

Up to 22% of European children have an allergy, with serious reaction to food on the rise

- **Increased, possible severe, anaphylaxis among children requires generalised management not limited to allergologists**
- **New EAACI guidelines focus on the need to involve all stakeholders (healthcare professionals, including primary care physicians and pharmacists, patients and caregivers) in the identification and prevention of anaphylactic reactions**

Zurich, (Switzerland) 07.04.2014 – **Anaphylaxis is increasingly found in allergic reactions in children**, primarily caused by food allergies in this population group: up to 22% of European children have an allergy, with serious reaction to food on the rise¹. The severity of its effects, which can be fatal, demands the attention not only of allergologists but of all healthcare professionals. This is one of the most important messages found in advance of the **new guidelines on anaphylaxis on which the European Academy of Allergy and Clinical Immunology (EAACI)**² is currently working.

“With this new document, EAACI aims to provide the scientific and healthcare community with recommendations based on scientific evidence for the recognition, evaluation and management of patients who have presented, are presenting or are at risk of presenting anaphylaxis,” highlights **Nikolaos G. Papadopoulos, EAACI President**.

Food allergy: 17 million sufferers in Europe

Anaphylaxis is a severe generalised or systemic hypersensitivity reaction that is potentially fatal^{3,4}. It is characterised by its rapid onset and trigger of respiratory or circulatory problems, generally associated to changes in the skin and mucous membranes.

According to the document being drafted by EAACI², **more than 17 million people suffer from food allergies in Europe**, and one out of every four European children of school age lives with an allergic condition. Furthermore, potentially fatal severe allergic reactions (anaphylaxis) caused by food allergies are increasing among the young population.

Although considerably under-diagnosed, the epidemiological figures show an incidence rate of anaphylaxis in Europe ranging from 1.5 to 8 per 100,000 people/year, with an increase in cases of anaphylaxis in the last 20 years². The European prevalence of anaphylaxis is also estimated at 0.3% and its morbidity is considered to be underestimated.

This is precisely one of the points that the new EAACI guidelines aim to highlight. This **problem is more common than epidemiological studies appear to show**, among other reasons because it has an acute and unexpected onset, can vary in severity and also can be spontaneously cured. It constitutes a clinical emergency, so all healthcare



professionals should be familiar with its recognition and management in both the acute and permanent phase.

Importance of patient awareness

Food, medicines and insect stings are the three most prevalent causes of anaphylaxis. Whilst food is the most common cause for cases in children, drugs and hymenoptera venom are what causes the majority of anaphylactic reactions in adults, with women more likely to suffer one than men.

First line treatment is the administration of intramuscular adrenalin whilst correct patient placement, fluid replacement, short-acting inhaled bronchodilators acting as second line interventions. The risk of new episodes often requires the prescription of self-injected adrenalin so that the patient can cope with new reactions when facing inevitable causes (food, latex, animals, exercise, etc.).

EAACI recommends that patients visit an allergy specialist to learn the best strategy to avoid triggers or minimise the risk. If food is involved, then a specialist dietician is also recommended.

Sudden onset and its potentially fatal effects are also factors that lead the authors of the guidelines to improve the awareness of patients and their caregivers. *"More attention is required on strategies to prevent the onset of anaphylaxis, to recognise symptoms and warning signs, and to determine when and how medicines should be administered, including self-injected adrenalin,"* remarks **Antonella Muraro, EAACI Secretary General and chair of the Guidelines Steering Committee** commented.

Provide comprehensive information on food allergy

The EAACI guidelines on food allergy and anaphylaxis will be disseminated from June 2014 in a joint effort between EAACI and with patient organisations, national allergy societies across Europe, primary care physicians and pharmacists.

Food allergy is the most common trigger of anaphylaxis in the community. Providing children and caregivers with comprehensive information on food allergen avoidance, and prompt recognition and management of allergic reactions are of the utmost importance. Provision of adrenaline auto-injector devices and education on how and when to use it, are essential parts of a comprehensive management plan.

Managing patients at risk of anaphylaxis raises many challenges, which are specific to the community. This includes the need to interact with third parties providing food (e.g. school teachers and restaurant staff) to avoid accidental exposure and to help individuals with food allergy to make appropriate food choices. Better education of individuals at risk and their families, their peers, school nurses and teachers as well as restaurant and other food retail staff can reduce the risk of severe or fatal reactions. Increased awareness among policy makers may also improve decision making at local and national level.

In accordance to these above goals a special chapter focused solely on managing anaphylaxis in the community was added to the guidelines.



About EAACI

The European Academy of Allergy and Clinical Immunology, EAACI, is a non-profit organisation active in the field of allergic and immunologic diseases such as asthma, rhinitis, eczema, occupational allergy, food and drug allergy and anaphylaxis. EAACI was founded in 1956 in Florence and has become the largest medical association in Europe in the field of allergy and clinical immunology. It includes over 7,800 members from 121 countries, as well as 47 National Allergy Societies.

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