



FACTS

FAMILY PHYSICIANS SHOULD KNOW ABOUT
FOOD ALLERGY AND ANAPHYLAXIS



1



NEW GUIDANCE HELPS PREVENT FOOD ALLERGY IN BABIES

- Canadian Paediatric Society recommends **introducing allergenic foods** (e.g. peanut, egg) **to high-risk babies by around 6 months of age, but not before 4 months.**

- High-risk babies** have eczema or pre-existing food allergy, or an immediate family member with eczema, food allergy, asthma or hay fever.

2



THERE IS NO ONE TEST TO DIAGNOSE FOOD ALLERGY AND CLEAR EXPOSURE HISTORY IS REQUIRED

- Skin and blood tests alone can give false positive results, so **testing along with a convincing medical history are needed** to diagnose a food allergy. An allergist may also perform **an oral food challenge.**

- Someone diagnosed with food allergy is at risk for **anaphylaxis**, a potentially life-threatening allergic reaction.

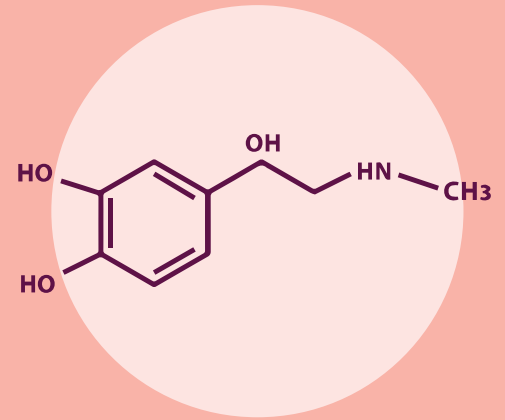
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FOOD ALLERGY IS MANAGED BY AVOIDANCE

- Patients need to avoid their food allergen to **prevent an allergic reaction**.
- The exception is if they are doing oral immunotherapy, which focuses on actively eating small doses of the allergen rather than avoiding it.

4



EPINEPHRINE IS THE ONLY TREATMENT FOR ANAPHYLAXIS

- Epinephrine should be used immediately as it **reverses symptoms of anaphylaxis**, it is more effective if given early and can save a life!
- There is **no contraindication** to the use of IM epinephrine in treating anaphylaxis.
- **Antihistamines** (e.g. Benadryl®) **should not be given** instead of epinephrine.
- If epinephrine is used, patients need to **call 911 right away** and go to an emergency department.

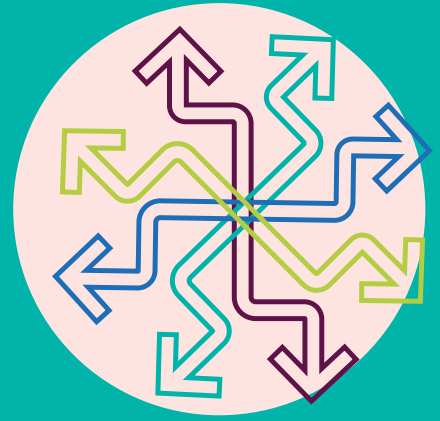
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SIGNS AND SYMPTOMS OF ANAPHYLAXIS CAN VARY

- Symptoms generally include **two or more body systems**:
 - **Skin** (e.g. hives, redness)
 - **Respiratory** (e.g. wheezing, shortness of breath)
 - **Gastrointestinal** (e.g. vomiting, diarrhea)
 - **Cardiovascular** (e.g. decreased level of consciousness)
- **Hives are not always present.**
- **A drop in blood pressure alone can indicate anaphylaxis.**

6



ANAPHYLACTIC REACTIONS ARE UNPREDICTABLE

- **Reactions often occur within minutes**, but can take up to **two hours** after exposure.
- **A second or biphasic reaction** can happen up to **36 hours** after symptoms from the first reaction have resolved. Most secondary reactions occur **within 10 to 12 hours**.
- **Past reactions are not indicators** of the **severity** of future reactions.

7



CO-FACTORS CAN IMPACT THE SEVERITY OF A REACTION

- Food-related allergic reactions are more severe **when co-factors are involved** as they can lower the threshold at which one reacts.
- Common co-factors include **exercise, illness, uncontrolled asthma,** and **non-steroidal anti-inflammatory medications.**



Food Allergy Canada is Canada's leading patient organization committed to helping the more than 3 million Canadians impacted by food allergy.

We provide valued information and credible resources that have been medically reviewed by Canadian allergists.

RESOURCES & SUPPORT

If your patient's history suggests food allergy, **refer them to an allergist** and to **Food Allergy Canada for critical information** on how to manage food allergy.

Have your patients complete an Anaphylaxis Emergency Plan from **foodallergycanada.ca/AEP**.

We have many free educational resources to support your patients.



Learn more at
foodallergycanada.ca/healthcare