



ELSEVIER

Information paper

## The anaphylaxis campaign

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The incidence of anaphylaxis appears to have increased dramatically during the last decade. Although precise figures are hard to come by, there is adequate evidence that the rise is real and not simply a reflection of increased awareness.

Food is the commonest cause of anaphylaxis in the UK. A study published in the *Journal of Allergy and Clinical Immunology* in November 2002 showed that the prevalence of peanut allergy in pre-school children has tripled to about 1 in 70 in recent years (Grundy et al., 2002). Although not all allergic reactions to peanuts are anaphylactic, a small proportion most certainly are. Furthermore, most allergists would agree that peanut allergy is unpredictable and many people who have experienced mild or moderate symptoms are at risk of more severe reactions during a later exposure – particularly during and following adolescence.

Further causes of anaphylaxis include insect venom, prescribed drugs and – on rare occasions – exercise. A further problem is allergy to latex rubber, which may be related to the enormous increase in the use of latex rubber gloves by medical and paramedical staff, as well as to the increase in atopy. On occasions, the cause of a patient's anaphylaxis is unknown (idiopathic anaphylaxis).

The number of deaths from anaphylaxis is unknown. Six or seven food-related fatalities are recorded each year but the true figure may be higher, since it is probable that a proportion of deaths attributed to acute asthma may actually have a food trigger. In July 2003, a team of researchers from St. Mary's Hospital, Paddington, demonstrated a link for the first time between food al-

lergies and life-threatening asthma attacks in children (Roberts et al., 2003).

Anaphylaxis occurs in 1 in 3500 of the population each year. Hospital admissions due to anaphylaxis have increased sevenfold over the last decade and doubled over four years (Royal College of Physicians, 2003).

The rise in the number of people affected is not matched by an increase in the number of allergy experts who are able to diagnose, treat and guide them. There is a growing gulf between the need for effective advice and treatment and the availability of professional services. Across the country only six major centres staffed by consultant allergists offer a full-time service, with a further nine offering a part-time service. The remaining allergy clinics in the UK – the majority – are run by part-time consultants in other disciplines. However they do not have the facilities to cope with the rising tide of allergies. Furthermore the majority of GPs have no clinical training in allergy and no access to expert advice (Royal College of Physicians, 2003).

In such a climate it is hardly surprising that many patients, lacking appropriate dietary and lifestyle guidance, suffer inadvertent exposures to allergens and, in many cases, are not carrying appropriate prescribed medication with which to treat themselves.

A decade ago the situation was even more worrying and the Anaphylaxis Campaign was set up as a national charity in 1994 to seek to ensure that patients have information and guidance on avoiding allergens and self-treatment of allergic reactions when they occur.

Allergy charities frequently encounter deep anxiety among families affected by allergies, par-

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ticularly where those allergies may be life threatening. Ignorance is usually the cause of this distress. It is not uncommon for patients to report to help-lines that they have been unable to obtain adequate advice and information from the medical profession. Day-to-day issues such as confusing food labelling, the increasing prevalence of nut traces warnings on food packets and a low level of allergy awareness in catering establishments exacerbate their anxiety. Parents of food allergic children talk frequently about 'living with a ticking time bomb' and often genuinely believe that their child will not reach adulthood. They are unaware that food allergy, whilst sometimes potentially serious, is manageable and that deaths can be prevented. The key to successful management is an effective avoidance strategy and appropriate emergency support – which many do not have.

This anxiety is reflected in the demand for information from the public. The Anaphylaxis Campaign receives approximately 20,000 enquiries annually – the vast majority being people affected by food allergy. The charity sends out 140,000 leaflets and fact sheets per annum, including many 'bulk orders' from schools, education authorities, colleges, hospitals, doctors' surgeries and exhibitions. Allergy UK (formerly the British Allergy Foundation) receives 45,000 enquiries annually relating to the wider spectrum of allergy and intolerances and dispatches 250,000 fact sheets and leaflets per year.

In addition to printed information, allergy charities also provide guidance and information via telephone help-lines, resources such as videos and websites and specialist workshops and seminars for teenagers, children and parents.

In an effort to educate the wider world, they also offer:

- Advice and guidance to the Government relating to issues such as food labelling and shortfalls in health provision.
- Advice and guidance for local authorities relating to health needs in schools.
- Information that highlights areas for research and funding where appropriate.
- Information for the media.
- Education and information for schools, colleges, playgroups, youth groups and other lay organisations.
- Information and guidelines for the food and catering industries.
- Liaison with the medical and nursing profession to provide education and training.

The Anaphylaxis Campaign, which has 7400 members across the UK (summer 2003), puts a

large part of its energy into educating food-allergic teenagers. People of this age group are acknowledged to be in a high-risk category for life-threatening reactions (Pumphrey, 2000). Parents of severely allergic children often feel the need to control all aspects of their children's lives, but once these children become old enough to go out with their peers they must take responsibility for their own safety.

The Anaphylaxis Campaign runs awareness workshops for 11–20-year-olds across the UK to help them assess risk and manage it safely. Up to 20 young people attend each workshop.

Topics covered include:

- Signs and symptoms of an allergic reaction.
- What happens in your body during anaphylaxis?
- How to use your adrenaline injector?
- How to store and label your medical kit?
- How to read food labels and assess risks?
- What do "may contain nuts" warnings mean?
- Taking responsibility for what you eat.
- Ways to reassure your parents that you can cope confidently.
- Handling situations such as eating in restaurants, friends' houses and at parties.
- Learning how others manage their allergies.

Whilst focusing on allergic teenagers, the Anaphylaxis Campaign acknowledges that there is a need to inform and educate the wider allergic population, the food industry, schools and health professionals. Deaths can be avoided so long as the patient has high-quality information and carries prescribed medication at all times. Intramuscular adrenaline (epinephrine) is regarded as the most important treatment for a life-threatening allergic reaction (Resuscitation Council UK, 2002). Studies have suggested that most of the fatalities occurred in cases where early injectable adrenaline was not available or was given too late (Pumphrey, 2000). Many patients are prescribed self-treatment adrenaline kits (EpiPen or Anapen). Unfortunately, they often have a low level of understanding about their use (Blyth and Sundrum, 2002).

Recently it has been suggested that some people who have died of anaphylactic shock might have survived if they had not stood up quickly or moved to an upright sitting posture. In a patient with shock, such an act can prevent blood returning to the heart. The author of the report suggests that there might be a simple and effective way to counter this condition – lying the patient down and raising the legs. Adrenaline can be administered from this position (Pumphrey, 2003).

It is clear that severe allergies place a heavy burden on those affected, particularly where chil-

dren are affected (Primeau et al., 2000). However, as suggested above, this burden becomes lightened once those affected are empowered to self-manage the problem. There is plenty that accident and emergency staff can do in order to set the patient on the road to devising a successful self-management strategy that will minimise the risk from inadvertent exposures and reduce anxiety. Patients treated for anaphylaxis should be reassured that once properly informed and armed with appropriate rescue treatments, they will be able to protect themselves. An advice sheet handed to patients would be one solution. This would carry vital information about signs and symptoms to watch for and steps to take during a potentially severe reaction. It would point out that the first port of call should be the patient's GP, who would ideally refer the patient to a specialist allergy clinic. In this way, those affected would receive an appropriate diagnosis, high-quality guidance on lifestyle and diet, and advice relating to emergency measures. Thus they would become competent at managing their allergy for themselves.

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