



australasian society of clinical immunology and allergy inc.

Management of Food Allergy

ASCIA Education Resources

patient information

Food allergy occurs in around 1 in 20 children and in about 1 in 100 adults. Fortunately, the majority of food allergies are not severe and usually improve with time, particularly in children. However, when severe reactions occur they are frightening for patients and those involved in their care. People who suffer from food allergy therefore need to identify and avoid the cause, recognize the early symptoms of an allergic reaction and start treatment early.

How is food allergy managed?

People who are known to suffer from food allergy need to:

1. identify and avoid the cause (if possible);
2. recognize the early symptoms of an allergic reaction; and
3. know what to do if it happens again.

Identifying the cause is the first step

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 food allergy. Skin or blood (RAST) allergy testing can help confirm or exclude potential triggers. Additional information on allergy testing is provided by another article in this series.

Avoidance strategies are essential

If food allergy is confirmed, then it is important to:

- Carefully read the labels of foods in supermarkets for words indicating the presence of allergen. For example, the terms "whey" or "casein" would indicate the presence of dairy products.
- Prepare for eating away from home as this poses greater risks. For example, it is wise to inform your host or restaurant chef about your allergy and the importance of avoiding contamination of your meal with allergen.

Care of food allergic children raises some particular issues

- Swapping of food needs to be discouraged.
- Children's parties may involve sending the allergic child with their own special party food.
- Those in childcare or at school might only be allowed to eat home-prepared food and treats rather than communal food or that purchased at the school canteen. This has

to be balanced with the difficulty involved in getting very young infants to eat only food supplied from home.

- Relatives, baby-sitters and other caregivers need to be warned about the problem.
- Getting other care-givers (such as school teachers) to administer adrenaline for the treatment of severe allergic reactions may be a difficult issue.
- Support groups for families with members who suffer from anaphylaxis have been established, such as Anaphylaxis Australia Inc. This is a voluntary non-profit organization that provides information and support. The website address is <http://www.allergyfacts.org.au>

Not all food allergies are severe

Fortunately, the majority of food allergies are not dangerous. Mild symptoms include hives, sickness in the stomach or vomiting alone. Difficulty breathing due to throat swelling or asthma, or dizziness due to a drop in blood pressure, indicate a more serious reaction.

It is important to recognize early symptoms of food allergy

Early symptoms of an allergic reaction often include an itchy mouth, hands or feet, followed sometimes by more severe symptoms. Patients with *severe* food allergies, however, should consider these as warning signals to get emergency medical help and to start treatment *immediately* until help arrives.

An Emergency Action Plan should be developed for handling severe allergies

An "Anaphylaxis Action Plan" is an essential part of management of severe food allergy and should be practiced. These are available on the ASCIA website to print out: <http://www.allergy.org.au/aer/infobulletins/index.htm#anaph> and should be completed by your doctor, who will advise you how to best manage your allergic reaction.

An action plan for severe food allergy should include advice to:

- *Assist in recognising early warning symptoms*
- *Seek urgent medical assistance* (call an ambulance)
- *Inject adrenaline.* Injected adrenaline (such as EpiPen) should be readily available. It works rapidly to reverse the effects of severe allergic reactions (anaphylaxis) and should be considered "First Aid" for its treatment.
- *Give other medication.* Some patients will be advised to take other medicines like antihistamines or cortisone tablets. It is important to realize that these will *not* prevent a life-threatening allergic reaction, as they take the best part of an hour to be absorbed.

The patient should be observed for relapse once there is medical supervision. This is because severe symptoms ("rebound") sometimes recur after apparent recovery.

Other management issues for severe food allergy

- Patients who have had anaphylaxis may choose to wear a medical alert bracelet. This increases the likelihood that adrenaline will be administered in an emergency.
- Some types of heart and blood pressure medicines (*such as Beta-blockers or ACE inhibitors*) can make severe allergic reactions worse, or interfere with the drugs used in treatment. These are best avoided.
- Immunotherapy (desensitization) injections are only useful for anaphylaxis caused by bee or wasp stings, but not for treating severe food allergy.

References

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Inquiries: education@allergy.org.au Website: www.allergy.org.au

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