A GP and Parent Perspective on Paediatric Allergy

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The problem

- Allergic disorders are becoming increasingly common in the UK, with serious and life-threatening allergies on the increase (Burton 2009).
- Allergies currently affect an estimated 30% of all children in Scotland (SMASAC 2009).
- Allergic disorders account for more than 4% of GP consultations and 1.5% of hospital admissions (Anandan et al 2009).
- Food is the most common trigger for anaphylactic reactions in children (Akeson et al 2007). Most childhood allergies are not anaphylactic.

Our Story

- Anaphylaxis at 4.5 months to CMP
- Psychological impact
- Allergy focused history (vomiting baby, eczema from 6 weeks)
- Family history 1st degree hayfever, feathers, asthma, 2nd degree eczema, drug anaphylaxis
- Three AAAs (Avoidance, Antihistamine, Adrenaline)
What are the symptoms of a severe allergic reaction?

- generalized flushing of the skin
- redness in the face (cheeks, anywhere on the body)
- hives or welts
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- disturbed sleep, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

How a child might describe a reaction to a food allergen...

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue or or mouth aches
- My tongue feels like there is a hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My lips feel tight

How a child might describe a reaction to a food allergen...

- My tongue feels full (or heavy)
- It feels like there are bugs in my ears
- My throat feels thick
- It feels like there is a bump in the back of my tongue (throat)
Impact on family life

- Food is central to our lives
- Restrictions to keep well
- Psychological impact trauma of severe allergic reaction
- Weaning
- Shopping
- Siblings
- Social events eg parties
- Eating out
- Nursery/school
- Activities
- Self confidence

Which foods?

- Allergic reactions to food usually start in early childhood
- Top offenders
  - Cow’s milk (2 - 2.5% of all children)
  - Egg
  - Soya
  - Peanuts (1 in 50)
  - Tree nuts
  - Gluten
  - Fish
  - Molluscs
  - Crustaceans
  - Celery
  - Lupin
  - Sesame
  - Mustard
  - Sulphites
Management

- Multiple Hospital visits – explanation
- Skin prick tests, IgE specific blood tests
- Day case food challenges
- School age grown out of CMPA and majority of reaction to egg, residual nut
- Self awareness

What helped in the allergy journey?

- Dietetics
- Specialist allergy nurse
- Health visitor
- Community pharmacist
- Friends and Family
- Our girl

Challenges in General Practice

- Common presentation
- Resources
- Lack of education
- Self diagnosis
- Patient expectation “want a test”
- Allergy clinic waiting times
Improving allergy care in practice

- Audit
- Allergy management guideline for vision
- Demo autoinjectors and care plans
- Educational sessions - RCGP, local school, GPs, PPG
- Mail shot
- Annotation of children's notes regarding weight
- Regular meetings child health nurse

Pharmacy perspective

- Medication reviews - repeats, dosages, overdue prescriptions
- Indications that patients with allergy may have suboptimal control of asthma
- Holistic in prescribing, day to day and travelling
- Informing patients of expected side effects
- Labelling smaller bottles for antihistamine
- MHRA approval for legislation change for provision of generic autoinjectors
Resources

- NHSG Intranet
- Anaphylaxis Campaign (anaphylaxis.org.uk)
- British Society of Allergy and Clinical Immunology (bsaci.org)
- Allergy UK (www.allergyuk.org)