

General Allergy Guidance and Specific IgE Requesting

GENERAL CONSIDERATIONS

Allergic disease is a clinical diagnosis with tests used to help confirm or refute a diagnosis-

Allergy is not diagnosed by allergy tests

Inappropriate requesting of allergy tests (specific IgE) can give misleading results causing dangerous dietary restriction and a waste of NHS resources

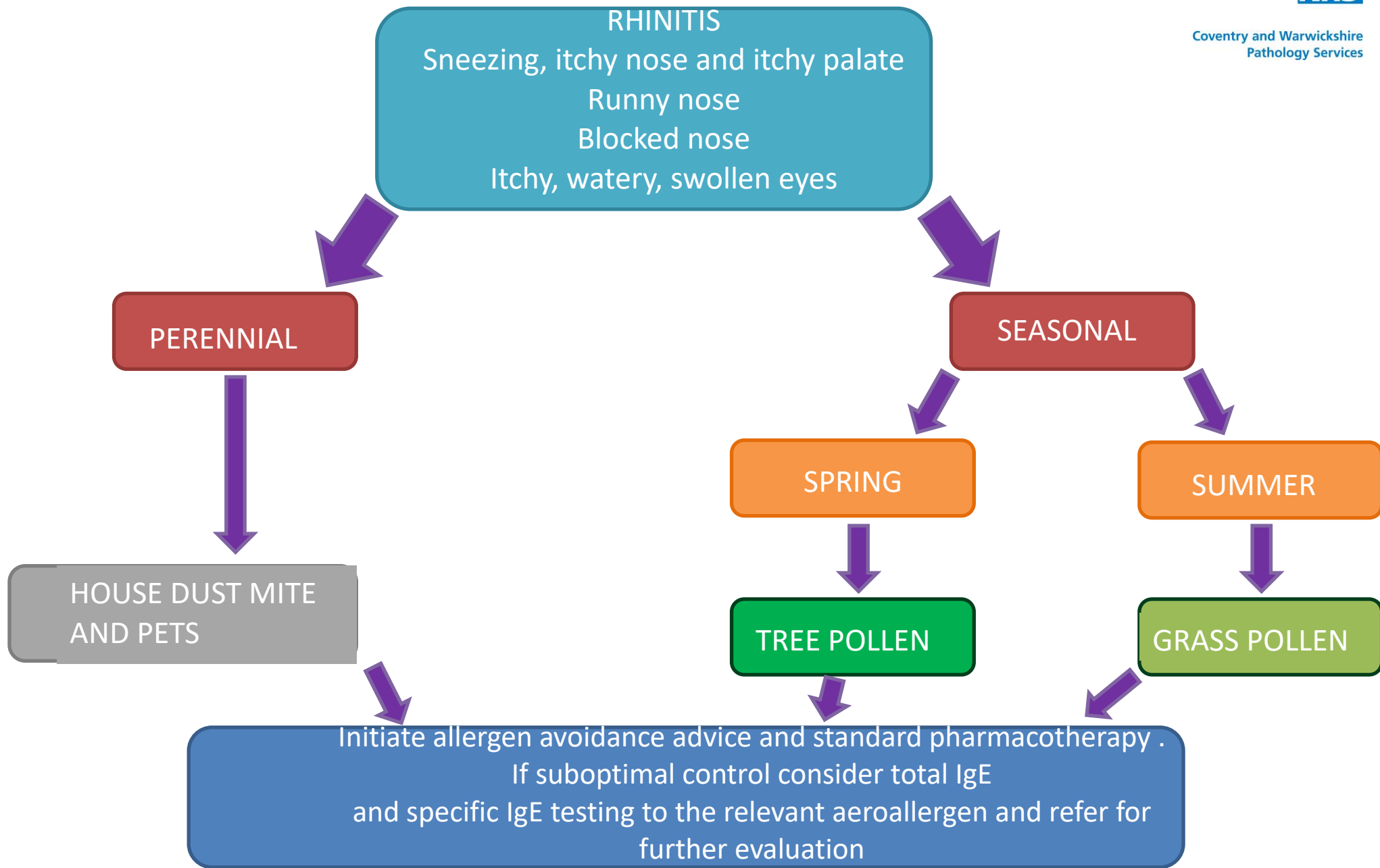
Total IgE is rarely clinically relevant and should not be requested in isolation. Specific IgE should always be requested with a total IgE

ANAPHYLAXIS

Anaphylaxis is a clinical diagnosis defined as a severe reaction due to mast cell degranulation with cardiorespiratory compromise with associated cutaneous changes (urticaria or angioedema)

It may be allergic (IgE mediated) or non-allergic

Patients (or parents) with anaphylaxis should be trained to avoid allergens when possible and to recognise the symptoms of reactions and manage symptoms with Antihistamines and Adrenaline autoinjectors



URTICARIA
Red/White raised itchy lesions that last hours



ALLERGEN INDUCED?
Rapid onset-within 30 minutes of exposure
(Consumption of food/drug, contact with allergen or sting)

*Cetirizine or Loratadine;
Can be increased up to four times a day

YES



NO



LIKELY IGE MEDIATED ALLERGY

- Rapid onset and reproducible
- Non-random
- Advise on avoidance
- Relevant specific IgE (with total IgE) testing
- Emergency management plan

SPONTANEOUS (not IgE mediated)

- No association with any allergen
- Random (symptoms may be present on waking)
- Start non-sedating anti-histamine*

SPECIFIC IGE TESTING NOT INDICATED

- Refer if symptoms not controlled on the above regime and/or present for >6w

***Cetirizine or Loratadine;
Can be increased up to four times a day

ANGIOEDEMA
Swellings that evolve rapidly and last hours to days-
do not itch, may burn or hurt
Not associated with change in overlying skin colour

*ACEI - angiotensin converting enzyme inhibitor
**AIIRA - angiotensin II receptor antagonist

REFER TO URTICARIA ALGORITHM

CONCURRENT URTICARIA

YES

NO

ALLERGEN INDUCED?

Rapid onset-within 30 minutes of exposure
(Consumption of food/drug, contact with allergen or sting)

ACEI* INDUCED?

YES

Change to AIIRA**

C1 INHIBITOR DEFICIENCY?

Check C4- refer if low

YES

NO

LIKELY IGE MEDIATED ALLERGY

- Rapid onset and reproducible
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SPONTANEOUS (not IgE mediated)

- No association with any allergen
 - Random (symptoms may be present on waking)
 - Start non-sedating anti-histamine***
- SPECIFIC IGE TESTING NOT INDICATED**
- Refer if symptoms not controlled on the above regime

Atopic eczema: Clinical diagnosis of itchy skin rash that often occurs with asthma and allergic

Total IgE is often elevated- not clinically relevant and should not be requested in isolation

Specific IgEs may often be weakly positive, but may be false positive in the absence of a clinical history

Total IgE and specific IgE should only be requested if there is a clinical history suggestive of an allergic reaction (see previous algorithms)

Infant <1 year with significant eczema not controlled by topical therapy have a higher probability of food allergy being implicated.
Suggest referral to paediatric allergy clinic if there is a history of food allergy
Specific IgE testing is not indicated