



Membership Opinion: MRT/LEAP-Related CPE Credits

Perhaps you read the email sent by the Commission on Dietetic Registration (CDR) on September 30, 2016 regarding discontinuance of CPE credit for MRT/LEAP related activities. As a dietitian using MRT/LEAP I write to tell you of its factual inaccuracies. The email read: “while there are many evidence-based methods for diagnosing food allergies, current evidence does not support the use of the mediator release assay (MRT test) for diagnosing a food allergy, as noted in the recent Food Allergies position paper.” **The key error: MRT is not a test for food allergy so obviously it can’t be used to diagnose food allergy!** MRT stands for Mediator Release Test, a blood test patented by Oxford Biomedical Technologies (OBT) which identifies *non-IgE (non-allergic) food sensitivity pathways*. MRT is an in vitro clinical tool providing data for 120 foods and 30 food chemicals. MRT identifies reactive foods in people with conditions ranging from Irritable Bowel Syndrome (IBS) to fibromyalgia, migraines, arthritis and many more.

LEAP is an elimination diet using anti-inflammatory foods based on the patient’s MRT results. It’s different from traditional elimination diets which assume that all foods the patient starts with are safe. When working with the patient to design the diet the trained dietitian’s nutrition care process considers test results, current medical condition and diagnosis, previous interventions, known and/or suspected trigger foods, known food allergies, chemical sensitivities, current medications and supplements, lifestyle, motivation and food preferences. Find more information at nowleap.com.

The email from CDR references *Practice Paper: Role of the RDN in the Diagnosis and Management of Food Allergies* in the October 2016 issue of the Journal of the Academy of Nutrition and Dietetics. The purpose and scope of this practice paper is described: “This paper will explore the role of the RDN in working with patients and clients with immunoglobulin E (IgE) mediated food allergy; therefore, all references to food allergy in this paper will specifically refer to IgE-mediated food allergy.” Under “Defining and Identifying Food Allergies” the paper continues: “According to Fleischer,⁷ most adverse food reactions are not due to allergy. Food sensitivities and intolerances, for which there are few evidence-based clinical laboratory tests, will not be discussed in this paper.”

The gist of my concern begins on p 1623 under sub heading “Diagnostic Tests not Recommended for Food Allergy Diagnosis.” The writers of the practice paper misquoted an Expert Panel, then based their conclusions on the specious quote. The December 2010 Expert Panel Report sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) of NIH whose Guideline 12 states:

“The EP recommends not using any of the following [non-standardized tests for the routine evaluation of IgE-mediated FA](#): Basophil histamine release/activation, Lymphocyte stimulation, Facial thermography, Gastric juice analysis, Endoscopic allergen provocation, Hair analysis, Applied kinesiology, Provocation neutralization, Allergen-specific IgG4, Cytotoxicity assays, Electrodermal test (Vega), Mediator release assay (LEAP diet).”

The practice paper’s authors reference the NIAID report as follows:

“According to the NIAID there are a variety of [non-evidence-based tests](#) that should not be used for diagnosing a food allergy.⁶ Namely, basophil histamine release/activation, lymphocyte stimulation, facial thermography, gastric juice analysis, endoscopic allergen provocation, hair analysis, applied kinesiology, provocation neutralization, allergen specific IgG, cytotoxicity assays, electrodermal test (Vega), and [mediator release assay \(LEAP diet\)](#).⁶”

The position paper’s writers reworded the quote to say something which its authors did NOT say by changing “non-standardized” to non-evidence based” and omitting the term “IgE.” Changing “non-standardized tests for the routine evaluation of IgE-mediated FA” into non-evidenced based tests for diagnosing a food allergy is misleading. Either authors of the practice paper and CDR are unaware that MRT/LEAP is not used for food allergies or they intentionally hid this fact. In the first scenario, neither did their research; in the second they deliberately misled and violated Principle 6 of the ADA Code of Ethics. “The dietetics practitioner does not engage in false or deceptive practices or communications.”

Many RDNs who use MRT/LEAP have written to the AND president, CDR Chair, and Manager, Academy Position and Practice Papers requesting the paper be withdrawn and corrected. Responses to date ignore concern about the inaccuracy and restate the erroneous wording of the practice paper. A letter I received signed by the Chair of Academy Positions, the Chair of CDR, and the Manager of Academy Position and Practice Papers stated: “While there are many evidence-based methods for diagnosing food allergies, current evidence does not support use of the MRT for diagnosing a food allergy, as noted in the recent Food Allergies practice paper. The Commission on Dietetic Registration action to discontinue awarding CPEU credit for completion of LEAP/MRT related activities was based on the Practice Paper published in the October 2016 *Journal of the Academy of Nutrition and Dietetics* and in response to practitioner concerns regarding the scientific evidence-base for this program.”

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