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Food Allergy Can Be Fatal

The need to raise awareness around food allergy management in nutritional healthcare

This article is dedicated to the memory of 9-year-old Nainika Tikoo, who was severely asthmatic and allergic to cows' milk protein since she was 6 months old. Nainika also had an undiagnosed allergy to blackberries. In 2017, she suffered from food-related anaphylaxis and passed away 3 days later as a result of multisystemic complications and possible cross contamination between berries and dairy, despite standard health service interventions at the time.

Note: The matter in the text above and the table below is provided with the explicit permission of the Nainika Tikoo Memorial Trust and is based on summarised information conveyed to the main author of this article and has not been verified further with healthcare providers.

Care Provided

- Nainika had an allergy prick test at 6 months, **following her first encounter** with dairy allergy
- She was issued an EpiPen in 2015, **after a major allergy incident** took her to intensive care
- Nainika's parents **implemented self-awareness strategies** on eliminating potential allergens from their daily diet.

Gaps in Care

- Nainika **did not have access** to an Allergist or a nutritional specialist despite her anaphylactic episodes
- An EpiPen was issued **without any training** to either parent
- Nainika was deemed 'severely' allergic to dairy and 'mildly' allergic to blackberries **only after a posthumous** prick test.

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Current state of play

1. The UK appears to have a high overall prevalence of allergies¹
2. There are between 5 and 15 fatalities every year in the UK associated with food allergies²
3. The prevalence of child cows' milk protein allergy (CMPA) is estimated to be 2-3% in the paediatric population.³

In the UK, primary care is responsible for almost all allergy management.⁴ In its review of allergy services, in 2006, the Department of Health concluded that there was considerable variation in current practice for allergy care, with a lack of agreed treatment pathways or referral criteria.⁵ **There is currently still lack of agreement on how allergy services should be structured.**

If a food allergy is suspected, NICE suggests that a healthcare professional should take an **allergy-focused clinical history** tailored to the presenting symptoms and age of the child. If there is diagnostic doubt or symptoms, GPs should consider **referral for a specialist opinion and nutritional expert** especially if the child has IgE-mediated food allergy and concurrent asthma, putting them at increased risk of mortality.

What can we do going forward?

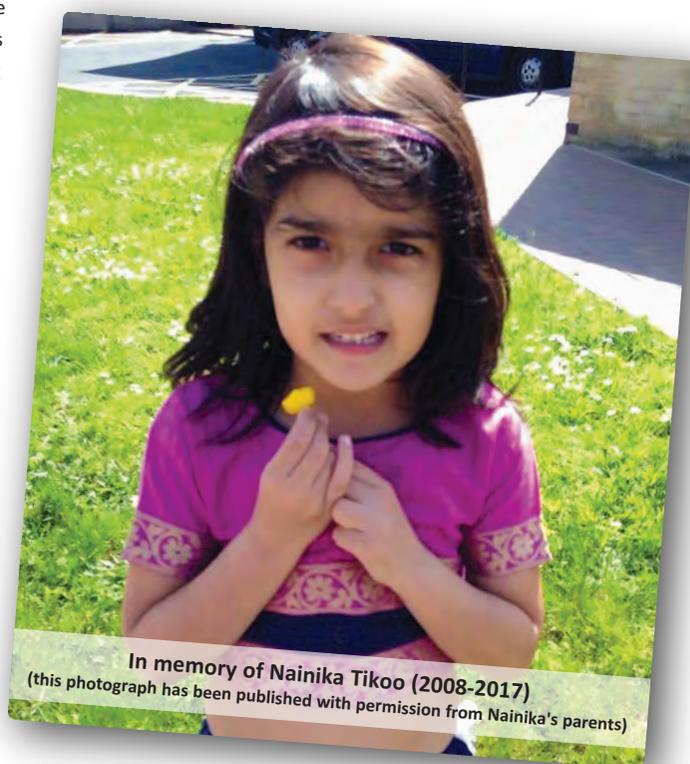
Providing children and caregivers with comprehensive information on food allergen avoidance and prompt recognition and management of allergic reactions early in childhood are of the utmost importance. Provision of adrenaline auto-injector devices and education on how and when to use these are essential components of a comprehensive management plan. **Lack of training of general practitioners (GPs) in meeting this role, difficulties in accessing allergy testing, and the dearth of allergy specialists within existing healthcare service delivery structures,** have all been cited as possible barriers to high quality care.⁶

The NNEdPro Global Centre for Nutrition and Health seeks to improve the awareness and education of health professions such as medical practitioners and GPs across areas relating to food, fluids and nutritional care, including the management of food allergies. As part of this strategy, NNEdPro has been supporting colleagues to develop a clearer implementation pathway to manage CMPA at primary and secondary care levels. This involves an evaluation of the knowledge, attitudes and practices of relevant stakeholders, including health professionals, in order to define the barriers, facilitators and solutions for CMPA management within primary care settings. We expect that these efforts will also lend insights into more generic areas of food allergy management which require further attention as well as focused training within our healthcare setup.

It is encouraging that recently there have been a number of groups across the UK, including dietetic colleagues in particular, looking more closely at unmet needs in food allergy management to develop strategies to close the gap. We hope that these concerted efforts will raise awareness around food allergy management and empower families, such as Nainika's, to better understand and manage this problem in a manner that avoids untoward consequences.

For more information on the memorial trust that has been set up in memory of Nainika, please visit: www.ntmt.co.uk.

For more information about our CMPA project, please email: info@nnedpro.org.uk.



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