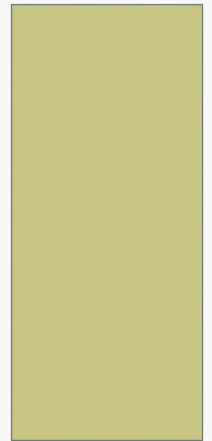


LIVING WITH FOOD ALLERGY

DR JENNY HUGHES
CONSULTANT PAEDIATRICIAN
NORTHERN HEALTH & SOCIAL CARE TRUST



QUIZ: TRUE / FALSE

Customers with food allergies can safely consume a small amount of that food?

A food allergy reaction can cause death?

Cooking, for example frying, can stop food from causing allergies?

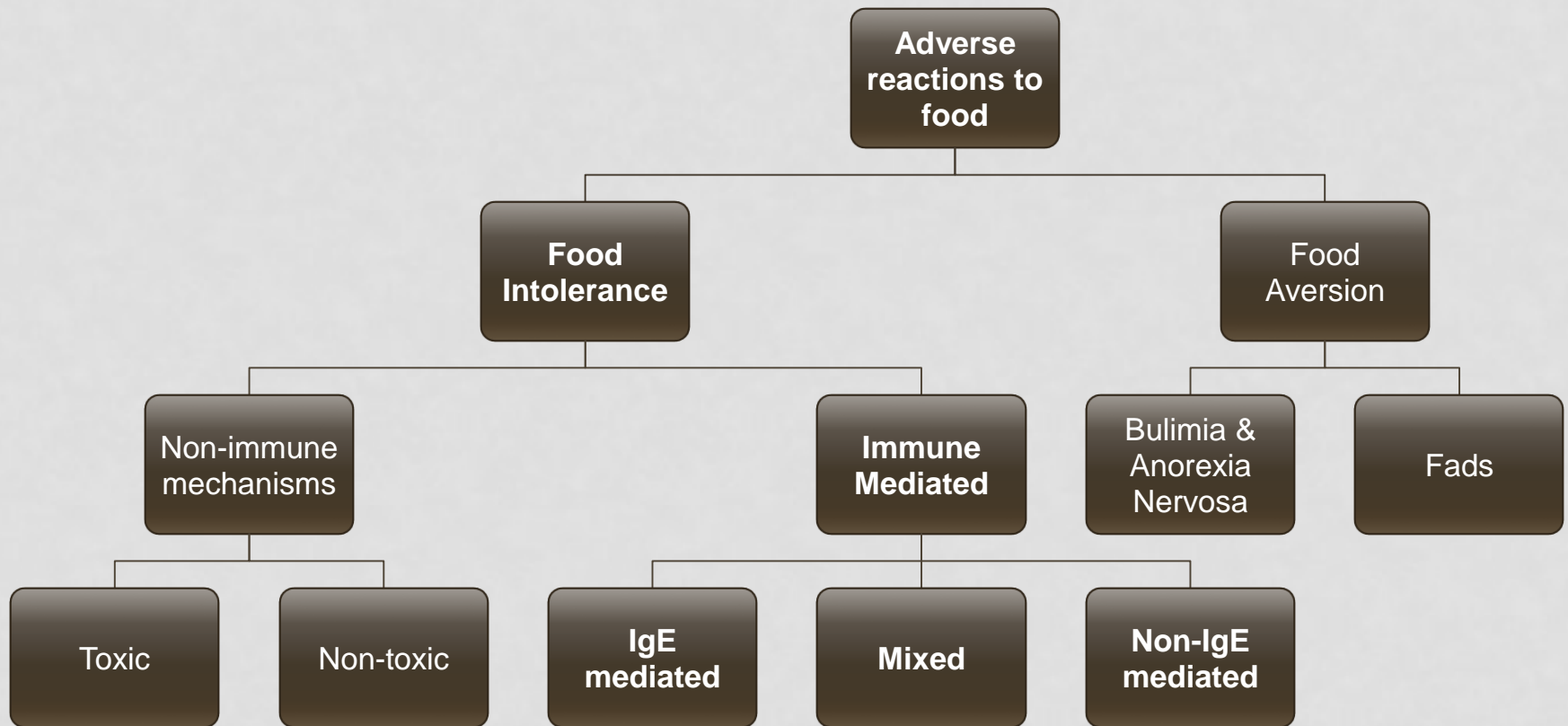
If a customer is having an allergic reaction they should be served cold water to dilute the allergen?

Removing an allergen from a prepared meal may be all that is necessary to provide a safe meal for a food allergy customer?

81% reported confidence in providing a safe meal to a food allergic customer

CEA 2011; 41:713-717

ADVERSE REACTIONS TO FOOD



COMMON TRIGGERS FOR AN ACUTE ALLERGIC REACTION

Adults

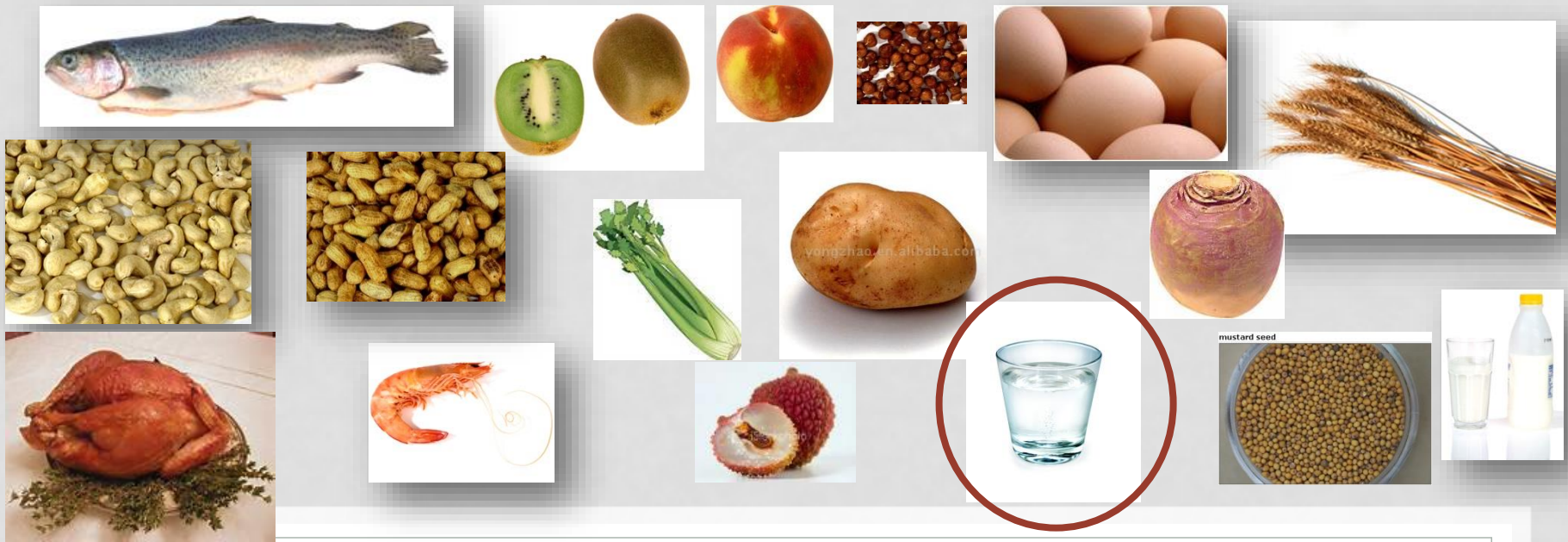
- Drugs
- Stings
- Food
- Idiopathic

Children

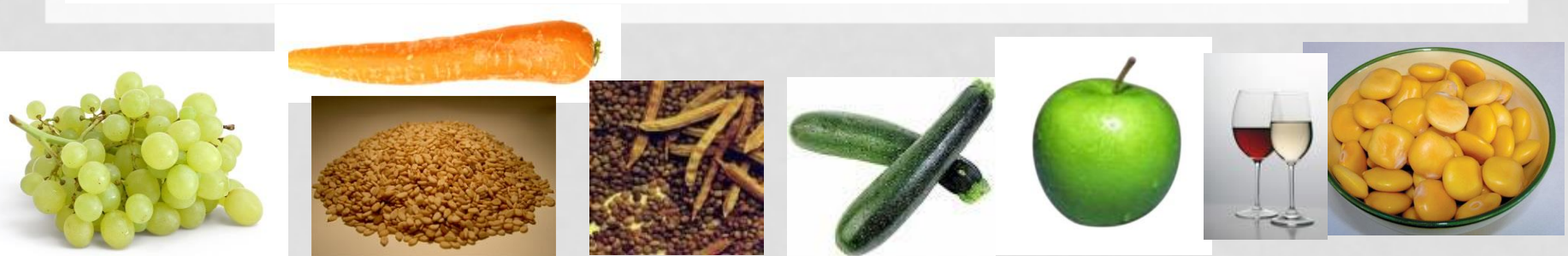
- Food
- Drugs
- Stings

HOW COMMON IS FOOD ALLERGY?

- Up to 30% of general population believe someone in their family has a food allergy
- Parents
 - Europe: 12% said children had a food allergy
 - USA: 28% said child had a food allergy
- Actual figure:
 - 2 to 4% adults
 - 6 to 8% children



WE CAN PRODUCE AN ALLERGIC
REACTION TO ANY FOOD PROTEIN



THE BIG EIGHT: >80% FOOD ALLERGY IN CHILDREN



FOOD ALLERGY IN ADULTS



BASIC FACTS OF PEANUT ALLERGY

- 95% develop symptoms within 20 minutes
 - Up to 2 hours
- Usually react after eating peanut protein
- Objective symptoms 2mg
 - Typical peanut 200mg
- Almost all reactions involve the skin
 - 50% breathing problems
 - 33% involve gut
- 14 months average age of diagnosis
- 75% react on first exposure to peanut
- A peanut can become more allergenic by roasting it



NATURAL HISTORY

- Initially felt to be lifelong condition (1988)
- Some may outgrow – up to 20% (1990)
- Can recur (2003)
 - 8% children who had prior history of peanut allergy then passed a hospital based challenge test but didn't reintroduce into the diet
 - Post challenge test: peanut should be eaten regularly

EGG ALLERGY



- One of the commonest food allergies in children
- 1.6% of population at 2 ½ years
 - 50% of children will have outgrown by 3 years
 - 66% resolved by 5 years
 - Decreasing to 0.1% adults
- 80-90% have welts / swollen lips at presentation
- Rarely more severe reactions (5 to 10%)
- By cooking an egg, less likely to react to it

Nut allergy teenager, 15, dies after two bites of Chinese takeaway spare ribs marinated in peanut sauce

Daily Mail January 2013

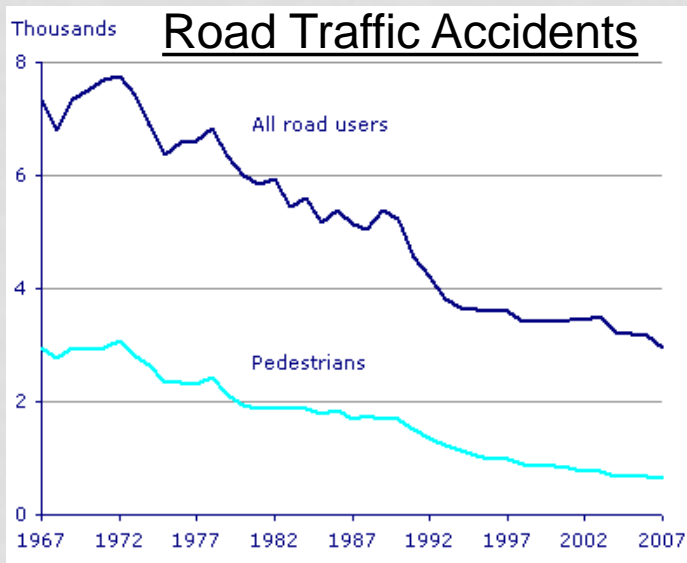
In the UK, food allergy is responsible for approximately 6 to 10 deaths per year

Mother's agony as teenage girl dies from peanut allergy on city street

Irish Independent Dec 2013

COMPARISON WITH OTHER POTENTIALLY FATAL CONDITIONS

Asthma deaths 2006		Age					
		All ages	0-14	15-44	45-64	65-74	75+
UK Total	M&F	1,199	40	96	203	138	722



Lightening strikes in the UK

- 49 people struck by lightening/year
- 50% indoors (25% on the telephone)
- Majority minor injuries
- Average of 5 deaths/year (1950-99)

(Elsom DM: Atmos Res (2001) 56(1):325-34)

RISK FACTORS FOR FATAL ANAPHYLAXIS

2 reports from USA and UK.
Examined anaphylactic deaths
2001 to 2006 (USA): 31 deaths
1999 to 2006 (UK): 48 deaths

18 of 48 occurred after
ingesting catered food

Adolescents and young
adults
Peanut and tree nuts
Known to have food allergy
Lack of timely epinephrine

Pumphrey JACI 2007
Bock JACI 2007

Contributory factors identified

- Location/occasion
 - Festive eating
 - Foreign travel
 - Disruption to routine
- Management
 - Posture (kept upright despite LOC)
- Asthma
 - Overuse of blue reliever inhaler
 - Lack of daily inhaled steroid
 - Asthma flare
- Generally unwell
- >50% No appropriate professional advice

MANAGEMENT OF CHILDREN AT RISK OF AN ACUTE ALLERGIC REACTION

- Allergy clinic referral
 - Diagnosis
 - Continued review
- Strict dietary avoidance
- Rescue treatment
 - Oral antihistamine
 - Self-injectable adrenaline
 - Blue, reliever inhaler if asthmatic
- School health service



Epipen



1



2



Jext

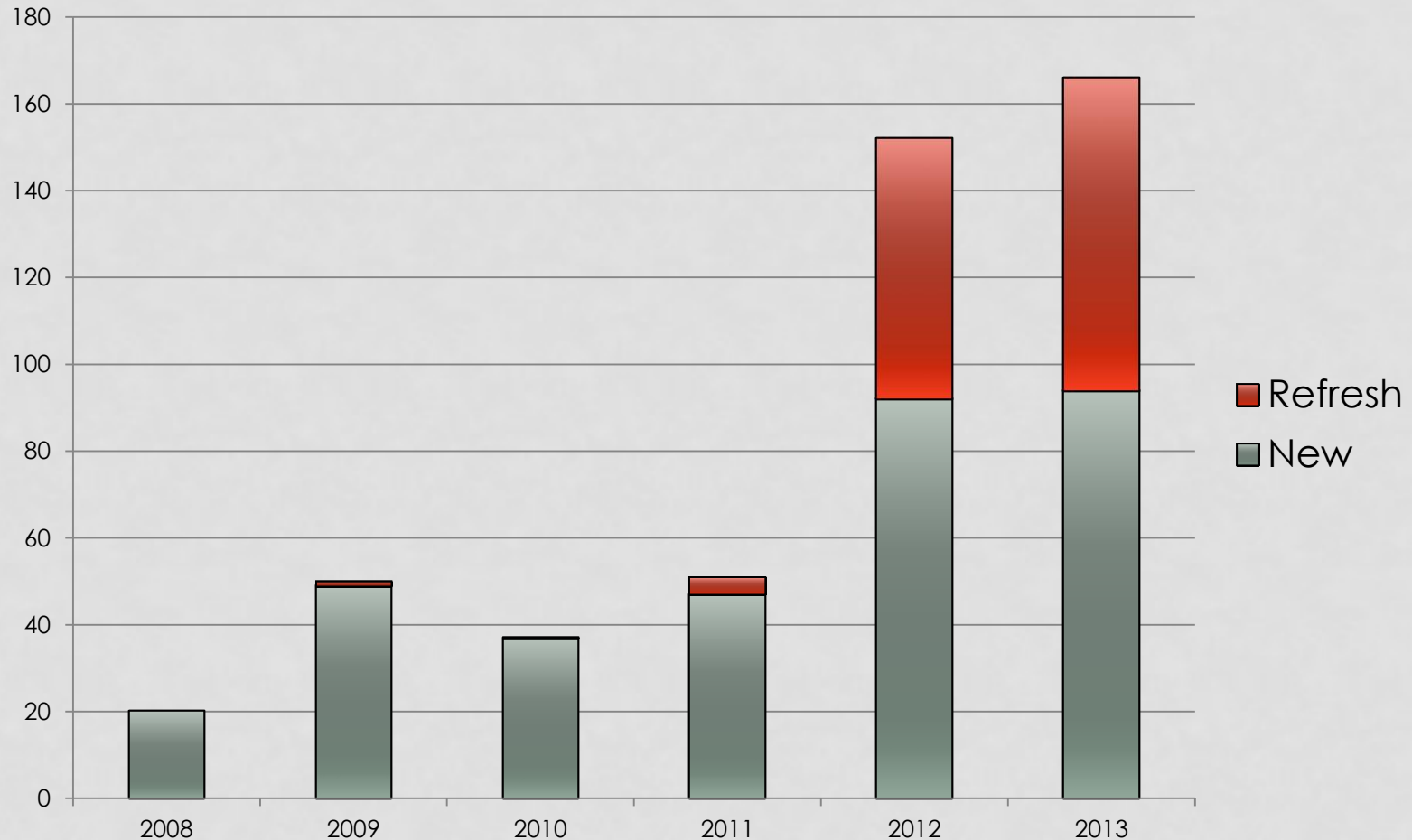


Hold for 10 seconds

NORTHERN TRUST CHILDREN'S ALLERGY CLINIC

Year	Total patients	Number of allergy clinics per month
2008	74	1
2009	148	2
2010	295	4
2014	664	9

NUMBER OF CHILDREN TRAINED IN THE USE OF ADRENALINE AUTO- INJECTORS

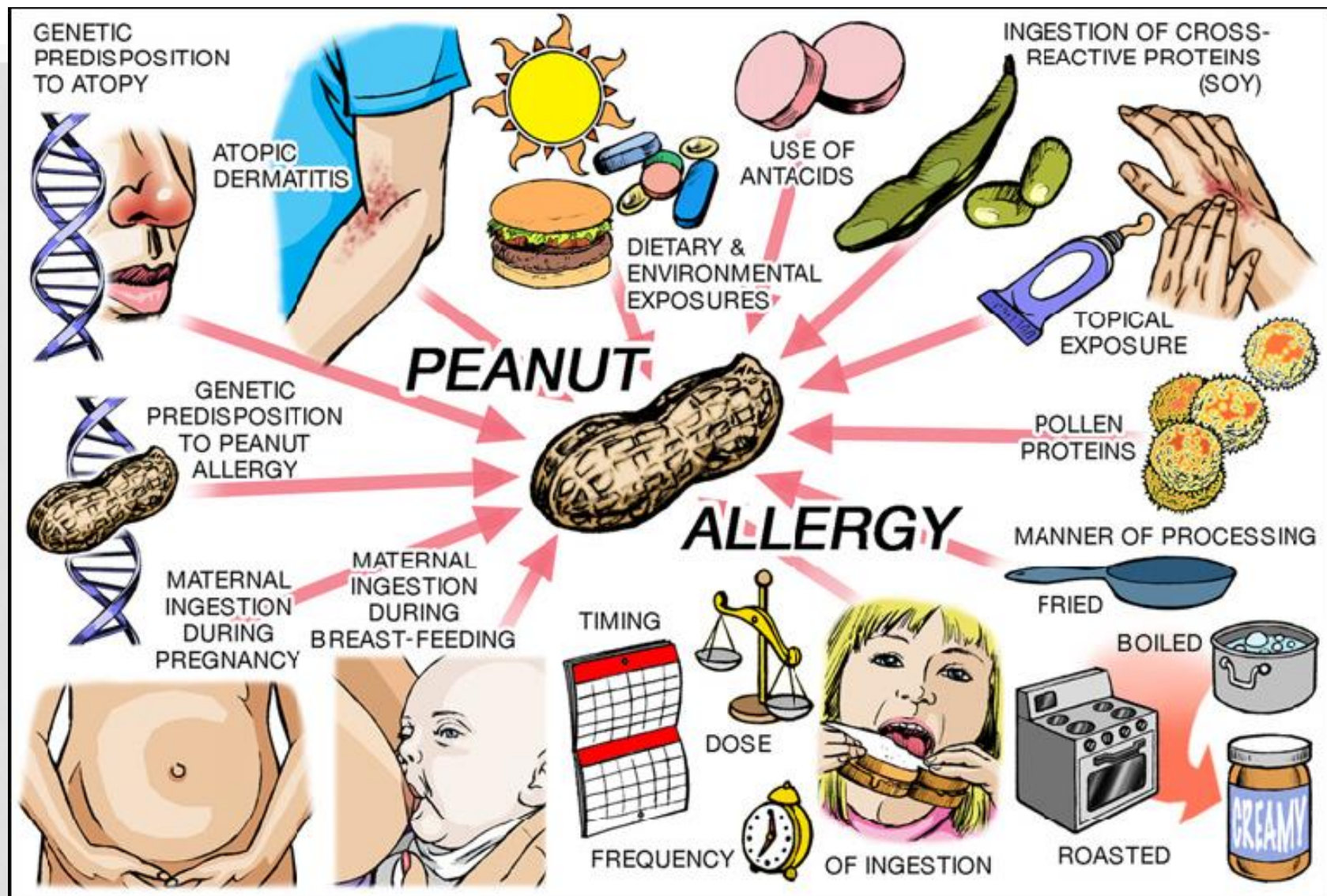


SCHOOL AGED CHILDREN WITH ADRENALINE PENS

	Belfast	Western	South East	Northern	Total
No of children with anaphylaxis action plan	588	374	432	580	2378
Population of school age children (5–16yrs)	47, 434	71, 741	59, 189	49, 286	280, 673
Prevalence of children at risk of anaphylaxis	1.1	0.5	0.7	1.2	0.8

WHAT IS THE BASIS OF INCREASED NUT ALLERGY?

(FROM SICHERER SH & SAMPSON HA JACI:120(3);491-503)



NATURE OR NURTURE?

- Comparison of peanut allergy in Jewish children in UK, compared to those in Israel
- Median monthly consumption peanut children aged 8 to 14 months:
 - 7.5g (Israel) versus 0g (UK)
- Average times peanut is eaten per month:
 - 8 times/month Israel versus 0 times/month UK
- 10 times more likely to have peanut if weaned in the UK



IMPACT UPON THE FAMILY

- Comparison to children with diabetes
 - Decreased quality of life
 - Increased anxiety about food they eat
 - Feel more threatened by hazards in the environment
 - Worry more about being away from home
- Compared to parents of children with bone/joint conditions
 - More disruptions to daily activities
 - More impairment on familial-social dimensions

THE CHALLENGES OF EATING OUT

When eating out, food allergy sufferers have a significant dependence on others' understanding and knowledge of their allergy and measures required to ensure that their food is allergy free

Indian restaurant owner charged with death of customer from peanut allergy
Paul Wilson, 38, was killed by anaphylactic shock after eating a curry from a takeaway which is believed to have contained the nuts



STRATEGIES TO COPE WITH THE CHALLENGES OF EATING OUT

- Avoidance of trigger
 - Choice of restaurant – not Thai / Chinese / Indian
 - Avoid a particular course – dessert
 - Tend to have simple foods – Steak
 - Familiarity
 - Restaurant
 - Holiday destination
 - Risk assessment of location
- Communication
 - Language barriers
 - Confidence that they have been understood
 - Translation cards
 - Embarrassment – don't want to cause a fuss
 - Need to be sure that their requests are understood and taken seriously but yet do this without attracting undue attention

WHAT WOULD HELP OUR PARENTS?

- Education at an allergy OPC
 - Higher risk restaurants
 - Carrying rescue medication
- When eating out
 - Knowledgeable staff
 - Empathy
- Food labelling
 - 'May contain'....



QUIZ: TRUE / FALSE

81% reported confidence in providing a safe meal to a food allergic customer

98% Food Hygiene Training
33% Food Allergy training

QUIZ: TRUE / FALSE

Customers with food allergies can safely consume a small amount of that food? 38%	No
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A food allergy reaction can cause death? 88%	Yes
--	-----

Cooking, for example frying, can stop food from causing allergies? 16%	No
--	----

If a customer is having an allergic reaction they should be served cold water to dilute the allergen? 38%	No
---	----

Removing an allergen from a prepared meal may be all that is necessary to provide a safe meal for a food allergy customer? 21%	No
--	----

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BALDWIN



“Those, my friend, are lug nuts.
You know how allergic I am to nuts.”

