

Press & Media FAQs on anaphylaxis

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Q. What is anaphylaxis?

A. Anaphylaxis is the most severe form of allergic reaction and can be life threatening. The whole body is affected, often within minutes, but sometimes within hours, of exposure to a substance which causes an allergic reaction (allergen).

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

An anaphylactic reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored. The release is triggered by the reaction between the allergic antibody (IgE) and the substance (allergen) causing the anaphylactic reaction. This mechanism is so sensitive that minute quantities of the allergen can cause a reaction. The released chemicals act on blood vessels to cause the swelling in the mouth and anywhere on the skin. There is a fall in blood pressure and, in asthmatics; the effect is mainly on the lungs.

Q. What are the symptoms of anaphylaxis?

A. Look for any of the following symptoms following exposure to an allergen:

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma

- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- a sense of impending doom or helplessness
- collapse and unconsciousness

A patient would not necessarily experience all of these symptoms.

Q. What the treatment for anaphylaxis?

A. Anaphylaxis is treated with injectable adrenaline prescribed in the form of an adrenaline auto-injector. Find out more about the adrenaline auto-injector devices available for prescription in the UK [here](#).

Q. Who is at risk of anaphylaxis?

A. If a patient has suffered a significant allergic reaction in the past – whatever the cause – then any future reaction is also likely to be severe. If a significant reaction to a tiny dose occurs, or a reaction has occurred on skin contact, this might also be a sign that a larger dose may trigger a severe reaction. It is particularly important that those with asthma as well as allergies are seen by an allergy specialist, as asthma can put a patient in a higher risk category. Where foods such as nuts, seeds, shellfish and fish are concerned, even mild symptoms should not be ignored because future reactions may be severe.

Q. Can anyone develop an allergy?

A. Allergies can develop in anyone at any time, but certain groups are more at risk, for example those who have relatives with allergies and so are genetically predisposed to develop them. If neither parent has an allergy the chance of a child being allergic is only 5 - 15 per cent and if one parent is allergic about 25 per cent. However, if both parents are allergic 50 - 70 per cent of the children are likely to have allergies. It is the tendency that is passed down – not an allergy to a specific food or substance.

Children and babies are also more likely than older individuals to develop allergies.

You can find out more about the causes of allergy and anaphylaxis [here](#).

Q. What is the difference between an allergy and intolerance?

A. Although often confused, food allergy and food intolerance are mediated by different biological systems. Intolerances have a wider range of symptoms than allergy.

Someone with food intolerance may suffer migraine and unexplained fatigue (central nervous system), abdominal pain, bloating and frequent diarrhoea (gastrointestinal system), unexplained muscle and joint pains (musculoskeletal system) and unexplained nasal congestion and discharge (upper respiratory system). In the case of food allergy the symptoms are more likely to be a swelling of the tissues (e.g. in the face or throat), a skin rash or hives, asthma, or – in extreme causes – a fall in blood pressure. These symptoms are also more likely to be immediate in their onset.

Find out more about food intolerance [here](#).

Q. Can you 'cure' allergy and anaphylaxis?

A. There are currently no known cures for allergies or anaphylaxis, however, there are several management approaches that allergic individuals can adopt to live a normal life and avoid reactions. Avoidance techniques should be practiced and include identifying your allergen(s) through specialist testing and excluding these from your diet and/or contact in daily life. This could include actions, such as reading labels on food and personal care products, or reducing exposure to insects for venom allergies.

Q. How common is allergy and anaphylaxis?

A. Here are some useful facts and figures on the prevalence of allergies and anaphylaxis:

Children and allergies:

- 50% of children and young people have one or more allergy within the first 18 years of life (Journal of Clinical & Experimental Allergy, 2009)
- In the UK it is estimated that 5–8 % of children have a food allergy (Food Standards Agency 2015)
- The rate of hospital admissions for allergies for both genders is highest in those aged 0-4 and it is higher in males than in females this age group (HSCIC, 2014)
- 10% of children and adults under the age of 45 have 2 or more allergies (Allergy The Unmet Need, 2003)

Adults:

- 13 million people below the mid-forties have 2 or more allergies (Allergy The Unmet Need, 2003)
- In the UK, 1-2% of adults have a food allergy. This, combined with the 5-8% of children with a food allergy, equates to about 2 million people. This figure doesn't include those with food intolerances. This means the actual number of affected people living with food allergy and/or food intolerance is considerably more. (Food Standards Agency 2015)

Fatalities:

- Every year around 20 people will die from anaphylaxis (Pumphrey, 2000)
- 78% of fatalities were in patients who had also been diagnosed with asthma. (Turner et al 2015)

General population stats:

- The UK is one of the top three countries in the world for the highest incident of allergy (The Allergenic Invasion, 1999)
- Over 150 million people have allergies in Europe, the most common chronic disease (EAACI, 2014)
- Each year the number of allergy sufferers increases by 5%, half of all affected being children
- Up to 1 in 5 allergic people live in fear of death from a possible anaphylactic shock or asthma attack (EAACI, 2011)
- Allergy is a chronic disease that is expected to affect more than 50% of all Europeans in 10 years' time (EAACI, 2011)
- An estimated 21.3 million adults (33%) in the UK suffer from at least one allergy (Mintel, 2010)
- An estimated 10 million adults suffer from more than one allergy (Mintel, 2010)
- Up to 11%, or 7 million people, have allergies severe enough to require specialist allergy care (BSACI 2011)
- Over 200,000 (0.353%) people in the UK (including children) are at risk of such a severe allergic reaction that they are prescribed emergency adrenaline. (National Institute of Health and Clinical Excellence, 2011)
- 33% of adolescents prescribed adrenaline, do not carry it with them (Youth Survey, Anaphylaxis Campaign)

Hospitalisations:

- UK hospital admissions for food allergies have increased by 500% since 1990 (Gupta, 2007)
- There are only 30 specialists in the UK, which equates to one specialist per 700,000 allergy patients.
- Nearly one in five (4070) of hospital admissions for allergy in 2014 were for anaphylactic reactions, an increase of 9.9 per cent (370) from the same period in 2013 (HSCIC, 2014)
- NHS hospitals in England dealt with 20,320 admissions for allergies between February 2013 and February 2014. This represents a 7.7 per cent increase from 18,860 between February 2012 and February 2013. The majority were for emergency admissions and almost 1 in 5 were for anaphylactic reactions (HSCIC, 2014)
- £900million per annum spent by Primary Care is due to allergy (Enquiry Into Provision of Allergy Services, 2004)
- £68million per annum is the cost of hospital admissions due to allergy (Enquiry Into Provision of Allergy Services, 2004)
- Around 62,000 people every year are put in hospital because of an adverse reaction to a drug (NICE, Hospital Episode Statistics from 1996 to 2000 reported that drug allergies and adverse drug reactions accounted for approximately 62,000 hospital admissions in England each year)

Q. What has caused the increase seen in allergies in recent years?

A. There is no single cause for the rising prevalence of allergy that has taken place over the past few decades. There are numerous possible reasons for this and many are still under debate.

Understanding the allergy epidemic is a work in progress, but here are some factors that have been considered influential:

- Heredity
- Eating habits
- Early exposure to allergens
- Modern medicines, e.g. antibiotics
- Vitamin D deficiency and other dietary factors

Find out more about these factors and the rise in allergy prevalence [here](#).

Q. Are you able to provide case studies?

A. Yes we can. We have a database of over 5000 contacts, many of whom are willing to share their experiences of living with anaphylaxis. Please outline to us the kind of case study you are looking for including age, gender and location and we will endeavour to connect you with an appropriate case study.

Q. Are you able to provide experts for comment?

A. Yes we can. Our helpline team are able to comment on a range of patient issues, while members of our [Clinical and Scientific Panel](#) are willing to provide comment or interviews on high profile or in depth topics.

Other useful links

- [Anaphylaxis: The Facts factsheet](#)
- [Factsheets on specific allergens](#)
- [Anaphylaxis Information Matters- AIM](#)
- Films:
 - [Emergency treatment of anaphylaxis](#)
 - [#TakeTheKit](#)
 - [What is anaphylaxis? Professor John Warner OBE](#)
 - [About the Anaphylaxis Campaign](#)
- Case study films:
 - [Mother of allergic school child](#)
 - [Allergic school girl](#)
 - [Allergic adult](#)
 - [Allergic student](#)

About the Anaphylaxis Campaign

Anaphylaxis Campaign is the only UK-wide charity solely supporting people at risk from severe allergic reactions (anaphylaxis). For over 21 years they have provided information and support of the highest quality to patients and their families. They work with healthcare professionals, the food industry and pharmaceutical companies to deliver better understanding of allergies and anaphylaxis.

They empower patients, carers and healthcare professionals through our AllergyWise online training and actively campaign for better allergy care and treatments.

Join them and find out more: www.anaphylaxis.org.uk Follow us on twitter [@Anaphylaxiscoms](https://twitter.com/Anaphylaxiscoms) and find us on [Facebook](#), [LinkedIn](#) and [YouTube](#).

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