

Allergies

An allergy is the body's response to an allergen. For some people, a normally harmless substance (the allergen) is perceived as a threat by the body and the immune system reacts. Most allergies are mild and result in some local irritation but some can be severe – anaphylaxis – and can even cause death. The most common allergens are pollen, insects, animals, some foods and latex and the most common reactions are sneezing, inflammation of the eyes or lips, swelling of the eyelids or tongue, itching or a rash, and breathing difficulties. A person who risks an anaphylactic reaction to an allergen should carry an Epipen. This is a device which delivers a single dose of adrenaline which should be administered as soon as a severe reaction starts. There are clear instructions on the pen and it is important to give the injection rather than wait for medical help to arrive if the person is unable to administer the medication themselves.

An allergic reaction occurs when the body's immune system releases chemicals, including histamines, to counter the perceived threatening allergen and it is this release that causes the itch, swelling, rash etc. The reaction occurs quickly and dies down when the allergen is no longer present. This differs from an intolerance which tends to take a longer time to manifest itself and often causes symptoms in the stomach and bowel; intestinal gas, abdominal pain and diarrhoea. Some foodstuffs can cause an allergic reaction, for example shellfish and nuts, and others reflect an intolerance, for example products containing gluten or lactose. An intolerance is not a reaction by the body's immune system unlike an allergy which is.

Approximately 1 in 4 of us will suffer from an allergy at some point in our lives. Allergies are more common in young people and young adults and there has been an increase in the number of people presenting with an allergy. One theory is that infants are now being brought up in a more sterile environment and the body's immune system is therefore not getting the early exposure it needs to the allergens in order to be able to respond appropriately when the allergen is encountered in later years. It has been noted that children who suffer from eczema and asthma are more likely to develop an allergy to something.

Testing for allergies:

There are several ways to test for allergy but confirmation is not straightforward and is arrived at in conjunction with a careful study of the patient's allergy history too.

- A blood test can be requested for a specific allergen. The test may show that there are raised levels of antibodies in the blood but this does not necessarily confirm an allergy to the substance
- A skin prick test can be carried out in hospital. A tiny amount of the suspected allergen is injected into the skin. If the person is allergic to the allergen the skin will become itchy within a few minutes, and then red with a small swelling (wheal) in the centre. Again this does not confirm allergy to the substance as other factors may be involved

- A patch test is sometimes used if the suspected allergen is a chemical, cosmetics or medication and is often used when the allergy has caused a skin reaction such as eczema or dermatitis. A grid of patches is applied to the patient's back; each patch has been treated with a small amount of each of the suspected allergens and a number of common ones. After 48 hours the skin is checked for a reaction

Treatment:

- The best course of action is to avoid the allergen completely; some people grow out of an allergy. This does not happen if the allergy is to a drug
- Covering the skin and wearing dark clothes can help with some allergies
- Some treatments, such as antihistamines, can relieve the symptoms of the allergy but do not cure it. Antihistamines come in tablet and liquid form, and as drops, nasal sprays and creams
- Steroids can be used for more severe allergic reactions but should only be taken for a short period as prolonged use can be harmful. Steroids come in tablet, spray, drop or cream form
- Adrenaline is used when a person risks going into anaphylactic shock and comes in the form of an auto-injector device such as an EpiPen
- Desensitisation of wasp or bee venom (and snake) can be carried out if there is a risk of anaphylaxis. This involves injecting a very small amount of the venom at regular intervals over a period of time so that the body will no longer produce an allergic reaction to the venom

For more information on allergies visit www.allergyuk.org . This website covers a range of aspects in more detail including an explanation of the mechanisms involved in the body, different types of allergy, child allergy, food intolerance, up-to-date food alerts, the management and treatment of allergies, and useful products and services.