

Florida Allergy, Asthma & Immunology Society

4909 Lannie Road, Ste. B
Jacksonville, FL 32218
email: FAAIS@aol.com



Phone: 904-765-7702
Fax: 904-765-7767
web: www.floridaallergysociety.com

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A Florida Allergy, Asthma & Immunology Society Position Statement regarding:

EPINEPHRINE USE FOR THE TREATMENT OF SEVERE ALLERGIC FOOD REACTIONS

A metropolitan Florida newspaper recently published an opinion article asserting that epinephrine devices are overprescribed and over utilized for food allergies. The author stated that, "...food allergies are rarely life-threatening. Most allergic reactions to food involve rashes, or an itchy mouth, or nausea — symptoms best treated with an antihistamine, not epinephrine." The overarching premise of this article was that epinephrine autoinjectors are being overprescribed due to the financial influence of drug manufacturers. In addition to offering medical advice, the opinion piece concluded by charging "consumer advocacy groups have abdicated their responsibilities to patients in order to help EpiPens corner the market on epinephrine and fear-mongering."

The Florida Allergy, Asthma & Immunology (FAAIS) shares the author's concern about rising cost of epinephrine autoinjectors (as discussed in our former position statement, [Escalating Cost of Epinephrine Auto-Injectors and Impact on Patient Access to Epinephrine](#)). However, FAAIS is deeply concerned that some of the author's comments could mislead the public regarding the intrinsic dangers of immediate, IgE-mediated food allergies that are very capable of generating anaphylaxis--a severe and life-threatening allergic reaction. The article leaves the reader with the impression that antihistamines are an acceptable substitute for epinephrine in the treatment of "most" allergic food reactions. Although there is a role for antihistamines to treat minor symptoms (i.e, itching or rashes), minor reactions may rapidly escalate into more serious life-threatening symptoms, which will only respond to epinephrine.

FAAIS' unequivocal position is that epinephrine, not antihistamines, is the first line therapy when food- induced anaphylaxis is suspected. All individuals with a diagnosed history of IgE mediated foods allergies should have immediate access to epinephrine. Epinephrine is the first line treatment for anaphylaxis and is the only treatment capable of stopping and reversing an anaphylactic reaction. This position is aligned with national guidelines published by the *American Academy of Allergy, Asthma & Immunology*, *American College of Allergy, Asthma & Immunology*, and the *National Institute of Health*. An recent expert panel of the *National Institute of Allergy and Infectious Diseases* explicitly reinforced food allergy treatment guidelines when the panel declared, "The use of antihistamines is the most common reason reported for not using epinephrine and may place a patient at significantly increased risk for progression toward a life-threatening reaction."¹

In the interest of patient safety, FAAIS recommends that all individuals with food allergies or suspected food allergies consult with a qualified medical professional, such as a board-certified allergist/immunologist.

1. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary of the NIAID-Sponsored Expert Panel Report. *J Allergy Clin Immunol*. 2010 Dec;126(6):1105-18

Thomas Lupoli, DO
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904-730-4870

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