Anaphylaxis Patient Information Leaflet

What is anaphylaxis?

Anaphylaxis is a severe form of allergic reaction. The cause is often contact with a protein to which your immune system has become sensitive, for example in nuts, in shellfish, in a fruit or vegetable or in the venom from a bee or wasp sting. Various medications and especially antibiotics, strong painkillers and anaesthetics can sometimes cause anaphylaxis. In other cases anaphylaxis may only occur when a combination of factors come together. An example might be a person who suffers an attack of anaphylaxis during strenuous exercise just after eating a hidden food allergen—a food that normally causes that person no symptoms at all.

If, after investigation, no allergy or external trigger can be found, the term idiopathic anaphylaxis is used. Idiopathic anaphylaxis has the same symptoms as anaphylaxis with a known trigger. As with all cases of anaphylaxis, idiopathic anaphylaxis has the potential to be life threatening.

What symptoms should I look out for?

The symptoms mostly come on very quickly i.e. within a few minutes. These can be a combination of:

- Intense itching and a raised blotchy rash (urticaria) like hives or a nettle rash
- Lip, tongue, throat and/or eyelid swelling
- Severe wheezing, difficulty breathing or difficulty speaking
- Feeling faint, unusually terrified or passing out
- Vomiting or abdominal pain

What should I do if I have anaphylaxis in the future?

According to NICE Guidelines you should have been given an adrenaline auto-injector and shown how to use it before discharge from hospital. It is a good idea to visit the website of the brand you have been prescribed, register for an expiry reminder and also request a trainer pen to practice with. Show your family and friends how to use it too and tell them about your diagnosis.

This syringe injects automatically when pressed or jabbed firmly against the skin (ideally the thigh) and contains adrenaline. Adrenaline is one of the best treatments for anaphylaxis as it interrupts the consequences of the immune response that is responsible for the reaction.

Use your auto injector as soon as a severe reaction is suspected, for example if the symptoms include tongue or throat swelling, breathing difficulty, weakness or faintness. Always lie down if the symptoms include weakness or faintness. Get someone to call 999 as the adrenaline can sometimes just be a short-term treatment and the symptoms may come back. If you are not sure whether to use your injector, the general advice is that it is better to use it than not. If administered correctly, adrenaline is a safe drug for most people.
How can I avoid having anaphylaxis?

Avoiding the substance that you think may have caused the first reaction is a good way to try to prevent having any further reactions. Sometimes this can be difficult, for example if the problem is wasps or if you do not know what has caused anaphylaxis previously. Making sure you keep your adrenaline auto-injector(s) with you at all times is very important.

What will happen next?

According to NICE Guidelines the A & E Department may make a referral for you to be seen at your local allergy clinic OR they may tell you to visit your GP to arrange a referral to the allergy clinic. You may have to wait a few weeks for an appointment at the clinic to be arranged, so if the A & E Department has made the referral for you, it may still be a good idea to make an appointment with your GP to discuss the reaction that you have experienced and to check on the status of the clinic referral.

An allergy focused clinical history will be taken at your specialist appointment because an understanding of exactly what happened is the most important first step to decide which tests are necessary to confirm the cause. Tests are likely to include skin prick tests and/or blood tests and will help to determine if your reaction was caused by an allergy or a non-allergic response. You should if possible stop antihistamine medicines for 5 days before attending so that skin prick tests can be performed. It is sensible to take the wrappers listing the ingredients of any food you think might have caused a reaction. For fruit and vegetable reactions take a sample of the food. Whatever cause is found, you should be given clear instructions concerning how to avoid and treat further attacks. This may include a visit to the allergy specialist dietitian, a session with the allergy specialist nurse and the provision of appropriate factsheets.

References

NICE anaphylaxis guidelines http://www.nice.org.uk/guidance/cg134

Reviewers

This Factsheet has been reviewed by acknowledged UK-based experts in the field of allergy: Dr. Clare Taylor, A&E Consultant at Royal United Hospital Bath NHS Trust, Dr. Michael Radcliffe, Consultant in Allergy Medicine, University College London Hospitals NHS Foundation Trust and Professor John Warner, Professor of Paediatrics and Head of Department, Imperial College (at the time of publication).

Disclaimer – The information provided in this Factsheet is given in good faith. Every effort has been taken to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.
About the Anaphylaxis Campaign: Supporting people with severe allergies

The Anaphylaxis Campaign is the only UK wide charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis) by providing information and support relating to foods and other triggers such as latex, drugs and insect stings. Our focus is on medical facts, food labelling, risk reduction and allergen management. The Campaign offers tailored services for individual, clinical professional and corporate members.

Visit our website www.anaphylaxis.org.uk and follow us on Twitter @Anaphylaxiscoms.