 50mg per 250mL	
White Tea	30mg - 55mg per 250mL	
Cola soft drinks*	36mg - 48mg per 375mL	
Dark Chocolate	43mg per 100g	
Milk Chocolate 20mg per 100g		
Hot Chocolate	5mg - 25mg per 250mL	
Decaf Coffee	2mg - 12mg per 250mL	

*Check product label for specific information on caffeine content.

Caffeine-Free Alternatives

It is not easy to decrease or cut out caffeine drinks. Here are some suggestions that you can try if you need to limit caffeine intake.

Decaf Coffee	Roasted Chicory Root	Rooibos Tea	Dandelion Tea
*contains small amount	Coffee (Teeccino or Cafix)	(Red Latte)	
Caffeine-free Chai Latte	Peppermint Tea	Ginger Tea	Herbal Tea



Salt Sensitivity

Salt and Health

The sodium present in salt, when consumed in excess, can lead to negative health outcomes. Too much sodium can increase the risk of high blood pressure in the long term, which is a risk factor for cardiovascular disease. There are other conditions associated with a high-salt diet beyond high blood pressure: heart failure or heart attack, kidney problems and kidney stones, oedema (fluid retention), stroke, left ventricular hypertrophy (thickening of heart muscle), and osteoporosis, among others.

The Australian Government's document titled Nutrient Reference Values for Australia and New Zealand' recommends, for adults aged 19 years and over, to limit the daily sodium intake to between 920 - 1600mg a day with an upper limit of 2,300mg a day. Furthermore, this document recommends a level of no more than 1,600mg a day for older, overweight hypertensives and those wishing to maintain low blood pressure over their lifespan.

Salt in Foods and Alternatives

Group	High-sodium Foods	Low-sodium Alternatives	
Meats, Poultry, Fish, Legumes, Eggs and Nuts	 Smoked, cured, salted or canned meat, fish or poultry including bacon, cold cuts, ham, frankfurters, sausage, sardines, caviar and anchovies Frozen breaded meats and dinners, such as burritos and pizza Canned entrees, such as ravioli, spam and chili Salted nuts Beans canned with salt added 	 Any fresh or frozen beef, lamb, pork, poultry and fish Eggs and egg substitutes Low-sodium peanut butter Dry peas and beans (not canned) Low-sodium canned fish Drained, water or oil packed canned fish or poultry 	
Dairy Products	 Buttermilk Regular and processed cheese, cheese spreads and sauces Cottage cheese 	 Milk, yogurt, ice cream and ice milk Low-sodium cheeses, cream cheese, ricotta cheese and mozzarella 	
Breads, Grains and Cereals	 Bread and rolls with salted tops Quick breads, self-rising flour, biscuit, pancake and waffle mixes Pizza, croutons and salted crackers Pre-packaged, processed mixes for potatoes, rice, pasta and stuffing 	 Breads, bagels and rolls without salted tops Muffins and most ready-to-eat cereals All rice and pasta, but do not to add salt when cooking Low-sodium corn and flour tortillas and noodles 	

Below is a list of high-sodium foods in different groups and corresponding low-sodium alternatives.



		 Low-sodium crackers and breadsticks Unsalted popcorn, chips and pretzels
Vegetables and Fruits	 Regular canned vegetables and vegetable juices Olives, pickles, sauerkraut and other pickled vegetables Vegetables made with ham, bacon or salted pork Packaged mixes, such as scalloped or au gratin potatoes, frozen hash browns and Tater Tots Commercially prepared pasta and tomato sauces and salsa 	 Fresh and frozen vegetables without sauces Low-sodium canned vegetables, sauces and juices Fresh potatoes, frozen French fries and instant mashed potatoes Low-salt tomato or V-8 juice. Most fresh, frozen and canned fruit Dried fruits
Soups	 Regular canned and dehydrated soup, broth and bouillon Cup of noodles and seasoned ramen mixes 	 Low-sodium canned and dehydrated soups, broth and bouillon Homemade soups without added salt
Fats, Desserts and Sweets	 Soy sauce, seasoning salt, other sauces and marinades Bottled salad dressings, regular salad dressing with bacon bits Salted butter or margarine Instant pudding and cake Large portions of ketchup, mustard 	 Vinegar, unsalted butter or margarine Vegetable oils and low sodium sauces and salad dressings Mayonnaise All desserts made without salt

Source: https://www.ucsfhealth.org



Histamine Intolerance

In the table below, you can find a list of foods and beverages classified according to their histamine content or their effect on histamine levels.

Group	Food or beverage		
	• Alcohol (especially red wines, ciders, beers, and brown liqueurs)		
	Eggplants		
	Pickled or canned foods		
	Matured cheeses		
	Smoked meat products		
	Shellfish		
	Beans and pulses		
High histamine content	Long-stored nuts		
	Chocolates and other cocoa-based products		
	• Seitan (yegan meat made of wheat gluten)		
	Rice vinegar		
	Ready-to-eat meals		
	Salty snacks		
	• Sweets with preservatives and artificial colourings		
	Most citrus fruits		
	Cocoa and chocolate		
	Walnuts peanuts		
	Danava nineannles nlums kiwi and hananas		
Histomine releasers	• Fapaya, pincappies, piunis, kiwi and bananas		
	Tomatoes		
	• Tomatoes		
	Most vipears		
	Additives		
	Alconol		
Histamine metabolism	Energy units Discloses		
gene blockers	Black tea		
	Yerba mate (traditional south American Infused drink made from the leaves and twics of the lex paraguariensis plant)		
	Fresh meat		
	Certain fresh/frozen fish		
	• Eggs		
	Fresh fruits and vegetables		
Low histamine content	• Grains		
	Fresh pasteurised milk and milk products, milk substitutes		
	Most cooking oils		
	Most leafy herbs		
	Most fruit juices without citrus fruits		
	Herbal teas		

Source:	https://www	histamineinto	olerance.org.uk
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Food Allergy Basics

- A food allergy is an immune system response to a food protein that the body mistakenly believes is harmful. When the individual eats food containing that protein, the immune system releases massive amounts of chemicals, triggering symptoms that can affect a person's gastrointestinal tract, skin, breathing and/or heart.
- Symptoms of food allergy can include; hives, swelling of the lips, face and eyes, vomiting abdominal pain, swelling of the tongue, breathing difficulty, persistent dizziness or a sudden collapse. If left untreated, these symptoms can be fatal.
- It is estimated that up to 2% of adults, 1 in 10 babies* and 6% of children have food allergy and some of them will experience a life-threatening allergic reaction (anaphylaxis).
- There are more than 170 foods known to have triggered severe allergic reactions. Examples include kiwi fruit, banana, chicken, mustard and celery.
- Currently, there is no cure for food allergy. Avoidance of the food is the only way to prevent a reaction.
- Adrenaline is the first line treatment for severe allergic reactions and can be administered via an auto-injector called the EpiPen[®].
- Food allergy is the leading cause of (severe reactions) anaphylaxis outside the hospital setting.
- An estimated 10 people die from anaphylactic reactions each year in Australia and some of these are triggered by food. We do not know exact numbers because there is no register collecting data.

* Osborne et al. Prevalence of challenge-proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. J Allergy Clin Immunolol 2011; 127: 668-676

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