

Embargoed Release Dates
November 11-12, 2007
(See Presentation Dates Below)

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**Research Findings on Adverse Reactions to Food, Drugs and Bugs
Presented at ACAAI Annual Meeting**

DALLAS – Researchers are presenting some 340 abstracts on investigational findings in the diagnosis and treatment of allergic diseases at the ACAAI Annual Meeting in Dallas, Nov. 8-14. Following are highlights of some key studies on anaphylaxis, food allergy, drug reactions and insect sting reactions.

ANAPHYLAXIS

“Anaphylaxis and Acute Asthma in California Schools.” (Abstract #P47: Nov. 10-11, Noon – 1:00 p.m.) – Larry S. Posner, M.D., Napa, Calif., et al – Investigators evaluate the readiness of California schools to address life-threatening emergencies related to asthma exacerbations and anaphylaxis and to identify areas of shortcomings. Evaluating 176 questionnaires completed by members of the California School Nurses Association, their findings include: 57 percent of the respondents had personally witnessed life-threatening asthma symptoms at school; 94 percent had witnessed known asthmatics experiencing symptoms, who did not have medications at school; 38 percent had personally witnessed anaphylaxis. Authors observed that many schools do not have a written policy for dealing with these emergencies. Most schools do not have stock medications for treating these acute symptoms and will often use another child’s medication. Their suggestions include: having a nurse at every school; a standardized policy for emergency management of asthma and anaphylaxis; and stocking required medications.

“Biphasic Anaphylactic Reactions After Specific Immunotherapy.” (Abstract #P51: Nov. 10-11, Noon – 1:00 p.m.) – Erika G. Gonzalez, M.D., San Antonio, Texas, et al – The reported incidence of biphasic anaphylactic reactions after allergen immunotherapy varies from 1 percent to 20 percent according to the authors. In this study, biphasic symptoms were experienced by 18.6 percent of patients requiring epinephrine for allergen immunotherapy-induced anaphylaxis. Patients who experienced faster onset of symptoms were more likely to experience a biphasic reaction, but all were mild and none required epinephrine. All patients who had such a reaction in this cohort had symptom onset within 30 minutes and experienced mild, non-life-threatening symptoms. Authors conclude that, although further study is required, their findings suggest that patients sent home after being treated for AIT-induced anaphylaxis should be cautioned regarding biphasic reactions but do not require epinephrine.

FOOD

“Food Allergy and Food Allergy Attitudes in College Students.” (Abstract #51: Nov. 12 at 1:30 p.m.) – Matthew J. Greenhawt, M.D., Ann Arbor, Mich., et al – Food allergy affects 2.3 percent of teenagers and 3 percent to 4 percent of adults, and the incidence and prevalence has been increasing over the past two decades according to authors. Up to 20 percent of the population alters their diet for a perceived food allergy. They note that college-aged population is

at particular risk for fatal food induced anaphylaxis based on recent data. Comparing data from this survey with their 2001 survey, investigators find the prevalence of self-reported food allergy at this university has increased since 2001 from 24.6 percent to 51 percent. They conclude that there is need for continuing education, as nearly half the respondents reporting a food allergy will still consume a food to which they are allergic, and more than two-thirds of students with a food allergy do not maintain epinephrine.

“Accidental Food Allergy Exposures: Who Is At Risk.” (Abstract #P202: Nov. 10-11, Noon – 1:00 p.m.) – Ekta Shah, M.D., Chicago, et al – Food allergies affect approximately 6 to 8 percent of children, and it is the leading cause of anaphylaxis in U.S. emergency departments according to investigators. In this study of demographic factors associated with accidental food allergy exposures in 100 patients, they find a significant association between accidental exposures and income level, but no relationship between accidental food allergen exposure and household language or parental educational level. They recommend that allergists and other clinicians should spend more time educating food allergic children and their families with low household income on how to avoid food allergen exposures.

DRUGS

“Arthus Reaction and Brachial Neuritis with Tdap Vaccination.” (Abstract #52: Nov. 12 at 1:45 p.m.) – Michael S. Tankersley, M.D., San Antonio, Texas, et al – Investigators report the first case of a patient simultaneously demonstrating both an arthus (hypersensitivity) reaction and brachial neuritis (inflammation of the arm) associated with a tetanus toxoid vaccine. In December 2006 the Advisory Committee on Immunization recommended that all health-care personnel with direct patient contact be routinely immunized with a new tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap), with an interval as short as 2 years from the last dose of Tdap. This interval differs from the prior interval as short as 5 years between vaccine doses. In light of this policy, authors recommend continued monitoring of adult Tdap recipients in the event that higher adverse reactions of this type are found with this new vaccine recommendation.

“Meta-analysis: Risk of Angioedema with Angiotensin Receptor Blockers (ARBs) in Patients with Prior Angioedema Associated with Angiotensin Converting Enzyme Inhibitor (ACE-I).” (Abstract #53: Nov. 12 at 2:00 p.m., *Clemmens von Pirquet Award*) – Brad R. Haymore, M.D., Kensington, Md., et al – Authors note that patients who experience angioedema (AE) after taking angiotensin converting enzyme inhibitor (ACE-I) have been known to develop angioedema when taking an angiotensin receptor blocker (ARB), but few studies describe the risk. They found limited evidence suggesting that for patients who developed AE when taking an ACE-I, the risk of developing any angioedema when taking an ARB is between 2 percent and 17 percent, and for confirmed angioedema, the risk is 0 to 9.2 percent. They indicate this information will aid clinicians in counseling patients regarding therapy options after developing angioedema due to ACE-I.

INSECTS

“Sensitization to the Asian Lady Beetle (*Harmonia axyridis*) in an Endemic Population.”
(Abstract #P81: Nov. 10-11, Noon – 1:00 p.m.) – Matthew T. Clark, M.D., Augusta, Ga., et al –
Home infestations from the Asian lady beetle (ladybug) have occurred throughout most of the
United States, resulting in IgE-mediated rhinitis, asthma, urticaria, facial edema and
conjunctivitis. This study investigates the prevalence of ladybug specific IgE in the general
population and examines cross-reactivity to cockroach. Authors conclude that because of cross-
reactivity, clinicians performing skin testing or ordering specific IgE immunoassays using whole
body ladybug extract should be aware that a positive result may or may not indicate that actual
exposure to ladybug allergens is causing clinical disease.

ABOUT ACAAI

American College of Allergy, Asthma and Immunology

The ACAAI is a professional medical organization headquartered in Arlington Heights, Ill., that promotes excellence in the practice of the subspecialty of allergy and immunology. The College, comprising more than 5,000 allergists-immunologists and related health care professionals, fosters a culture of collaboration and congeniality in which its members work together and with others toward the common goals of patient care, education, advocacy and research.

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