

## *Living with life-threatening food allergy*

If you or someone you care for has been recently diagnosed with a life-threatening food allergy, you may encounter many new challenges, which can include the following:

- Mastering the medical details (reaction symptoms, emergency action plans, etc.).
- Learning how to identify safe foods, read labels, and assess risk in various situations.
- Navigating schools, camps, children's social activities, etc. with food allergies.
- Ensuring that emergency medicines stay accessible to the allergic person at all times.
- Communicating needs for safety and inclusion to friends and extended family.
- Adjusting to new challenges in eating out, traveling, and socializing.
- Learning new cooking techniques and ingredient substitutions; cooking from scratch more often.
- Managing related conditions such as atopic dermatitis (eczema) and asthma.
- Balancing safety and "normalcy."

These challenges can cause stress, often affecting family members unevenly. Those with the most responsibility for food purchases and preparation often report the most strain.

Washington FEAST can help. Living with food allergies can be manageable and healthy with the right information and support!



food allergy • eczema • asthma support team

**Mission.** Washington FEAST (Food Allergy, Eczema, and Asthma Support Team) is a 501(c)(3) not-for-profit organization that provides education and support to individuals and caregivers who are affected by life-threatening food allergies and who may also deal with related atopic disorders such as eczema and asthma. We provide outreach to the newly diagnosed and the larger community, building awareness of the severity of these allergies as well as how to prevent allergic reactions and how to respond if reactions occur. When needed, we advocate for change that will improve the lives of food-allergic individuals.

**Past & present.** Washington FEAST started in 1998 as an informal group that focused on providing information and support to people with life-threatening food allergies and their families. The group successfully advocated for the passage of legislation permitting emergency medical technicians to carry and administer epinephrine in Washington State. Today Washington FEAST continues to support food-allergic individuals and families while providing community education.

**Get involved!** Visit [www.wafeast.org](http://www.wafeast.org) to learn more about food allergies, upcoming events, speakers, meetings, and our free online support group. Click the "How you can help" button to find out how you can donate to or volunteer for Washington FEAST.

### **Washington FEAST**

2400 NW 80th Street, #315 • Seattle, WA 98117-4449

425.24FEAST (425.243.3278)

[www.wafeast.org](http://www.wafeast.org) • [leader@wafeast.org](mailto:leader@wafeast.org)

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**food allergies**   
*we're here to help!* 



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## Symptoms can include . . .

Food allergy and anaphylaxis symptoms can include the following:

- A tingling sensation, itching, or metallic taste in the mouth
- Swelling of the mouth, lips, or throat area
- Hives, flushing, or a sensation of warmth
- Vomiting
- Abdominal cramps or diarrhea
- Wheezing, coughing
- Difficulty breathing
- Drop in blood pressure
- Loss of consciousness
- Death

Symptoms typically appear within minutes to two hours after a person has eaten the food to which he or she is allergic. Even trace amounts can cause a reaction. Skin contact or inhalation can trigger symptoms in highly sensitive people.

Let your doctor know if you have any of these symptoms shortly after eating—even if the symptoms are mild and go away shortly after they begin. Reactions can vary in severity, even for the same person.

*Information from Washington FEAST is for educational purposes only. For specific medical advice, diagnosis, and treatment, please consult a board-certified allergist.*

## Frequently asked questions about food allergies

**What is food allergy?** A food allergy involves a specific type of immune-system response to what is, for most people, a harmless food protein. IgE (immunoglobulin E) antibodies identify the food protein as a threat, triggering the release of histamine and other chemicals (“mediators”) that cause local or nonlocal (systemic) symptoms that can range from itchy hives to life-threatening anaphylaxis.

**What is anaphylaxis?** Anaphylaxis is a serious, often rapid allergic reaction that can be life-threatening. Reactions can vary in nature and severity (see “Symptoms . . .” at left), and those that involve airway inflammation or cardiovascular function (e.g., shock) are the most dangerous.

Outside the hospital setting, food is the most common trigger of anaphylaxis, resulting in an estimated 50,000 emergency room visits per year in the United States.\* Other triggers include latex, medications, and insect stings. Asthma increases the risk of life-threatening reactions.

**Who is at risk for anaphylaxis?** Anyone with a previous history of anaphylaxis is at risk for having another anaphylactic reaction. Also at risk are those with a personal or family history of allergic conditions, such as asthma, eczema, or hay fever. If you suspect you’ve had an allergic reaction to food, latex, insect sting, or a medication, we recommend you consult with a board-certified allergist.

Teens with food allergy and asthma appear to

be at increased risk for dangerous reactions, because they are more likely to take risks when away from home, are less likely to carry medications, and may ignore or not recognize symptoms.†

### **Are food allergy and intolerance the same?**

No. Food intolerance does not involve an IgE-mediated immune-system response. There are many kinds of food intolerances, which can vary greatly in nature and severity. One example is lactose intolerance, in which the body lacks the enzyme necessary to digest milk sugars; milk ingestion therefore results in digestive distress (bloating, diarrhea, etc.).

### **What foods cause the most reactions?**

In the United States, eight foods are associated with 90 percent of food-allergic reactions: peanuts, tree nuts (walnuts, cashews, almonds, etc.), fish, crustacean shellfish (shrimp, crab, lobster), milk, eggs, soy, and wheat.\*

**What is the best treatment?** There is no known cure for food allergies, although some children do outgrow some allergies. For most allergic people, the main therapy is strict avoidance of the trigger foods.

For a severe reaction, standard emergency treatment involves prompt injection of epinephrine (e.g., EpiPen®, TwinJect®, or Adrenaclick®) for temporary symptom relief, followed by an immediate call for emergency help (911). Ask your allergist exactly what your emergency action plan should be.

\* Source: Food Allergy & Anaphylaxis Network (FAAN, [www.foodallergy.org](http://www.foodallergy.org))

† Sampson, M.A., A. Muñoz-Furlong, and S.H. Sicherer, “Risk-taking and coping strategies of adolescents and young adults with food allergy.” *Journal of Allergy and Clinical Immunology*, 117, no. 6 (June 2006): 1440-45.

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