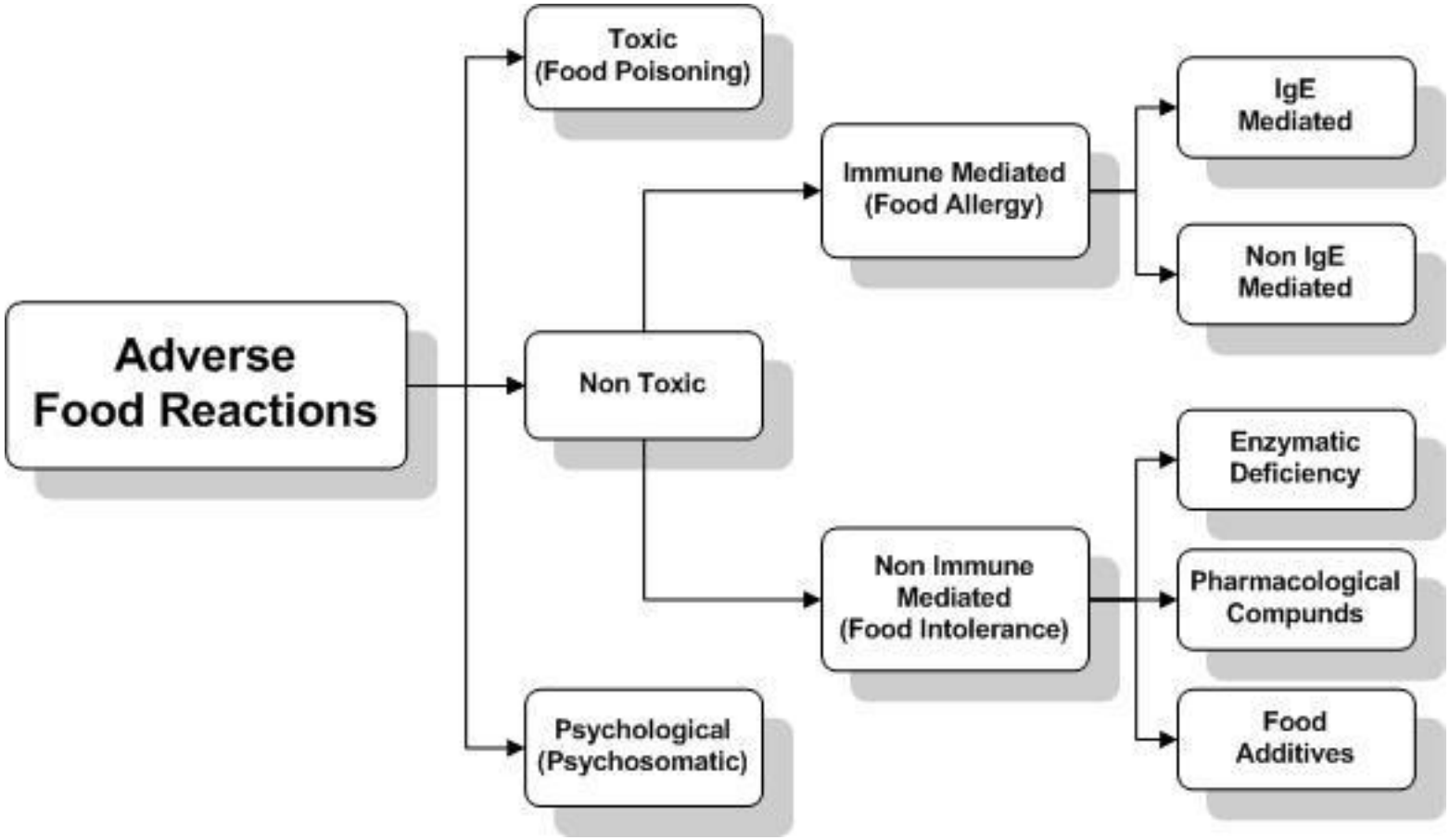
Food allergies

Diarmuid Kerrin

Consultant Paediatrician

BHNFT


Adverse Food Reactions
Toxic (Food Poisoning)
Non Toxic
Psychological (Psychosomatic)
Immune Mediated (Food Allergy)
Non Immune Mediated (Food Intolerance)
IgE Mediated
Non IgE Mediated
Enzymatic Deficiency
Pharmacological Compunds
Food Additives

Which foods can cause it?

Cow’s milk protein allergy

- Most common
- May be IgE or non-IgE mediated
- May be associated soy allergy
- Dietetic input important

- NOT the same as lactose intolerance (probably less common)

What about additives?

Don’t children grow out of their food allergies?

What does an allergic reaction to food look like?

So what can we do about it?

Can we prevent it?

Who has it? (Diagnosis)

History

- Exposure
- Timescale
- Detailed description of reaction
- Resolution
- Repeatability
- Personal history of atopy
- FH of atopy

Examination

Signs of associated atopy:

- Chest

- ENT
- Skin

Investigations

- SPT
- Specific IgE (‘RAST’)

- Food challenge

Skin Prick Test (SPT)

- Advantages
  - Cheap
  - Easy
  - Immediate result
  - Sensitive
- Disadvantages
  - Antihistamines / steroids
  - Extensive eczema
  - Limitations of solutions

Tests (SPT / splgE)

- Not appropriate to use as ‘screen’
- Good negative predictive value
- Positive results indicate sensitisation but do not prove allergy
- Degree of sensitisation may indicate likelihood of actual allergy (but some with allergy will only have moderate sensitisation)
- Do not provide information about likely severity of reactions
- (Component resolved diagnostics – unlikely utility in most cases)

- York testing / VEGA, etc – no evidence

Food challenge

- Advantages
    - Gold standard
    - Unequivocal
- Disadvantages
    - Specialist
    - Labour and time consuming
    - Risk of adverse events

Avoidance

- Shops: labelling
    - ‘May contain traces of nuts’
- School
- Restaurants
- Travel
- Alcohol, independence, etc...

www.anaphylaxis.org.uk

Antihistamine

- For all reactions
- Use alone for mild reactions
- We tend to use non-sedating in over-2s; and as tablets when over 6

- Steroids - not so important acutely as...

Adrenaline (Epinephrine)

- Injected
  - **Definitive treatment for anaphylaxis**
  - **Adrenaline Autoinjector AAI**
- Inhaler
  - May have a role in ‘intermediate’ reactions
  - May be helpful if laryngeal oedema main feature

Epipen

- Preloaded, self administered
- i.m, outer thigh
- Lasts ?10 mins - prescribe in twos
- Junior (150mcg, < 30kg)
- Adult (300 mcg, > 30kg)
- Shelf life 18-24 months
- Ineffective if solution discoloured

http://www.epipen.co.uk/

So, who needs an Epipen?

Fruit – pollen syndrome (Oral allergy syndrome)

- Oral reaction to fruit profilins in proportion of people with pollen allergy, eg birch – apple, carrot, etc

- NB also latex – fruit syndrome (kiwi, banana, avocado, potato)

Isolated urticaria

- Not commonly food

(especially if more than a few hours)

- More likely viral, idiopathic, drug

Local (Barnsley) paediatric allergy service

- For many, one stop hospital visit for diagnosis, prescription and written treatment plan
- Follow up by community children's nurse
- School nurses / (HVs) – yearly review within school reducing need for OPD follow up
- Local, consistent, evidence-based management plans
- Feedback welcomed