

## FACTS

PRIMARY CARE PROVIDERS SHOULD  
KNOW ABOUT FOOD ALLERGY  
AND ANAPHYLAXIS



# 1



## NEWER GUIDANCE HELPS PREVENT FOOD ALLERGY IN BABIES

Canadian Society of Allergy and Clinical Immunology and Canadian Paediatric Society recommend **introducing allergenic foods** (e.g. peanut, egg) to babies by around 6 months of age. **If the baby is high risk for developing food allergy, introduction can start earlier than 6 months, 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 SINGLE 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.

# 3



## 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 (OIT), which focuses on actively eating small doses of the allergen rather than avoiding it, though it is not widely available throughout Canada. OIT should be done **under the guidance of an allergist.**

Patients undergoing OIT are likely still actively avoiding their allergen outside of therapy.

# 4



## SIGNS AND SYMPTOMS OF ANAPHYLAXIS CAN VARY

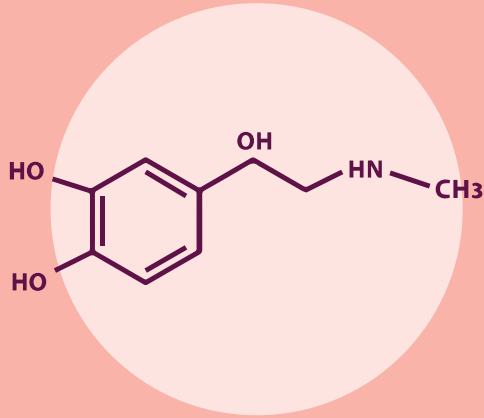
Symptoms generally include **two or more body systems:**

- **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.**

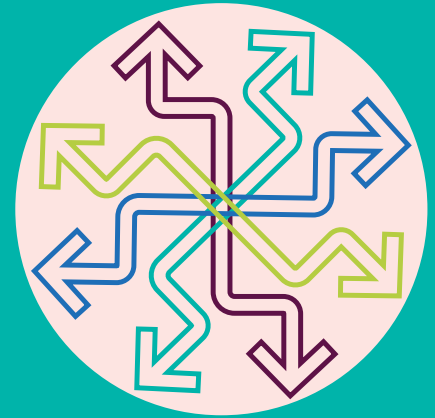
**Respiratory or cardiovascular symptoms alone** can be anaphylaxis.

# 5



EPINEPHRINE IS THE ONLY TREATMENT FOR ANAPHYLAXIS

# 6



ANAPHYLACTIC REACTIONS CAN VARY

- Use it immediately as it **helps to slow the progression of the reaction** and is more effective if given early. **Do not wait** for symptoms to worsen.

- There is **no contraindication** to the use of IM epinephrine in treating anaphylaxis.

- **Antihistamines** (e.g. Benadryl®) **should not be given** instead of epinephrine.

- When epinephrine is used, patients also need to **call 911 right away** and go to the hospital.

- Individuals react to **different amounts** of a food allergen, it's not the same for everyone.

- **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**.

# 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, and uncontrolled asthma.**

# 8



## FOLLOW-UP CARE IS IMPORTANT

- **Food allergies can be re-checked** to see if a patient has outgrown any.
- Children can be **reassessed** yearly, it can be every other year for older children and adults who are less likely to outgrow their allergies.
- Visits can also **help ensure the current management is appropriate** and to make the patient/family aware of new food allergy approaches and findings.

# DID YOU KNOW?



**1-in-2** Canadian households are impacted by food allergy.



More than **3M Canadians** are affected by food allergy.



Almost **500,000** Canadian children have food allergy.



**There currently is no cure for food allergy,** though there are emerging therapies that show promise. Avoiding the allergenic food is required to prevent a reaction.

Access to accurate ingredient information is essential in order to avoid allergic reactions. It is necessary to **read food labels every time** since ingredients can change without notice.



Individuals with food allergy and uncontrolled asthma are at an increased risk of severe allergic reactions. **It's important that both conditions are well managed.**

# DID YOU KNOW?



The **amount of a food allergen which causes a reaction varies by person**, it can be a small amount for some.

Symptoms of anaphylaxis (systemic reaction) can vary from mild to severe, but **all need to be treated with epinephrine**.



**Anaphylaxis is the most serious type of allergic reaction.** It can be life-threatening, but there are ways to minimize risks and be prepared in case reactions happen.



**The allergic reaction is the reason for going to the hospital**, not because epinephrine has been used.



The possibility of reactions and reliance on others to stay safe makes food allergy a difficult condition to manage. **Greater community education and support can help with the challenges of managing this medical condition.**



# 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](http://foodallergycanada.ca/AEP)**

We have many free educational resources to support your patients with food allergy.



Learn more at  
**[foodallergycanada.ca/healthcare](http://foodallergycanada.ca/healthcare)**

**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.