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FOOD ALLERGY

An allergy is caused when the body mistakenly makes an antibody (IgE) to 'fight off' a specific food or substance. When the same substance is next eaten (or is injected, or sometimes is just in contact with the skin, or is inhaled) it triggers an immune system response which results in the release of histamine and other naturally occurring chemicals in the body. These chemicals cause various symptoms, depending on where in the body they are released. For example, in the gut they may cause abdominal pain, vomiting and diarrhoea; in the skin, itching and swelling (rash or nettlerash); in the upper airways, a runny nose or sneezing; in the lower airways, a wheeze or cough.

Very rarely the immune system chemicals are released throughout the body, causing a 'systemic' reaction (anaphylaxis). As well as symptoms such as itching, abdominal pain and vomiting, there can be more serious problems such as severe wheezing, swelling of tissues of the face, throat and airways, and a sudden drop in blood pressure. It is important to realize that these symptoms are not always life-threatening, but also to understand that they *can* be, if not treated promptly. Anyone suffering a severe allergic reaction should be given any prescribed treatment without delay, and should then be transported to hospital by emergency ambulance.

Most severe reactions are due to a straightforward allergic response and can be identified by the normal blood tests (IgE / RAST) used in NHS clinic allergy testing. Very occasionally the only way to establish a diagnosis is by elimination of offending foods and, if there is improvement, to conduct a double blind challenge in a suitable environment. This should only be carried out in a medical environment with suitable emergency facilities.

If a severe allergy has been identified, it is imperative that the individual should not receive even minute quantities of the relevant food or substance. Very occasionally, individuals may have a severe food allergic reaction even when they only have skin contact with the offending food. Thus, peanut sensitive individuals have had a severe reaction even when kissed by an individual who has just eaten peanuts, or a fish allergic individual may experience a reaction, by being in a kitchen where fish is being cooked.

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As well as avoiding the offending food, it is obviously important that an individual should be provided with appropriate emergency treatment should accidental exposure occur. Depending on the severity of reaction, individuals will either be given adrenaline to be given by injection, antihistamines, steroids, or all of these. The exact details of such treatment will need to be elaborated by the doctor in charge of the patient.

Individuals affected by severe food allergy, should still be able to participate in all normal activities, school, work or leisure, but appropriate support and understanding is required.

MANAGEMENT

- 1 Wear a Medic Alert bracelet or medallion – Tel:- 020 7833 3034
- 2 Inform work colleagues of your allergy, particularly catering staff, occupational health staff and first-aiders.
- 3 **Avoid the Foods that cause your Allergy totally – Do NOT risk testing for the presence of your allergen (peanut, Egg, Milk) in food by eating a small amount- Remember tiny quantities of the allergen can cause a severe reaction.**
- 4 An antihistamine, taken early when symptoms first begin, may be adequate in controlling a mild reaction (mild itching, rash only).

For moderate and severe reactions an ambulance should be called immediately (Tel: 999). The controller should be told you are suffering from anaphylaxis

MODERATE REACTIONS: Facial swelling, tongue swelling.

SEVERE REACTIONS: Throat constriction and breathing difficulties, asthma, generalised swelling, blue lips, pallor, loss of consciousness.

You, a relative, colleague or nurse should administer adrenaline, 0.3ml of 1:1000 adrenaline in a preloaded syringe. These devices are available on prescription as EpiPen or Anapen and are easy to operate delivering 0.3ml of 1:1000 (adult dose) and 0.15ml of 1:1000 (paediatric dose). This injection is triggered automatically and delivered intramuscularly.

Epi-Pen is fully licenced. Anapen is only available on named patient prescription from your Doctor.

It is essential that the patient, and ideally the relatives and colleagues of severely allergic patients are experienced in the administration of both the Epi-Pen and the Anapen. The necessary techniques should be practiced under the supervision of a trained allergy nurse or specialist.

It is essential to ensure that the injection is not out of date. Allergic people must carry two Epi-pens to ensure availability of a second dose if necessary.

Allergy UK is always interested in your comments, obtaining and sharing information. If you have any comments on this document or would like to share your experiences of living with severe food allergy please write to:

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“HELPLINE”
Monday to Friday 9am to 5pm.

If you have any questions or are not sure of anything please phone:

01322 619 898
We are here to help all people with Allergy, their families and carers.