

Common Sense in **ALLERGY & ASTHMA**



Anaphylaxis, Are You at Risk?

ANAPHYLAXIS is an immediate, systemic allergic reaction caused by the same type of antibody that causes hay fever. Immediate allergic reactions of this type can involve the skin (flushing, itching, hives), the eyes & nose (which count as one body system with sudden onset of hay fever symptoms) the respiratory system (throat & lungs, with shortness of breath, closing, choking, wheezing), the circulatory system (faint, passing out), digestive system (diarrhea & or vomiting), uterine cramps in women and rarely other body systems. Common triggers include allergy to insect stings, foods, natural rubber latex, and certain medications. Single system reactions should be treated with two different classes of antihistamines and with drugs that block leukotriene receptors, when possible, to prevent progression to anaphylaxis. Reactions involving the circulatory or respiratory system (as described above) or any two other body systems are anaphylaxis and should be treated with adrenalin

injected into muscle as soon as possible. Early treatment with adrenalin saves lives, patients who die usually got adrenalin late or not at all.

The pills act for about 8 hours but adrenalin only lasts 20 minutes. If adrenalin seems to stop your reaction, we still recommend that you try to be in an emergency room waiting room within 20 minutes and stay there for an hour, to be where help is available if the reaction comes back. If you've been prescribed an emergency injector, you should be trained in its use: when you're having a reaction is not the time to start reading directions.

Anaphylaxis education for patients is available on line from the Academy (www.aaaai.org) and from the Food Allergy & Anaphylaxis Network (www.foodallergy.org). For medical evaluation and management, see us.

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