

Allergy alert: What new guidelines on anaphylaxis could mean for you

January 23 2024, by Todd A. Mahr, MD, Executive Medical Director,
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If you or someone close to you suffers from severe allergic reactions, you have probably heard there are [new recommendations](#) out that offer guidance on the diagnosis, management and treatment of anaphylaxis.

The latest guidelines come from Joint Task Force on Practice Parameters, a partnership between the American College of Allergy, Asthma & Immunology and the American Academy of Allergy, Asthma & Immunology.

Allergist Dr. Jay Lieberman, task force co-chair and one of the experts who worked on the guidelines, understands that patients who have experienced anaphylaxis may have questions.

"I think one of the biggest changes that the new practice parameter addresses is whether patients must go to the emergency room if they use their [epinephrine](#) autoinjector," Lieberman said. "In the past, it was sort of 'set in stone' that if you used epinephrine, you should automatically contact emergency [medical services](#) [EMS] afterward or go to the emergency room."

"However, our [new guidelines](#) suggest that immediately calling EMS may not be required if you experience prompt, complete and long-lasting response to treatment with epinephrine," he added. "The recommendation only applies if additional epinephrine and medical care are readily available, if needed."

But the guidelines also point out that if the patient is not improving, they should still go to the emergency room or contact EMS.

"The recommendation to not automatically contact EMS hopefully takes away a burden that many patients express; that they sometimes do not want to use epinephrine because they do not want to have to go to the [emergency room](#)," Lieberman added.

"We want to minimize barriers to the use of epinephrine. Of course, if a patient or family has any concerns, they should still contact EMS. But the new guideline allows for more options."

The parameter still recommends physicians counsel patients on epinephrine use and to use it at the first sign of suspected anaphylaxis; but it also suggests that, in general, allergists and other clinicians counsel patients or caregivers to not give epinephrine to a patient who doesn't

have symptoms if they've been in contact with something to which they're allergic.

There are many other recommendations in the guidelines on the diagnosis of anaphylaxis, including awareness that the presentation of anaphylaxis may be different in infants. There also are recommendations on how best to manage anaphylaxis in the community—such as in schools and day care settings—that may be of interest to caregivers and institutions alike.

It's important to remember that epinephrine is the first-line treatment for anaphylaxis, and epinephrine auto injectors (EAI) allow [patients](#) to have this emergency medication available outside the medical setting. A patient's risk factors for severe anaphylaxis, their values and preferences, and the burden of both anaphylaxis and EAI prescription are [important factors](#) to consider when deciding whether to prescribe EAI, and how many to prescribe.

Patients with the following are at higher likelihood of requiring treatment with their prescribed EAI:

- History of systemic allergic reaction or anaphylaxis to their food allergen
- Frequent allergen exposure through occupation or other activities—for venom, latex and drug allergy
- Prior systemic allergic reaction to [allergen immunotherapy](#) or venom immunotherapy (VIT)
- Venom allergy with honeybee as the trigger
- Older age
- Underlying heart disease
- Venom-induced anaphylaxis not treated with VIT
- Exercise-induced anaphylaxis
- Cold-induced hives

The American College of Allergy, Asthma and Immunology says that although there are a variety of EAIs at a range of prices, the most important thing is for you to have a device you can carry with you, that you can afford, and that you know how to use and when to use it.

The bottom line: These new guidelines give updated information to help you best respond to anaphylaxis. Patients should talk with their allergy specialist before making any changes to their treatment plan. They should also be sure to communicate any changes in their "in case of anaphylaxis" plan to their families, caregivers and schools.

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Citation: Allergy alert: What new guidelines on anaphylaxis could mean for you (2024, January 23) retrieved 12 May 2024 from

<https://medicalxpress.com/news/2024-01-allergy-guidelines-anaphylaxis.html>

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