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Altri autori (Persone)	ButtrissJudith
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Soggetti	Food allergy Malabsorption syndromes Food - Toxicology Nutritionally induced diseases
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Note generali	Description based upon print version of record.
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Nota di contenuto	Adverse Reactions to Food; Contents; Foreword; Terms of Reference; Task Force Membership; 1 Introduction and Definitions; 1.1 Introduction; 1.2 Food intolerance; 1.2.1 Allergic reactions; 1.2.2 Enzymic reactions; 1.2.3 Pharmacological reactions; 1.2.4 Other non-defined idiosyncratic responses; 1.3 Food aversion; 1.3.1 Food avoidance; 1.4 Food poisoning; 1.4.1 Chemical food poisoning; 1.4.2 Foodborne bacterial gastroenteritis; 1.4.3 Food vehicles; 1.4.4 Foodborne viral gastroenteritis; 1.5 Key points; Appendix A Classification of adverse reactions to foods; 2 The Immune System 2.1 Introduction2.2 The immune system; 2.3 Innate immunity; 2.4 Adaptive immunity; 2.4.1 Anatomy and cells of adaptive immunity; 2.4.2 Clonal expansion of lymphocytes; 2.4.3 B cells, immunoglobulins and humoral immunity; 2.4.4 T cells and cell mediated immunity; 2.4.5 The generation of effector T cells; 2.4.6 Effector CD4+ T cells; 2.4.7 Effector mechanisms of Th1 mediated immunity; 2.4.8 Effector mechanisms of Th2 mediated immunity; 2.5 Allergy; 2.5.1 IgE mediated allergy; 2.5.2 Clinical patterns of IgE mediated allergy; 2.5.3 Non-IgE/T

cell mediated allergy

2.6 Why do food antigens fail to produce a detrimental immune response? 2.6.1 Oral tolerance/true immunological tolerance; 2.6.2 Mechanisms of oral tolerance; 2.6.3 Factors influencing oral tolerance; 2.6.4 Immunological acceptance; 2.7 Conclusion; 3 Nutrition and the Immune System; 3.1 Introduction; 3.2 Impact of infection on nutrient status; 3.2.1 Infection is characterised by anorexia; 3.2.2 Infection is characterised by nutrient malabsorption and loss; 3.2.3 Infection is characterised by increased resting energy expenditure
3.2.4 Infection is characterised by altered metabolism and redistribution of nutrients 3.3 Protein-energy malnutrition and immune function; 3.4 The influence of individual micronutrients on immune function; 3.4.1 Vitamin A; 3.4.2 Carotenoids; 3.4.3 Vitamin B6; 3.4.4 Vitamin C; 3.4.5 Vitamin E; 3.4.6 Zinc; 3.4.7 Copper; 3.4.8 Iron; 3.4.9 Micronutrient combinations and resistance to infection; 3.4.10 Micronutrients and HIV infection; 3.4.11 Micronutrients and asthma; 3.5 Dietary fat and immune function; 3.5.1 Fatty acids in the human diet; 3.5.2 Amount of dietary fat and immune function
3.5.3 Eicosanoids: a link between fatty acids and the immune system 3.5.4 Linoleic acid and immune function; 3.5.5 α-Linolenic acid and immune function; 3.5.6 Fish oil and immune function; 3.5.7 Dietary fat and Th1 skewed immunological diseases; 3.5.8 Fatty acids and Th2 skewed immunological diseases; 3.6 Dietary amino acids and related compounds and immune function; 3.6.1 Sulphur amino acids and glutathione; 3.6.2 Arginine; 3.6.3 Glutamine; 3.7 Probiotics, immune function and allergy; 3.7.1 The theoretical basis for the use of probiotics; 3.7.2 Probiotics and immune function
3.7.3 Probiotics and allergy

Sommario/riassunto

Continuing the exciting series of BNF Task Force Reports, Adverse Reactions to Foods covers in depth food allergy, food intolerance, nutrition and the immune system and autoimmune disease. Chaired by Professor Dame Barbara Clayton, task force members have provided cutting edge information, which is a must-have reference for a whole range of professionals including dietitians, nutritionists, health visitors, family practitioners, nursing practitioners and many other health professionals.
