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REVIEW

Histamine intolerance and dietary management: A complete review

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content recommendations for the same food can be opposed (very high vs. very low content). Foods such as kiwi, spinach, canned tuna, sausages, cocoa and tomato sauce showed this contrast.

It may also occur that even laboratory analytical studies show opposite results, as with spinach, Cheddar and Swiss cheese and ketchup.

Even the European Rapid Alert system for Food and Feed database reports concentration ranges in different sub-samples of the same sample e.g. 50–500 mg/kg, 102–180 mg/kg, 27–152 mg/kg, of 147 mg/kg, below 5–208 and below 10–1000 mg/kg (for fish samples).⁴

Data from outbreaks show big variation in concentrations leading to adverse effects in the consumer. These uncertainties may lead either to an underestimation of the adverse effect to occur in sensitive people or to an overestimation of the risk in healthy people due to biogenic amines, since only the risk assessment of the individual biogenic amines is feasible at the moment.⁴

That situation can lead patients to assume erroneous or insufficiently verified information, and generates incomplete or ineffective treatments. This becomes disturbing when two-thirds of those using the internet to

find health information claim it has some impact on their healthcare decisions,³⁴ and when searchers assure the internet information they obtain is, in most cases, trustworthy.³⁵

The majority of health-related Internet searches by patients are for specific medical conditions.³⁶ Many concerns have been raised about the quality of online consumer health information, and the possibility that poor information has detrimental effects on health. A systematic review of 79 studies investigating the quality of online health information revealed that the methodology and rigour of these studies varies widely, as do the findings.³⁷ The information is often incomplete and sometimes inaccurate, although good quality material can be found.

Therefore, instructing patients with histamine intolerance, DAO deficit and mast cell diseases to limit their intake of histamine and other amines containing products would seem to be a reasonable recommendation. However, following such a recommendation will be challenging for several reasons. First, simply knowing that a product contains histamine or other amines does not allow an accurate estimate of its content. Second, ingredient lists are generally not present on fast food items, making it difficult to identify the

Table 2 Reviews, table compilations and proposals of other amines content in food for the general population.

Food group	Food	[25]		[7]	[28][31]	[26]	[30]	[32]	[29]
		Triptamine	Tiramine	Tiramine					
Cereal and tuber	Alfalfa								
	Kumara								
Fruit	Potato	0							
	Apple	0.53							
	Apricot								
	Avocado		2.3						
	Banana	1.13	0.7						
	Blackcurrant								
	Cherry								
	Coconut								
	Dates								
	Dried figs								
	Grapefruit								
	Grapes								
	Kiwi								
	Lemon								
	Mandarin								
	Olives								
	Orange	0.1	1						
	Papaya								
	Passionfruit								
	Peach								
	Pear								
	Persimmon								
	Pineapple	0.62							
	Pomegranate	0.47							
Plum									
Raspberry		5							
Rhubarb									
Rockmelon									
Strawberry	0.47								
Vegetables	Asparagus								
	Broccoli								
	Cabbage	0.77							
	Carrot	1.58							
	Cauliflower	1.98							
	Cucumber	1.28							
	Eggplant								
	Green peas								
	Lettuce								
	Marrow								
	Mushroom								
	Onion	0.92							

Table 2 (Continued)

	Pickle				X	X		X		
	Sauerkraut		2		X	X		X		
	Spinach				X	X		X	X	
	Tomato	0.93	0.4		X	X		X		X
	Turnip greens	2.12			X	X		X		
	Zucchini				X	X		X		
Dairy	Cheese Brie		26	39.8	X	X		X		X
	Cheese Camembert	2	12	Trace	X	X		X		X
	Cheese Cheddar	0.1	21-27	24-108	X	X		X		
	Cheese Edam	8	31	Trace	X	X		X		
	Cheese Gouda	7	29	29	X	X		X		
	Cheese Limburger	16	12		X	X		X		
	Cheese Roquefort	20	36		X	X		X		
	Cheese Swiss	19	41		X	X		X		
	Mozzarella	10	16		X	X		X		
	Yoghurt		0.13		X	X		X		
Legume	Broad beans				X	X		X		
	Tofu/Tempeh				X	X		X		
Fish	Canned tuna	0.1	0		X	X		X		
	Fresh white				X	X		X		
	Frozen				X	X		X		
	Sardine				X	X		X		
	Smoked salmon/fish				X	X		X		
	Tuna				X	X		X		
	Bacon				X	X		X		
Meat	Ham (cooked)				X	X		X		
	Pork (fresh/untreated)				X	X		X		
	Sausages	36	12		X	X		X		
	Turkey				X	X		X		
	Almonds				X	X		X		
Nuts	Cashew nuts				X	X		X		
	Macadamia nuts				X	X		X		
	Peanut				X	X		X		
	Pecan				X	X		X		
	Pine nuts				X	X		X		
	Pistachios				X	X		X		
	Sesame seeds				X	X		X		
	Sunflower seeds				X	X		X		
	Walnut				X	X		X		
	Sweets	Chocolate (dark)		0.07		X	X		X	
Cocoa					X	X		X		
Maple syrup					X	X		X		
Drinks	Sugar				X	X		X		
	Coffee				X	X		X		
	Cola type drinks				X	X		X		
	Pear juice				X	X		X		
	Tomato juice				X	X		X		
Condiments	Vegetable drinks				X	X		X		
	Basil				X	X		X		
	Soy		0.18		X	X		X		
	Vinegar (white/red wine)				X	X		X		

* Content (mg/kg).

* Red: high/very high; yellow: moderate; green: low content.

presence of amines. Third, amine-free products may require more effort to identify.³³

To achieve the goal of collecting reliable information, all the methods and tools should be standardised.³⁸ Standardisation is a *sine qua non* of information pooling. However, scientific, and other constraints make it difficult to impose uniform procedures across studies.³⁹ In this case, each assessed nutrient must be defined in the same way, the units of measurement must be comparable, and the methods used to assess nutrient value must be the same or comparable.³⁸ It is important to recognise that it is not always necessary to use precisely the same methods and tools for data

collection in order to achieve valid data integration across studies. Rather, what is crucial is that the information conveyed by each data set is 'inferentially equivalent'.³⁹

Nutrient values in the food composition databases must be updated frequently and new foods and recipes need to be added promptly so that the results are precise and accurate also over time.³⁸ We recommend that manufacturers analyse their products for amines content and make these data available for incorporation into nutrient databases. Food manufacturers should also lower amines content of popular products. We also recommend that policymakers mandate that amines content of foods be included on the

Table 3 Foods excluded from [Tables 1 and 2](#).

	Two green recommendations	Two yellow or red recommendations	One green and one yellow/red recommendations
Food excluded from Table 1	Apricot, Peach, Asparagus, Carrot, Celery, Lettuce, Rice milk, Soy milk, Lamb, Sunflower oil, Sweetener, Pepper.	Bread crumbs/cubes, Dates, Grapes, Lime, Passion fruit, Cream Tilsit, Sour cream, Yoghurt (fruit), Broad beans, Surimi, Calf liver, Chicken liver, Duck liver, Foie gras, Pork (fresh/untreated), Venison, Viscera, Hazelnut, Almond oil, Avocado oil, Peanut butter, Sesame oil, Walnut oil, Chocolate (white), Energetic drinks, Flavour enhancer, Ginger, Miso.	Rye, Pumpkin, Cream, Yoghurt (soy/rice), Split peas, Tofu/Tempeh, Sardine, Frozen meat, Cashew nuts, Caramels, Maple syrup, Lemonade.
Food excluded from Table 2	Barley, Rice, Chayote (choko), Bamboo shoots, Brussel sprouts, Celery, Chives, Garlic, Leek, Shallot, Swede, Cheese (fresh), Cheese Emmental, Milk, Sour cream, Beans, Mung Bean sprouts, Soya beans, Beef, Lamb, Rabbit, Veal, Cooked egg (white), Yolk, Green tea,	Corn, Lime, Arugula, Radicchio, Truffles, Cheese Feta, Cheese Fontina, Cheese Muenster, Cheese Parmesan, Cheese Port-Salut, Canned anchovies, Prawns, Surimi, Chicken liver, Offal, Salami, Smoked meat, Hazelnut, Chocolate (milk), Fruit Jam, Orange juice,	Durian, Guava, Longan, Loquat, Lychee, Nectarine, Rambutan, Redcurrant, Starfruit, Watermelon, Artichoke, Beetroot, Bok choy, Capsicum, Endive, Fennel, Parsnip, Pumpkin, Radish, Water chestnut, Watercress, Cheese Gruyere,

Low content <5 mg/kg (green); moderate content 5–20 mg/kg (yellow); and high content >20 mg/kg (red).

nutrition facts label. These actions by manufacturers and policymakers will help patients limit their amines intake, will help providers to better instruct patients, and will help researchers to accurately assess dietary intake.³³

Conclusion

A valid risk assessment requires data on exposure, and thus on the contents of contaminants in foods. However, these data are highly variable and may significantly differ even within narrowly confined regions. In this regard, more attention should be paid to the preparation, extension and maintenance of food composition databases.

Further studies are necessary to establish safety limits for bioactive amines in food, and the intolerance they may cause.

Ethical disclosures

Confidentiality of data. The authors declare that no patient data appears in this article.

Right to privacy and informed consent. The authors declare that no patient data appears in this article.

Protection of human subjects and animals in research. The authors declare that no experiments were performed on humans or animals for this investigation.

Conflicts of interest and source of funding

The authors have disclosed that they have no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

References

1. Bacellar Ribas Rodríguez M, da Silva Carneiro C, Barreto da Silva Feijó M, Conte Júnior CA, Borges Mano S. Bioactive amines: aspects of quality and safety in food. *Food Nutr Sci.* 2014;5:138–46.
2. Flick GJ, Granata LA. Biogenic amines in foods. In: Dabrowski WM, Sikorski ZE, editors. *Toxins in food (chemical and functional properties of food components)*. Boca Raton: CRC Press; 2005. p. 121–54.
3. Naila A, Flint S, Fletcher G, Bremer P, Meerdink G. Control of biogenic amines in food – existing and emerging approaches. *J Food Sci.* 2010;75:R139–50.
4. EFSA Panel on Biological Hazards (BIOHAZ). Scientific Opinion on risk based control of biogenic amine formation in fermented foods. *EFSA J.* 2011;9:2393, <http://dx.doi.org/10.2903/j.efsa.2011.2393>.
5. Karovicova J, Kohajdova Z. Biogenic amines in food. *Chem Pap.* 2005;59:70–9.
6. Halász A, Baráth A, Simon-Sarkadi L, Holzapfel W. Biogenic amines and their production by microorganisms in food. *Trends Food Sci Technol.* 1994;5:42–9.
7. O’Sullivan B. *The analysis of biogenic amines by standard and novel methods*. Dublin: School of Biological Sciences; 2000 [Tesis].

8. Bardóc S. Polyamines in food and their consequences for food quality and human health. *Trends Food Sci Technol.* 1995;6:341–6.
9. Broadley KH. The vascular effects of trace amines and amphetamines. *Pharmacol Ther.* 2010;125:363–75.
10. Ōnal A. A review: current analytical methods for the determination of biogenic amines in foods. *Food Chem.* 2007;103:1475–86.
11. Bunková L, Bunka F, Klčovsk P, Mrkvicka AV, Dolezalová M, Kracmar S. Formation of biogenic amines by gram-negative bacteria isolated from poultry skin. *Food Chem.* 2010;121:203–6.
12. Jarisch R. Histamin-Intoleranz. In: *Histamin und Seekrankheit.* 2nd ed. Stuttgart: Thieme; 2004.
13. Maintz L, Novak N. Histamine and histamine intolerance. *Am J Clin Nutr.* 2007;85:1185–96.
14. Klocker J, Matzler SA, Huetz GN, Drasche A, Kolbitsch C, Schwelberger HG. Expression of histamine degrading enzymes in porcine tissues. *Inflamm Res.* 2005;54:S54–7.
15. Santos J, Alonso C, Guilarte M, Vicario M, Malagelada JR. Targeting mast cells in the treatment of functional gastrointestinal disorders. *Curr Opin Pharmacol.* 2006;6:541–6.
16. Valent P, Akin C, Brockow K, Butterfield JH, Carter MC, Castells M, et al. Definitions, criteria and global classification of mast cell disorders with special reference to mast cell activation syndromes: a consensus proposal. *Int Arch Allergy Immunol.* 2012;157:215–25.
17. Valent P. Mast cell activation syndromes: definition and classification. *Allergy.* 2013;68:417–24.
18. Masterman G. The food list: managing your diet. Histamine Intolerance Awareness. Available at: <http://www.histamineintolerance.org.uk/about/the-food-diary/the-food-list/> [accessed 27.01.16].
19. Dionex. Determination of biogenic amines in fruit, vegetables, and chocolate using ion chromatography with suppressed conductivity and integrated pulsed amperometric detections. Application Update 162. 1–8.
20. Dionex. Determination of biogenic amines in fermented and non-fermented foods using ion chromatography with suppressed conductivity and integrated pulsed amperometric detections. Application Note 183. 1–14.
21. Kalač P, Švecova S, Peliknová T. Levels of biogenic amines in typical vegetable products. *Food Chem.* 2002;77:349–51.
22. Duelo A. Alimentos y dieta baja en histamina – Tabla de alimentos. ADD Adriana Duelo Dietistas; 2015. Available at: <http://www.adrianaduelo.com/wp-content/uploads/2015/04/4.-TABLA-ALIMENTOS.pdf> [accessed 27.01.16].
23. Ykelenstam Y. Histamine in foods (list). The low histamine chef; 2012. Available at: <http://thelowhistaminechef.com/histamine-in-foods-list/> [accessed 27.01.16].
24. Swiss Interest Group Histamine Intolerance (SIGHI). Histamine elimination diet; 2015. Available at: http://www.histaminintoleranz.ch/downloads/SIGHI-Leaflet_HistamineEliminationDiet.pdf [accessed 27.01.16].
25. Failsafe Diet Amine content of selected foods. Available at: <http://www.failsafediet.com/the-rpah-elimination-diet-failsafe/amine-content-of-selected-foods/> [accessed 20.01.16].
26. Swiss Interest Group Histamine Intolerance (SIGHI). Food compatibility list – Histamine; 2014. Available at: http://www.mastzellaktivierung.info/download/foodlist/21_FoodList_EN_alphabetic_withCateg.pdf [accessed 20.01.16].
27. Mitohnekochen Liste histaminhaltige Käsesorten. Available at: <http://www.mitohnekochen.com/histamin/liste-histaminhaltige-kasesorten/> [accessed 27.01.16].
28. Coleman RJ. Amine content of foods. MMC Fact Sheet 907. Available at: http://www.millhousemedical.co.nz/files/docs/factsheet_7_amines_in_foods.pdf [accessed 14.01.16].
29. Gibson PR, Shepherd S. Food choice as a key management strategy for functional gastrointestinal symptoms. Available at: <http://allergy.net.au/> [accessed 25.01.16].
30. Living with amines. Food list–Amines in food. Available at: <http://www.livingwithamines.com/#!aminesinfood/cysw> [accessed 12.01.16].
31. Edwards A. Salicylates, amine and glutamate content of foods. Radiant Health from within; 2012. Available at: <http://alessandraedwards.com/womens-health/salicylate-amine-content-foods/> [accessed 29.01.16].
32. South Derm. Salicylates, amines and glutamate diets. Available at: <http://www.southderm.com.au/fact-sheets/salicylates-amines-and-glutamates-diet.pdf> [accessed 29.01.16].
33. Sullivan CM, Leon JB, Sehgal AR. Phosphorus containing food additives and the accuracy of nutrient databases: implications for renal patients. *J Ren Nutr.* 2007;17:350–4.
34. Powell JA, Darvell M, Gray JAM. The doctor, the patient and the world-wide web: how the internet is changing healthcare. *J R Soc Med.* 2003;96:74–6.
35. Schwartz KL, Roe T, Northrup J, Meza J, Seifeldin R, Neale AV. Family medicine patients' use of the internet for health information: a MetroNet study. *J Am Board Fam Med.* 2006;19:39–45.
36. McMullan M. Patients using internet to obtain health information: how this affects the patient-health professional relationship. *Patient Educ Couns.* 2006;63:24–8.
37. Eysenbach G, Powell J, Kuss O, Sa ER. Empirical studies assessing the quality of health information for consumers on the world wide web: a systematic review. *JAMA.* 2002;287:2691–700.
38. Uusitalo U, Kronberg-Kippila C, Aronsson CA, Schakel S, Schoen S, Mattisson I, et al. Food composition database harmonization for between-country comparisons of nutrient data in the TEDDY study. *J Food Compos Anal.* 2011;24(4–5):494–505.
39. Fortier I, Burton PR, Robson PJ, Ferretti V, Little J, L'Heureux F, et al. Quality, quantity and harmony: the DataSHaPER approach to integrating data across bioclinical studies. *Int J Epidemiol.* 2010;39:1383–93.