

**TEENS WITH ASTHMA AT INCREASED RISK OF LIFE THREATENING ANAPHYLAXIS**  
**Food Allergy Week: 15 – 21 May 2016**

**Monday 16 May 2016** - New data from the Murdoch Children's Research Institute (MCRI) shows a link between the incidence of asthma and food allergy in teenage children, adding an additional risk for people managing food allergy.

Teenagers with food allergy are four times more likely to report having asthma than those without food allergy. People with multiple food allergies report 10 times the incidence.

According to Professor Katie Allen, from the Murdoch Children's Research Institute, the concern is that for these teens, an anaphylactic reaction may be more likely to be mistaken for an asthma attack, resulting in delayed administration of an adrenaline (epinephrine) autoinjector and increasing the risk of fatal attacks.

"When someone has both asthma and a severe food allergy, an allergic reaction can easily be mistaken for an asthma attack. Instead of immediately administering adrenaline (epinephrine) valuable time can be wasted administering the asthma inhaler.

"Teens and young adults are already identified as a high risk group for fatal anaphylaxis. This new research adds even greater emphasis on the importance of education and resources around teens with allergy. Not just for the allergy sufferers themselves, but for their families, friends, schools, food outlets, sporting clubs and the wider community.

"The importance of people recognising anaphylaxis and administering adrenaline cannot be stressed enough," said Professor Allen.

Heartbreakingly, for 15-year-old Jack Irvine, the combination of anaphylaxis and asthma were factors contributing to the young schoolboy's death in 2012. Suffering from nut allergies and asthma, Jack inadvertently ate a biscuit containing macadamia nuts while attending a catered go-karting camp. Jack thought he was eating white chocolate chips.

Jack had a delay in onset of symptoms and when they appeared they were interpreted as asthma. It was not until an ambulance arrived that Jack's father realised the reaction was anaphylaxis. Jack tragically passed away in hospital six days later.

The new research and Jack's story was shared at the launch of Food Allergy Week 2016. According to Maria Said, President of Allergy & Anaphylaxis Australia (A&AA) Jack's story tragically shows why ongoing allergy education is so important and why it needs the support of the entire community.

"Australia has one of the highest rates of food allergy in the world and the incidence continues to grow at an alarming rate. With such a rapid increase in food allergy over the last 10 to 15 years, our current generation of teenagers is one of the fastest growing demographics for allergy management," commented Ms. Said.

New data shows that fatality rates from anaphylaxis in Australia increased by 6% per year between 1997-2013<sup>1</sup>. This contrasts with recent UK and USA data, which show no such increase.

"Most food allergic reactions occurred in young males with asthma, after consuming their allergic trigger by mistake away from home. Only a minority of these cases were given adrenaline early

enough, with many treated for asthma first and anaphylaxis second," said Dr Raymond Mullins, lead researcher on the ASCIA-funded study.

"It's of dire importance that when serious signs and symptoms of a reaction occur, the person lies down and adrenaline is administered as soon as possible. If there is uncertainty as to whether the person is having anaphylaxis or asthma, it is essential adrenaline is given first, followed by asthma medicines."

Mullins stressed the importance of laying the person flat. The research found that two thirds of food allergy related deaths occurred in those standing or sitting after a reaction, including while being driven to hospital.

"Unfortunately, the number of deaths related to food allergy is likely to be an underestimate as many may occur unwitnessed in the community. It's essential all Australians are able to recognise the signs and symptoms of a severe allergic reaction and know what to do in an emergency."

Food Allergy Week runs from 15 May to 21 May and continues to help raise awareness of the prevalence of food allergies and best ways communities can work together to support people with food allergy to minimise risk and help manage emergencies when they happen.

"There are approximately 30,000 new cases of food allergy in Australia each year. Experts estimate that if the prevalence of allergy continues to increase at the current rate, there will be 7.7 million Australians with allergy by 2050.

"With so many people at risk, food allergy is a challenge for us all; we need to learn from each other and follow best practise. This is a community concern that needs to be managed by everyone involved - children, teens and young people especially cannot do it on their own," concluded Said.

The theme for Food Allergy Week is **Be Aware. Show You Care.** To find out how you can get involved in Food Allergy Week 2016 or to donate to Allergy & Anaphylaxis Australia, visit [www.foodallergyaware.com.au](http://www.foodallergyaware.com.au).

--ENDS--

**Media Enquiries:** Lisa Brown, Bite Communications 02 9977 8195 or [lisa@bitecom.com.au](mailto:lisa@bitecom.com.au)

**About Allergy & Anaphylaxis Australia** A&AA is a charitable, not-for-profit organisation that aims to improve awareness of allergy in the community through education, advocacy and support. A&AA develops a range of educational materials, resources, workshops and seminars. Part of an international alliance of like-minded organisations, A&AA works closely with peak medical bodies including the Australasian Society of Clinical Immunology and Allergy (ASCIA).

---

<sup>1</sup> Mullins, R et al, 2016, Increases in anaphylaxis fatalities in Australia 1997 to 2013, *Clinical & Experimental Allergy* (e-pub ahead of print), <<http://onlinelibrary.wiley.com/doi/10.1111/cea.12748/abstract>>