



australasian society of clinical immunology and allergy inc.

ANAPHYLAXIS

PATIENT INFORMATION

ASCIA EDUCATION RESOURCES

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Anaphylaxis should be treated as a medical emergency, requiring immediate treatment.

ANAPHYLAXIS AFFECTS THE ENTIRE BODY

Anaphylaxis occurs after exposure to an allergen (foods like peanuts or tree nuts, insect stings or some medicines), to which a person is already extremely sensitive. It results in potentially life-threatening symptoms, which include:

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy (in young children)

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms. Symptoms can include:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Stomach pain, vomiting

Several factors can influence the severity of anaphylaxis, including exercise, heat, alcohol and in food allergic people, the amount eaten, how it is prepared and consumed.

IDENTIFYING THE CAUSE OF ANAPHYLAXIS IS IMPORTANT

Your doctor will normally ask a series of questions that may help to narrow down the list of likely causes such as foods or medicines consumed that day, or exposure to stinging insects. This approach will also help to exclude conditions that can sometimes be confused with anaphylaxis like fainting attacks or epileptic fits. If allergy is suspected, this may be followed by allergy tests, usually by blood tests for allergen specific IgE (commonly known as RAST tests) or skin prick tests, to help confirm or exclude potential triggers. Information on allergy testing is available on the ASCIA website

www.allergy.org.au/content/view/104/116/

It is important to note that some methods which claim to test for allergies (including cytotoxic food testing, Vega testing, kinesiology, allergen elimination techniques, iridology, pulse testing, Alcat testing, Rinkel's intradermal testing, reflexology, hair analysis and IgG food antibody testing) are not medically or scientifically proven methods to confirm allergy. More information about these tests is available on the ASCIA website www.allergy.org.au/content/view/322/271/

EFFECTIVE MANAGEMENT OF ANAPHYLAXIS SAVES LIVES

If you have severe allergy and are at risk of anaphylaxis, you will require a comprehensive management plan from your doctor, which should include:

- **REFERRAL TO AN ALLERGY SPECIALIST***
- **IDENTIFICATION OF THE ANAPHYLACTIC TRIGGER(S)**
This will include a comprehensive medical history and clinical examination followed by interpretation of allergy test results.
- **EDUCATION ON THE AVOIDANCE OF TRIGGER(S)**
This is particularly important with food anaphylaxis and may also involve advice from an experienced allergy dietitian.
- **PROVISION OF AN ANAPHYLAXIS ACTION PLAN****
Since episodes of anaphylaxis are often unpredictable, an Action Plan for Anaphylaxis is essential, which should document the following:
 - Name
 - Allergic triggers
 - Symptoms and signs indicating when to use the adrenaline autoinjector (such as EpiPen®)***
 - Instructions on how to use the adrenaline autoinjector
 - Ambulance contact details (to be called immediately after giving the adrenaline autoinjector)
 - Carer contact details (to be called after giving the adrenaline autoinjector)
- **REGULAR FOLLOW-UP VISITS TO AN ALLERGY SPECIALIST**

* Specialists providing allergy and clinical immunology services are listed on the ASCIA website www.allergy.org.au/content/view/227/60/

** Action Plans for Anaphylaxis (which were updated in 2008) are available from the ASCIA website www.allergy.org.au/content/view/10/3/

*** EpiPen is a pre-loaded autoinjector pen containing an exact dose of adrenaline. This works rapidly to reverse the effects of anaphylaxis and should be considered "First Aid" for its treatment. EpiPens should only be prescribed as part of a comprehensive anaphylaxis management plan. Where 'EpiPen' is stated in this document it refers to EpiPen® or EpiPen Junior® which are distributed in Australia and New Zealand by ALPHAPHARM. Since November 2003, EpiPen has been available in Australia by authority prescription on the Pharmaceutical Benefits Scheme (PBS).

FURTHER INFORMATION

For Anaphylaxis resources (including Action Plans, FAQ, Travel Plans, adrenaline autoinjector information, training resources and guidelines) visit the ASCIA website www.allergy.org.au/content/view/10/3/

Having anaphylaxis yourself or in the family can sometimes be hard to cope with. Anaphylaxis support groups provide useful and supportive information from other people in the same situation. The ASCIA website includes a list of patient organization websites www.allergy.org.au/content/view/140/67/ , including Anaphylaxis Australia www.allergyfacts.org.au and Allergy New Zealand www.allergy.org.nz

DISCLAIMER

The content of this article has been reviewed by ASCIA members, represents the available published literature at the time of review, is not influenced by its sponsors and is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

For further information on allergy, asthma or immune diseases, visit www.allergy.org.au - the web site of ASCIA is the peak professional body of Clinical Immunologists and Allergists in Australia and New Zealand.

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This information is also available as a printed brochure.
To order copies email education@allergy.org.au

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This article was last updated in March 2009