

FOOD INTOLERANCE NETWORK FACTSHEET

How to start failsafe eating: a step by step guide

Here's a simple way to start:

- Switch to **preservative free bread** – Brumbys or Bakers Delight plain breads are the safest.
- **Water is the best drink**, it can be filtered, bottled, spring, mineral or soda water – and tap water if it tastes okay - but not soft drinks, cordial or juice. As an occasional treat you can make magic cordial (see [Recipes](#))
- Avoid **artificial colours** in lollies etc (Werthers Originals are colour free but save lollies for treats)
- Avoid **flavour enhancers** (600 numbers) in noodles, Shapes etc (plain noodles, crackers like Saladas are OK)
- Avoid **preservatives** in processed foods SEE LIST BELOW
- Avoid **synthetic antioxidants** in oils, particularly when eating out SEE LIST BELOW
- You might like to **cut down on salicylates** by avoiding broccoli, citrus, tomatoes, grapes and their products.
- Switch to A2 milk if available (see www.a2milk.com.au/)

Some families see a big improvement just by cutting down. Others will get best results by doing a full elimination diet, **free of additives**, **low in salicylates**, **amines** and **flavour enhancers** (failsafe). [See our list of supportive dietitians](#)

Under this list is a [step-by-step guide](#).

Avoid these additives

from www.fedup.com.au

COLOURS

102,104,107,110,122,123,124,127,128,
129,132,133,142,151,155
natural colour 160b (annatto)

PRESERVATIVES

Sorbates 200-203
Benzoates 210-213
Sulphites 220-228
Nitrates, nitrites 249-252
Propionates 280-283, 'cultured' anything
eg 'cultured dextrose'

SYNTHETIC ANTIOXIDANTS

Gallates 310-312
TBHQ, BHA, BHT 319-321

FLAVOUR ENHANCERS

Glutamates including MSG 620-625
 Ribonucleotides 627, 631, 635
 Hydrolysed Vegetable Protein (HVP) **other names**

ARTIFICIAL FLAVOURS

No numbers since they are trade secrets

Step-by-step guide

If cutting down doesn't help enough but you see some effects, or if you are desperate, it is best to do the full diet. There is a huge gap between avoiding food additives and doing a low salicylate, low amine elimination diet. Like most mothers, when I first saw the dietitians' booklet, I thought 'this is too hard!' The whole point about elimination diets is to get them right, so you have to stick strictly to the foods in the shopping list.

The key is to be well prepared which is why I wrote my books: this diet works, and the more you know the better it works. Find time to read my books, either from your local library or [buy them online](#) as this will increase your chances of success.

1. **Check with your doctor** that there is not some other cause for your problems. For example, children with significant hearing loss or painful dental decay can sometimes appear to have ADHD.
2. The diet that was a magic answer for us is called the Simplified Elimination Diet from Royal Prince Alfred Hospital Allergy Clinic in Sydney. We call it failsafe - meaning free of additives, low in salicylates, amines and flavour enhancers because it's easier to say. You can **see our list of failsafe friendly dietitians** at <http://fedup.com.au/information/support/dietitians>. You are much more likely to succeed if you see an experienced and supportive dietitian from our list. These dietitians specialise in food intolerance and the RPAH elimination diet. A dietitian-supervised elimination diet gives you credibility with schools, health professionals, relatives and friends. If there is no one on our list near you, many of our most experienced dietitians will do Skype, email or phone consultations.

The following letter from Joy Anderson (a recommended WA dietitian from our list) appeared in the June 2013 issue of the Medical Journal of Australia InSight

"As a dietitian who uses the RPAH Allergy Unit Elimination Diet in my everyday practice, I can assure you that it does work brilliantly in the majority of cases, in infants (via mother's breastmilk), in children and in adults as well. However, it needs to be done properly The diet should be supervised by an Accredited Practising Dietitian with experience in food-chemical intolerances and conducted as a test diet, for a limited period of time - usually only 3-4 weeks in duration. Occasionally it may go longer, but the dietitian ensures that nutrients are adequately compensated for. The challenges are then performed in a timely manner and the diet refined to be liberalised as much as possible, while only avoiding the problem foods long term. I have many, many satisfied clients who were fobbed off by other health professionals in the past, because they didn't 'believe' in food-chemical intolerance".

3. **If weight loss is a problem** especially for children, weigh your child and record the weight once a week. If a skinny child loses weight, ask your dietitian about caloric supplements such as Polycose or stop the diet. Medication for ADHD is a common cause of poor appetite and stunted growth. It is easiest to start this diet with your child unmedicated if possible. Families of medicated children often start during school - and drug - holidays.

4. **Decide how many foods you will exclude.** This is the hard part. If you don't exclude enough food chemicals, the diet won't work. If you exclude everything from the start, the diet might be unnecessarily

difficult. Download the [free Failsafe booklet](#) to give you a good idea of how to start and go on.

- For most people, the best place to start is *failsafe* (free of additives, low in salicylates, amines and flavour enhancers) and now that A2 milk is available, it is easy to switch to that too. Most of the recipes are failsafe with dairy and gluten free options. Moderate salicylates and amines in recipes are listed as options and avoided during the elimination stage.
- If you have any reason to suspect *dairy foods* – pale face, dark circles under eyes, stuffy or runny nose, breathes through mouth, constant throat clearing, another family member reacts to milk, problems with milk as a baby, frequent ear infections, grommets, would live on milk if you let him/her, drinks litres of milk a day, or hates milk, see point 26 below.
- For *autism*, severe symptoms or if there is a family member with *coeliac disease*, see point 27 below.
- For severe symptoms including autism and chronic fatigue syndrome, you may have to work especially hard at avoiding *environmental chemicals*, see point 23 below.

5. **Read the Shopping list** or the food lists in your dietitians' booklet. Manufacturers change ingredients frequently.

6. **Establish a failsafe house** by eating or giving away all the unsuitable food in your kitchen. It is best for the whole family to do the diet for support. It is common for fathers to refuse to do this, but at least they can appear to support the diet while at home. Children who are expected to stick to this diet while others at home eat tempting foods beside them will very reasonably sneak food or money.

7. **Negotiate incentives** with your child - 'what's this worth to you?'. Daily credit points and weekly rewards with a bonus after three weeks are better than one big bribe. Ask for the support of your partner and anyone else in the household.

8. **Mark D-day** - diet day - on your calendar, preferably on a Monday. You might want to wait until a special occasion, birthday party or school camp is out of the way. Consider getting a copy of my [entertaining and useful DVD](#) and showing it to your spouse, teacher, friends and kids as a means of building support for what you are about to do. You can [buy it here](#) or try your local library.

9. Using the recipes and sample menus in Fed Up or the Failsafe Cookbook, **draw up a week's menu plan**, including snacks, which you feel is workable for your family. It doesn't have to include a lot of variety. There might be a lot of home made chicken and chips at first. In the first three weeks, you just want to get rid of food chemicals and cravings.

10. **Go shopping**. Take a list of the ingredients you need for your recipes and the shopping list for other ideas. Keep an Additives to Avoid card in your wallet. The first failsafe shop will be time consuming while you read labels, after that it will be quicker and cheaper than usual.

11. **Try out some recipes** before you get to D-day. For children, cook and freeze some meals and treats such as failsafe mince, pear muffins and biscuits. Have magic cordial, pear jam and icypoles ready.

12. **Rate your child's behaviour** on the checklist in Fed Up or the Failsafe Cookbook or draw up a list of the behaviours which you would most like to see change on the diet (for example, won't go to bed, argues with sibling, refuses to do chores, refuses to do homework, low reading ability) so that you have a starting point from which to measure your progress.

13. On D-day, **start the diet**.

14. **Get support** by joining our [facebook group](#) or [forum](#) and the Failsafe Newsletter mailing list so you can hear about product changes, recipes and inspiration - send an email with "subscribe" in the subject line to failsafe_newsletter-subscribe@yahogroups.com

15. **Keep a diary** of everything that goes in the mouth or on the skin (foods, toothpaste, medications). Record any behaviour, learning and health problems during the diet. It is easier to see effects when

looking back. Note any positive behaviours, such as 'fed dog without being asked', 'went to bed without arguing'. After the diet, keep your diary in a safe place.

16. **Expect withdrawal symptoms** within the first two weeks, often on days four and five. These can be feeling tearful and overwhelmed, strong food cravings, irritability and the same symptoms you had before you started the diet, but can also include flu, mouth ulcers and other physical symptoms. You can minimise withdrawal symptoms by reducing additives over a few weeks before the full diet and don't binge on fruit and takeaways - the way we did - the weekend before starting.

17. **Read the Checklist of Common Mistakes** on the website many times. There are many foods allowed on the dietitians' lists that affect our family and other failsafers, so your diet might need fine-tuning. If there is no improvement after two weeks, ask your dietitian, failsafe contact or email group or write to suedengate@ozemail.com.au for help. Some children improve within days, others improve slowly, going through the second week blahs and only coming good in the middle of the third week. Success is the greatest motivator. Families who see huge improvements are highly motivated to continue, so it is worth getting the diet right.

18. **Give your child extra love, hugs and time.** Children cannot be punished into sticking to this diet. Set a good example yourself by sticking to the diet and praise your child often for sticking to it too. Encourage positivity. Laughter therapy really works so be sure to have fun such as family nights with a comedy video, or go through family photo albums and remember the good times.

19. **Rate your progress after three weeks.** At first, most people can hardly wait to start challenges. In my experience, people who do best in the long term are the ones who take an extra week or two to settle into the diet, so it's best to stick to the diet strictly for at least three weeks for behaviour, although skin rashes and chronic fatigue may take longer.

20. You are ready to **start challenges** when you have completed at least three weeks of the diet including a week without symptoms. It's okay to take a few more weeks to enjoy family harmony before embarking on challenges. People with asthma or suicidal feelings *must* be supervised by an experienced dietitian. If there is no improvement after six weeks, do the challenges anyway because some people are best able to notice effects through challenges. Challenges and controlled reintroduction can be confusing. That's why it's important to have a good dietitian. Read the Challenges section of the **Checklist of Common Mistakes** because it is easy to make mistakes.

21. As the diet kicks in and your child becomes more amenable to discipline, **establish a behaviour management program** in your household. I have found that *1-2-3 Magic* really is magic, see www.parentmagic.com or www.parentshop.com.au.

22. When you have learned which foods affect you and established a new food routine, go back to your dietitian and **have your nutrition checked** if you are avoiding gluten or salicylates and dairy foods especially in a very young child.

23. Food chemical sensitivity varies depending on the total load to which we are exposed. Environmental chemicals, stress, lack of sleep, illness and hormones can all contribute. **Avoid unnecessary chemicals** including aerosols; house renovation solvents, glues and paints; new furniture, and pesticides, perfumed household cleaners, sunblock and personal care products, see **Shopping list** for alternatives. This is important for everyone but even more so for people with eczema, autism and CFS. Allow time for exercise, sleep and relaxation.

24. Most children like to eat some fatty and sugary foods while being weaned off nasty food chemicals and takeaways. As your child's tastes settle down, reduce the intake of fats and sugars, and **eat more failsafe vegetables**, see Hide the Vegetables in the Failsafe Cookbook.

25. **It is not necessary to avoid sugar.** Many people think that sugar causes children's behaviour problems, but it doesn't. Food chemicals in with the sugar - such as artificial colours or salicylates in mint and fruit flavours - are most likely to be the cause of bad behaviour. Although salicylate-induced

hypoglycemia was first described in a medical journal decades ago, most people are still unaware that salicylates in healthy food like fruit and vegetables can actually cause sugar cravings and hypoglycemic symptoms in some people. Home-made toffees and caramels from natural ingredients are some of the safest lollies for children. About 95 per cent of the confectionery in Australian supermarkets contains artificial colours and most of the rest contain salicylates, for example in mint flavouring. You can buy failsafe lollies for children - see [Shopping List](#). A word of warning though, sugar lacks essential nutrients, contributes to obesity and is bad for teeth so it is best limited and eaten as part of a balanced meal. Save lollies for special treats.

26. Avoiding milk and wheat

Statistically speaking, additives and salicylates are most likely to be the cause of your problems. However, milk can be a problem for many and the introduction of A2 milk (www.a2milk.com.au/) has made life much easier for people with food intolerance. It is worth switching to A2 from the beginning because along additive-free bread, it is the easiest of all diet changes to make.

Avoiding Dairy Foods

As well as avoiding milk, you need to avoid yoghurt, skim milk powder in bread and biscuits, icecream, cheese, cream and butter in that order of importance, where milk, yoghurt and milk powder are the most important. Alternatives include soymilk or ricemilk - and Nuttalex margarine - see [Shopping List](#). None of these are suitable for infant feeding.

Babies need breastmilk or baby formula and there are special formulas for babies with food intolerance that are available by prescription only. Your dietitian can advise, or our lactation consultant/dietitian in the dietitians list will do long-distance consultations. Or talk to others in our support groups. Adults and children who improve on A2 milk may do better on soy, oat or ricemilk, but many families find it easier to switch to A2 milk first, then switch to soy, oat or ricemilk after a few weeks if necessary. Don't forget to do a dairy-free trial if there are still problems!

Some other soy issues: some people are affected by soymilk as well as cows milk; ingredients change constantly in soymilks and you can be caught by a non-failsafe ingredient, see [Checklist of Common Mistakes](#), and some people worry about possible gender ambiguity effects of phytoestrogens in soymilks in infants and young children. For people avoiding dairy foods, it is probably a good idea to break your diet with small regular amounts of dairy foods such as weekly yoghurt to maintain your lactose tolerance.

Avoiding Wheat or Gluten

It's probably best not to start gluten free unless there's a very good reason such as out of control symptoms, you really want to and you know what you are doing. **Suspect coeliac disease** if there is a coeliac in the family or a family history of short stature, insulin dependent diabetes, unexplained anemia, osteoporosis, alopecia areata (patchy baldness) or male or female infertility. If coeliac disease is a possibility, a blood test is recommended first because the test only works while you are eating wheat. You don't have to be a coeliac to be affected by gluten, but statistically speaking, gluten is less likely to cause problems than additives, salicylates or amines.

Reversible gluten intolerance can be induced by antibiotics or gastrointestinal infections. Many people mistakenly think they are sensitive to wheat when it is really the bread preservative that affects them. Going wheat free or especially gluten free is difficult and can lead to mistakes. Sulphite preservatives in commercial gluten free flours can be a problem and some coeliacs develop asthma or eczema for the first time when they go gluten free. It is much harder to go gluten free and low sulphite. Except for autism or if your dietitian recommends it, most people find it easiest to leave wheat or gluten avoidance for a few weeks until they are settled into the diet. By then many children will have improved so much it will be obvious they don't need to worry about avoiding wheat or gluten.

Introduction to food intolerance

www.fedup.com.au

The information given is not intended as medical advice. Always consult with your doctor for underlying illness. Before beginning dietary investigation, consult a dietician with an interest in food intolerance.

You can see our list of experienced and supportive dietitians

<http://fedup.com.au/information/support/dietitians>

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