



DIETETICS

Allergy Care doesn't stop with COVID-19

World Allergy Week: 28 June – 4 July 2020

With increased awareness & education surrounding food allergies & anaphylaxis, we can help to reduce the risk of a reaction for those who suffer from a food allergy, as well as be better equipped to help when potentially life-threatening emergencies happen.

What is a Food Allergy?

By Stacey Deayton, OSCAR Care Group Dietitian

A food allergy is very different to a food intolerance. However, they are commonly confused, due to the symptoms of food intolerance often resembling those of a food allergy.

Although food intolerance can cause many unpleasant symptoms, it does not involve an immune system response or cause severe allergic reactions (known as anaphylaxis).

A food allergy on the other hand, involves an immune system response and can occur immediately following ingestion of food allergen, even in trace amounts (for example, peanuts). The allergic response to food happens when the body mistakenly believes the protein in a type of food is harmful, creating an immune response. This immune response can vary in severity but can potentially be life-threatening and will often trigger symptoms that can affect a person's breathing, skin, tummy or heart.

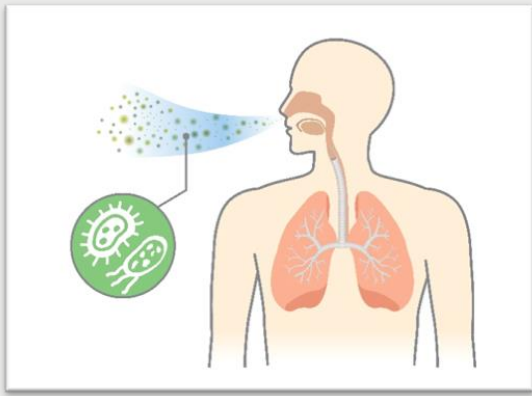


The World Allergy Organization's World Allergy Week 2020 will occur 28 June – 4 July 2020 and will focus on the theme of: **"Allergy care does not stop with COVID-19."**

A pandemic can be a time of anxiety for those with asthma and allergies such as allergic rhinitis (hay fever), eczema/dermatitis, allergic conjunctivitis, **food allergies**, and other conditions.

Symptom similarity between allergies and COVID-19 can be confusing. Sneezing and itching, for example, are common in allergic rhinitis, while fever, fatigue, and shortness of breath appear in COVID-19. Doctors can help ease patients' concerns by identifying the differences between allergies and COVID-19, making health assessments, and reviewing treatment plans.

[COVID-19 and Allergic Diseases Webinar](#)



Severe allergic reactions

A severe allergic reaction often involves the respiratory and/or cardiovascular system, and usually occurs within 20min to 2 hours of ingesting the food allergen.

Someone who has previously had a severe reaction to a particular food is more likely to have another severe reaction to that food. Even though people who suffer more mild reactions are less likely to have a severe reaction, the possibility of a severe reaction is still there.

How common is food allergy in Australia?

About 1 in 10 infants, 1 in 20 children (up to 5 years of age) and 2 in 100 adults have food allergies within Australia¹. About 60% of allergies appear during the first year of life. Some children may outgrow their allergy (for example, cow's milk allergy is one of the most common in early childhood, but most children will grow out of it before they start school). Some adults can develop a food allergy later in life, even after eating the food for years without a problem.

Although allergy can be inherited, most of the time children with food allergy do not have parents with food allergy.

Food allergy is the leading cause of anaphylaxis outside the hospital setting.



What are common symptoms of food allergy?

Mild to moderate food allergy symptoms can include itching or swelling around the mouth, face or eyes, a skin rash (eczema or hives (red and raised skin)), gastrointestinal symptoms (such as diarrhoea, vomiting or abdominal cramps) or breathing difficulties (such as wheezing or asthma).

With a more severe allergic reaction, the person can develop difficult breathing, swelling of the tongue or throat, difficulty talking, dizziness or collapse or becoming pale and floppy (in young children).

Factors such as exercise, heat, alcohol, the amount of food eaten or how food is prepared can all influence the severity of the reaction.

What should you do when faced with a severe allergic reaction?

Anaphylaxis is a severe allergic reaction that needs urgent medical attention. An immediate triple zero call for an ambulance is usually warranted. The first line treatment is the use of adrenaline (epinephrine), which is administered via an autoinjector (such as an EpiPen®). Adrenaline autoinjectors are commonly prescribed by a doctor to those considered at risk of anaphylaxis or are otherwise available directly from a pharmacy.

How to avoid a reaction?

There is no cure for a food allergy. The easiest way to avoid a reaction is to eliminate the food/s from the diet. However, this can pose challenges for those who are particularly sensitive to even trace amounts of a food allergen. For example, some individuals can react even to kissing someone who has eaten the food they are allergic to or using a BBQ that has been cross contaminated with a food allergen from previous uses. This makes food allergy difficult to manage when eating out or travelling, particularly if food outlets aren't appropriately equipped or educated to deal with cross contamination or appropriate cooking practices.



For more information or advice on food allergies, contact Allergy & Anaphylaxis Australia (www.allergyfacts.org.au) or if you have any concerns regarding food allergy always consult a medical practitioner.



Need a plan to cater for Food Allergies at your Childcare Centre?

This article was written by OSCAR Care Group Dietitian, Stacey Deayton. Please call or email via our contact details below.

References:

www.betterhealth.vic.gov.au

www.foodallergyaware.com.au

