

Idiopathic Anaphylaxis

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Causes include food, insect stings, latex and drugs. In some cases, however, no obvious trigger is found; the reaction is then termed **idiopathic**. The symptoms of idiopathic anaphylaxis are no different from those caused by other forms of anaphylaxis.

The first reported cases of idiopathic anaphylaxis involved adults, but since then it has been reported in children as well. In many cases there is a history of multiple hospital visits.

Symptoms

The symptoms of idiopathic anaphylaxis are no different from those caused by other forms of anaphylaxis.

Symptoms may include:

- breathing difficulty caused by narrowing of the throat or lower airway and/or
- a fall in blood pressure causing weakness or faintness and/or
- loss of consciousness

Common signs include:

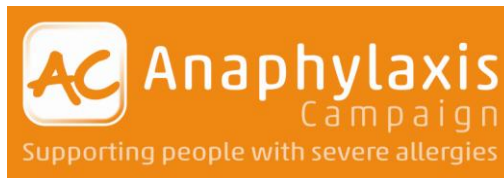
- swelling of the face, eyes or lips and/or
- abdominal pain or vomiting and/or
- flushing of the skin or hives or an itchy rash anywhere on the body

Diagnosis

Any patient who suffers an anaphylactic reaction should be referred by their GP to an allergy clinic. This is vital. Blood tests and skin-prick tests can then be undertaken, and hopefully the cause will be identified.

Sometimes the cause of the first attack may not be obvious but the trigger can become clear with subsequent attacks. Food should be considered as a prime suspect. Prescribed drugs, insect stings and latex may also be considered as a possible cause. Any prescribed or non-prescribed medication, even if taken without adverse event for years, may suddenly cause anaphylaxis.

If aspirin, ibuprofen or any other non-steroidal anti-inflammatory drug (NSAID) has been taken within the hour prior to an attack, then this is quite likely to have been the cause.



In occasional cases, exercise is identified as the cause of the anaphylaxis. It can also result from exercising shortly after eating a particular food that normally causes no symptoms or, in rare cases, exercising shortly after eating *any* food can trigger the reaction.

Diagnosis of idiopathic anaphylaxis can only be made after an extensive evaluation including a thorough history, physical examination and laboratory data. The investigation should include a review of hospitalisation and A&E records. The history should include the events surrounding the initial episode and any further episodes.

Diseases that mimic anaphylaxis

There are diseases that mimic anaphylaxis and these should be considered by your doctor. One such disease is hereditary angioedema, which is characterised by recurrent episodes of swelling usually involving the lips, tongue or upper airway. The gastrointestinal tract may also be involved and produce cramping and abdominal pain, nausea and diarrhoea. This disorder can be differentiated from anaphylaxis by blood test findings and lack of other symptoms of anaphylaxis. Other diseases may also mimic anaphylaxis and a doctor's investigation is essential.

Treatment

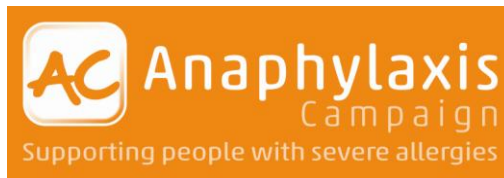
Patients can be assured that they can protect themselves if they carry prescribed medication at all times. Not all cases are severe, but those people who are at risk of life-threatening episodes should be prescribed injectable adrenaline (also known as epinephrine), to be self-administered when a severe episode is suspected. Patients should carry this adrenaline injector with them at all times. Patients who have experienced anaphylaxis should wear a medical alert bracelet. Patients, family members and carers should be educated regarding treatment and should participate in drawing up an emergency plan for the patient.

Tips and advice...

Keep as detailed an account of your reaction as possible. Important things to note down are:

- where you were at the time of the reaction
- the time of day
- whether you had eaten anything within an hour or so prior to the reaction
- whether you had taken a painkiller or other non-prescription medication within a few hours prior to the reaction
- whether you were taking a prescription medication known to be associated with hypersensitivity reactions
- your general state of health
- whether you were particularly hot/cold/stressed
- whether you had been exercising at the time of the reactions.

All these details might help to build a picture of the reactions and possibly identify a common thread.



Some other things to consider:

- Do you suspect that a food is responsible? If so, try to get a detailed list of the ingredients of the foods eaten prior to the reactions.
- Have you considered latex as a possible trigger?
- If reactions always occur in the same location, might there be something in that environment that's responsible?

Many patients with idiopathic anaphylaxis require high dose oral corticosteroid treatment lasting for 1–6 weeks. The dose will need to be carefully monitored and if the complaint recurs in weeks or months, then further continued treatment will be required, including acute emergency treatment. Idiopathic anaphylaxis may last one or two years before finally burning itself out.

The content of this Fact Sheet has been **Peer Reviewed by Professor John O Warner, Professor of Paediatrics and Head of Department, Imperial College London.**

Disclaimer –The information provided in this leaflet is given in good faith. Every effort has been taken to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.

About the Anaphylaxis Campaign – *"supporting people with severe allergies"*

The Anaphylaxis Campaign is the only UK charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis) by providing information and support relating to foods and other triggers such as latex, drugs and insect stings. Our focus is on medical facts, food labelling, risk reduction and allergen management. The Campaign offers tailored services for individual, clinical professional and corporate members.

Visit our website www.anaphylaxis.org.uk.