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General Practitioner

Onslow Medical Centre

Wellington

Dr Danny de Lore

Paediatrician

Lakes DHB

Rotorua

FULLY BOOKED

Sunday, June 11, 2017 (Room 11)

8:30 - 9:25 WS #188: Training GPs to Manage Childhood Food Allergy

9:35 - 10:30 WS #200: Training GPs to Manage Childhood Food Allergy (Repeated)

Training GPs to manage Childhood Food Allergy

- Dr Tim Jefferies – GP with a special interest in allergy, Onslow Medical Centre, Wellington
- Dr Danny De Lore – Paediatrician, Rotorua

Conflicts of Interest/Financial Disclosures

None declared

Why is food allergy difficult for GPs?

* Wide range of presentations
* A lot of information about allergy that is contradictory
* Testing can be difficult and services are variable
* Difficult to fit into 15 minutes
* A lot of differences between doctors in how food allergy is managed
* Emotional overlay

Common presentations

Case 1: A five-month old with eczema or ‘colic’

* Fully breast fed
* Mum restricting her diet
* Concerned about food allergy

Tips for management

* How bad is the eczema? Thriving?
* Mild to moderate eczema has a low risk of being due to a food allergy.
* No strong role for allergy testing
* Possible risk of causing a food allergy from food restriction on the part of the mother or the infant
* Recommend normal diet with early introduction of peanut, egg etc. LEAP study, BEAT study
* Possible room for short (2 week) restriction??

Case 2: 9 month old with milk allergy

* Breast fed, but hives with introduction of milk formula
* Mum wondering about weaning advice

Tips for management

* SPT indicated to confirm. Might guide management down the track
* Extensively hydrolysed formula for under 6 months – (eg Pepti-junior)
* Soy formula for over 6 months
* Amino Acid formula if anaphylaxis (eg Elecare, Neocate)
* If the first choice formula is not tolerated, an alternative formula can be trialled
* Other formula such as goats' milk-based, lactose-free and partially hydrolysed formula are not suitable for CMPA

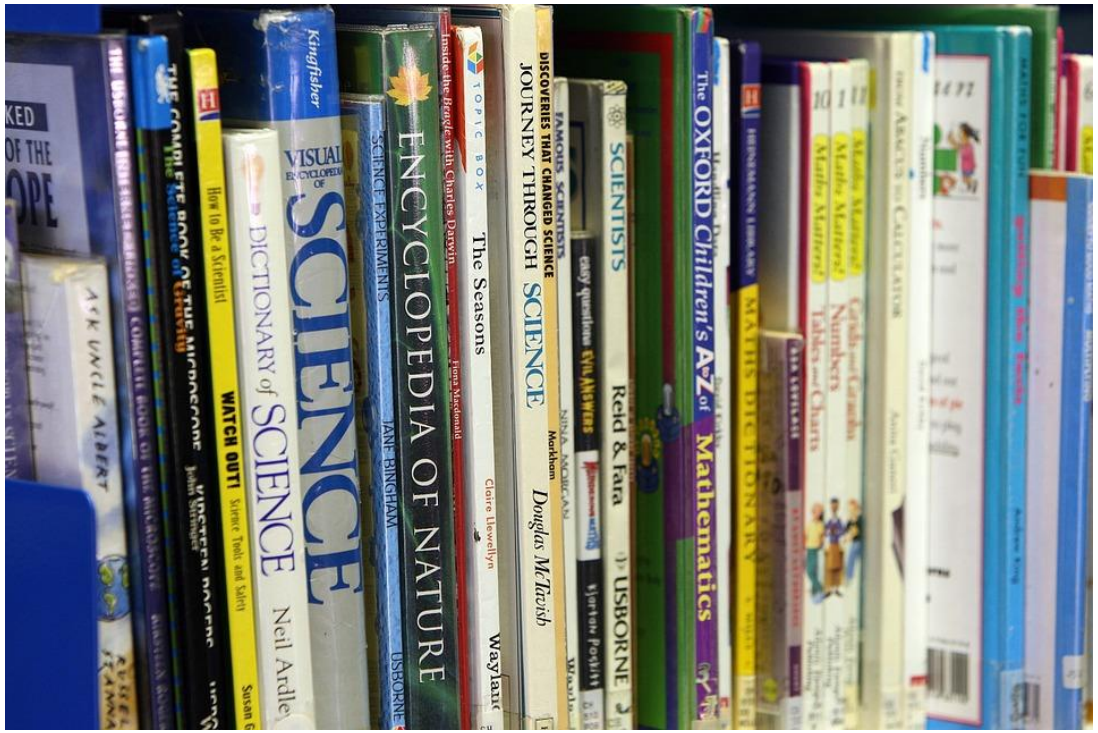
Case 3: 10 month old with minor rashes to foods

* Difficult situation as this is Primarily a GP issue
* Is the rash in a contact area? Dribble area?
* Is it getting worse with each exposure?
* What is the offending food?
* Judgement call – keep on with the food and review?

Case 4: 1 year old with widespread hives to peanut butter

* SPT and probably ssIgE (RAST) warranted.
* Avoidance advice
* Allergy action plan (ASCIA)
* Discuss Epipen. Difficult area!
  * Safety vs anxiety
* Look to retest
* Introduction of related allergens (ie other nuts)
  * Safety vs pragmatism

Resources


The OXFORD Children's A-Z of Mathematics
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Reid & Tara
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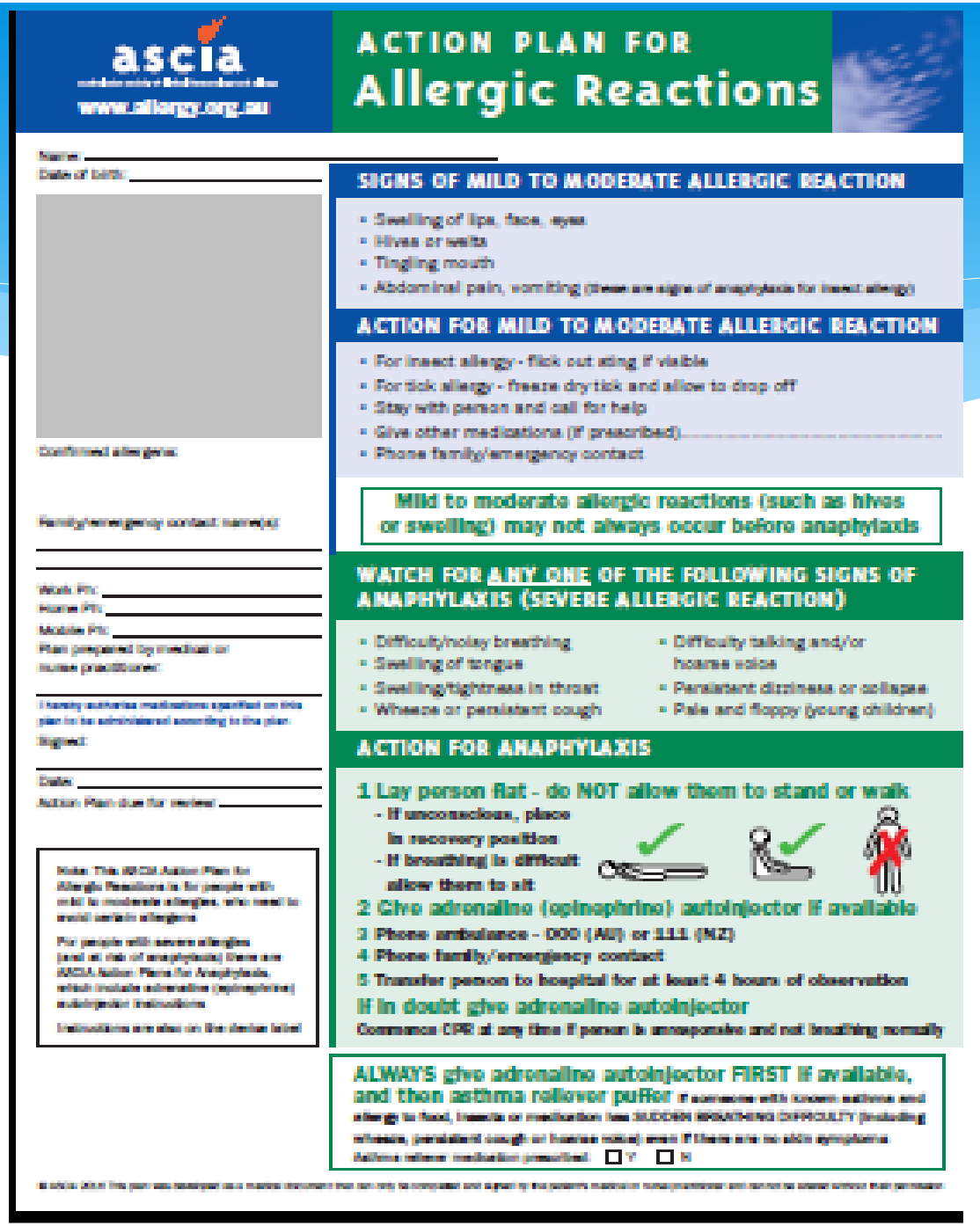
The Seasons
SCIENCE
DICTIONARY of SCIENCE
Neil Ardley
Kingfisher
How to Be a Scientist
WATCH OUT!
ASK UNCLE ALBERT

ASCIA Action Plans

* Allergic reactions
* Anaphylaxis



ascia
www.allergy.org.au

ACTION PLAN FOR
Allergic Reactions

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:
Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date:
Action Plan due for review:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjection instructions.

Instructions are also on the device label.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed)
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
- If unconscious, place in recovery position
- If breathing is difficult allow them to sit

2 Give adrenaline (epinephrine) autoinjector if available
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer If someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms
Asthma reliever medication prescribed: ☐ Y ☐ N

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Who are we?
Allergy New Zealand is a national charity that offers reliable information, education and support so you can manage your or your child's allergy, and live an active and healthy lifestyle. Start your Allergy Journey here
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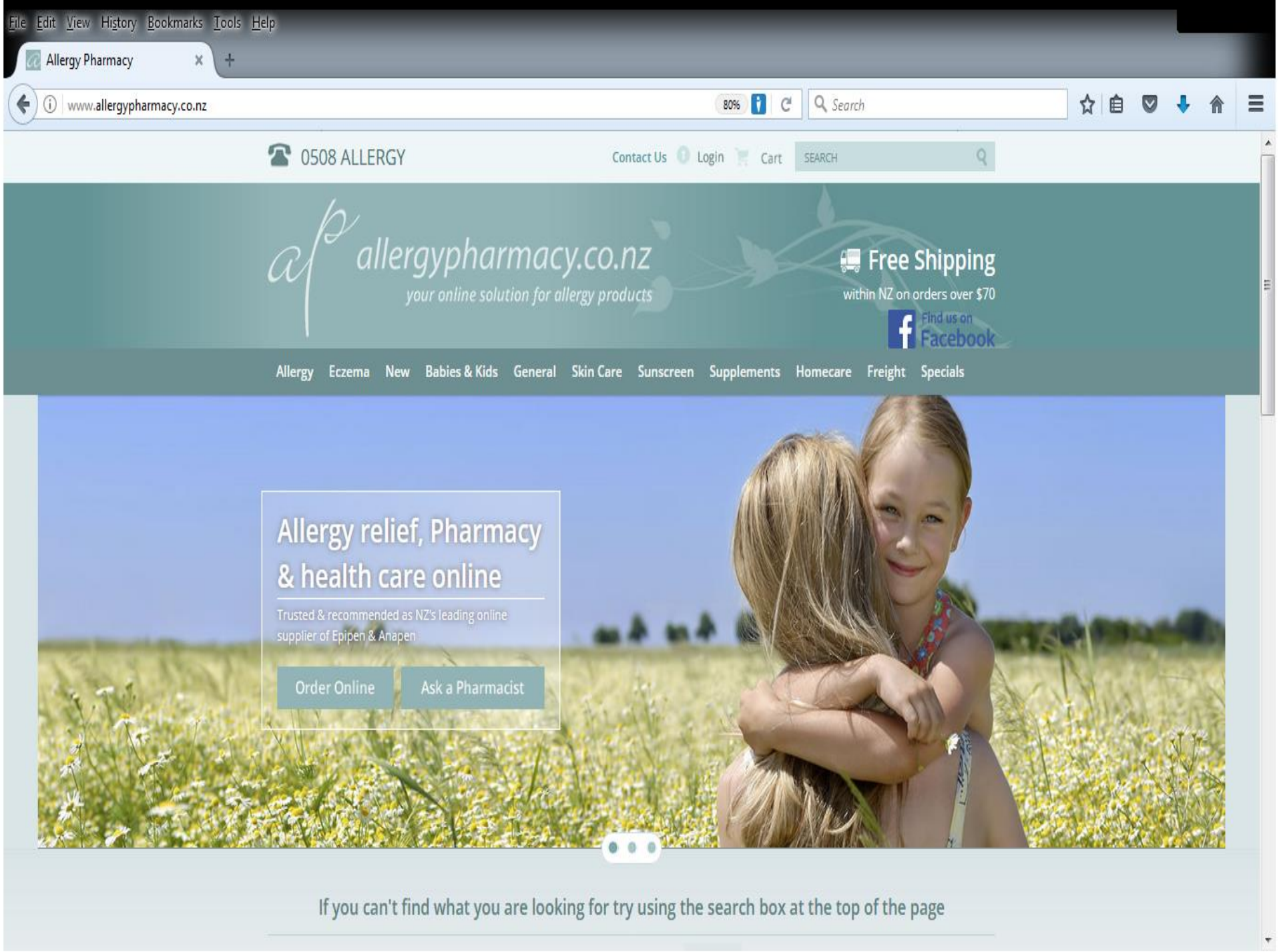
EpiPen Recalls:
23 March 2017 - Epipen 300mcg
Mylan NZ has initiated a recall notice for EpiPen® (Adrenaline) 300 micrograms (mcg) Auto-injector with Batch Numbers 5FA665 and 5FA6652. The expiry date for these is April 17. More details and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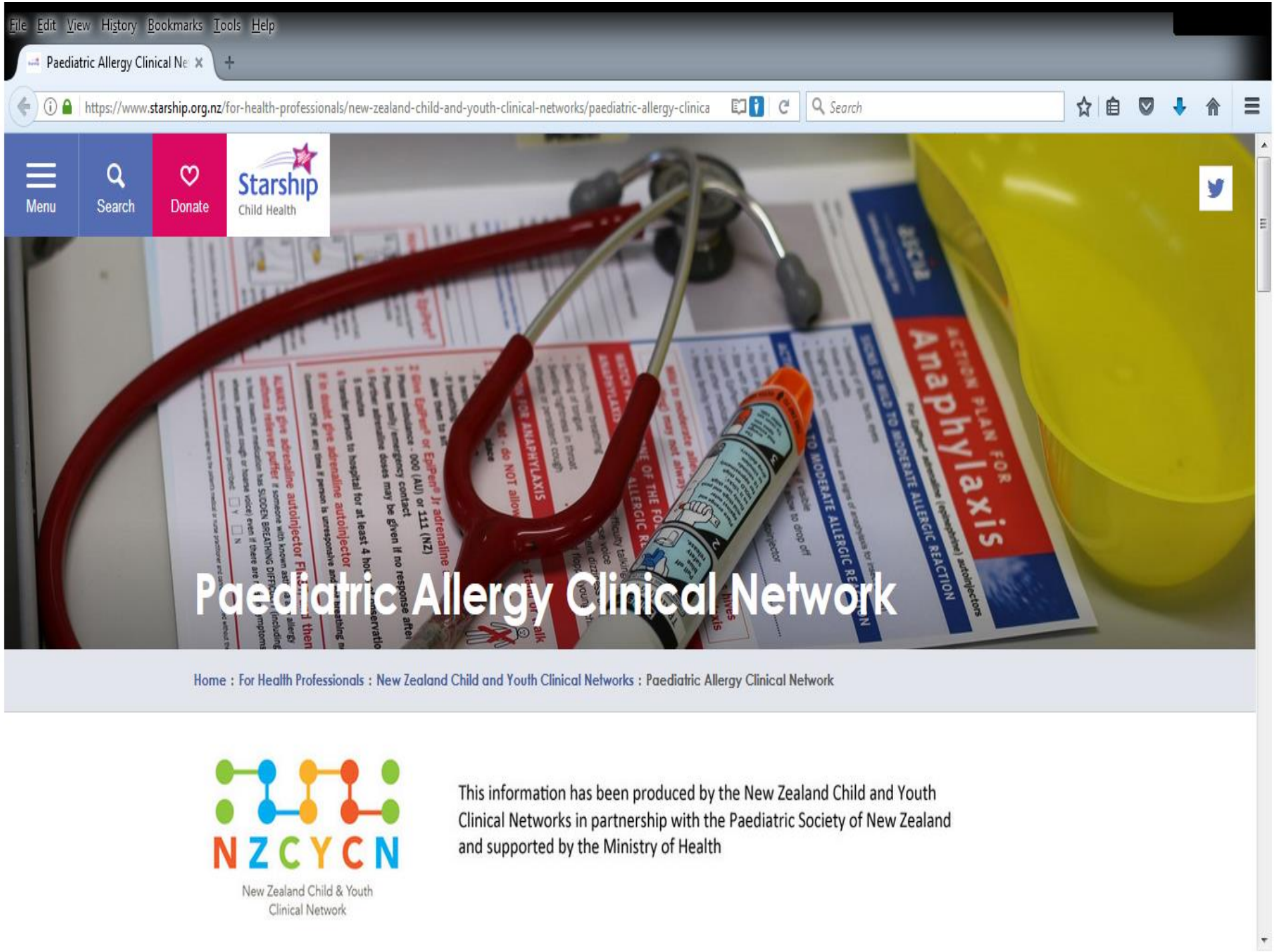
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This information has been produced by the New Zealand Child and Youth Clinical Networks in partnership with the Paediatric Society of New Zealand and supported by the Ministry of Health

The Future?

* Subunit testing, eg Ara h3
* More on early introduction
* Probiotics?
* Immunotherapy?
* ASCIA Conference, Auckland 13-15 September