

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/peanutallergies/food-allergies-adolescents-how-to-help-your-patients-manage-a-lifelong-burden/10383/>

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Food Allergies & Adolescents: How to Help Your Patients Manage a Lifelong Burden

Announcer:

Welcome to Cracking the Code on Peanut Allergies on ReachMD. The following episode is brought to you through an independent educational grant from Aimmune Therapeutics. Your host is Dr. John Russell.

Dr. Russell:

The prevalence of food allergies beginning in childhood is rising every year. In fact, 2% of children in the US now have a peanut allergy, which creates a myriad of problems both for them and their families trying to adopt daily routines while staying ahead of potential triggers. So, how can the healthcare community better understand this experience and help alleviate the burden of disease?

Welcome to Cracking the Code on Peanut Allergies. I'm Dr. John Russell and joining me to tackle these and other questions are Dr. Wesley Sublett and Nia Gandolfo. Dr. Sublett is a pediatric allergy and immunology specialist at Family Allergy and Asthma in Louisville, Kentucky. Welcome to you, Dr. Sublett.

Dr. Sublett:

Thank you, Dr. Russell.

Dr. Russell:

And we're also joined by Nia, who is a patient of Dr. Sublett's at Family Allergy and Asthma, and she was diagnosed with peanut allergy at 2 years of age. Nia, thanks so much for being here today.

Nia:

Thank you.

Dr. Russell:

So, Dr. Sublett, let's start with you. Obviously, peanut allergy affects patients of all ages, but I'd like you to focus on adolescents and young adults such as Nia, since this is a unique time in several ways. What are some of the biggest risks facing this age group in particular?

Dr. Sublett:

The biggest risk factor we see in teenagers and young adults is that with their risk-taking behavior, they actually will not read labels to avoid their food allergen, they won't carry their epinephrine autoinjector, which they need if they have anaphylaxis due to their food allergy, and they don't make others aware of their food allergy, so, therefore, they undergo risk-taking behavior and others don't even know it.

Dr. Russell:

So, Dr. Sublett, just to follow up on that thought, how do your patients typically cope with these risk factors? Do they express anxiety or other concerns to you?

Dr. Sublett:

That's an excellent question. A lot of our young adults and teenagers do express a lot of anxiety due to their food allergy. They feel socially isolated because they can't be like others that don't have food allergies. We do know that they probably undergo a lot of risk-taking behavior that they otherwise would not do.

Dr. Russell:

So, turning to you, Nia, how does this match your experience living with your own peanut allergy? How do you think this has affected the ways you look at social settings, like going to restaurants or parties?

Nia:

When I first found out I had a peanut allergy, all I thought I could eat was salads, but Dr. Sublett has helped me realize that I can eat a lot more things. It's just important to read the labels. So when I go to restaurants or parties, I just let them know that I have a peanut allergy, and I always make sure to read the labels just so I know, and I have to be extra careful, but it's kind of scary because you never know what could be in foods or what you can and can't eat. And it was different because I was so used to eating, like, Twix. It was a different transition because you can't have Twix anymore.

Dr. Russell:

For those just tuning in, this is Cracking the Code on Peanut Allergies. I'm Dr. John Russell. Joining me today from Family Allergy and Asthma in Louisville, Kentucky is Dr. Wesley Sublett and his patient Nia to talk about the spectrum of the impacts from peanut allergies our patients.

So now earlier, Nia, we talked about how the peanut allergy has affected your social life, but what about your school life? Has this issue affected your school routine or participation in sports in any way?

Nia:
I just had to be careful, and I had to make sure that I brought my own snacks and I didn't take snacks from other people. It didn't really change my school routine. I just had to let my peers know exactly where my EpiPen was just in case I were to have an accident so they could take care of it. I also let my school nurse know so she knew where it was, and my coaches knew that I had a peanut allergy, so we just took extra caution to make sure that nothing bad happened.

Dr. Russell:
So, Dr. Sublett, while we're on subject of schools, what policies or laws are in place to protect these students from peanut exposures?

Dr. Sublett:
In the United States, all 50 states actually have student-assigned epinephrine autoinjectors available for patients with food allergy, along with there's a law that allows unassigned epinephrine autoinjectors in schools. The enforcement of that policy is very state to state, but we do have unassigned epinephrine autoinjectors available in the schools that is now in all 50 states.

Dr. Russell:
Nia, it sounds like you've done a great job staying alert for any peanut triggers and knowing what to look for, but how do you prepare for that situation we hope never comes, which is realizing you've just been exposed?

Nia:
Dr. Sublett helped me to realize how I would feel if a peanut trigger did happen, helped me realize my symptoms and when I need to use the epinephrine, and taught me about medications that I could take before I use my epinephrine, so that has helped me prepare for situations.

Dr. Russell:
Dr. Sublett, how do you and your staff help prepare your patients and families to respond rapidly in these kinds of exposure situations?

Dr. Sublett:

That's an excellent question. To prepare our patients and their caregivers in the treatment of food allergy anaphylaxis and food allergy, we create action plans that are specific to that patient. The first step is really identifying the food trigger that can cause anaphylaxis and making our patients and our caregivers aware of those food triggers and how to read labels to prevent an accidental exposure. Unfortunately, we know that accidental exposures do occur, and because of that we need to treat all of our patients with epinephrine first and epinephrine fast. In order to do that, we have an action plan that specifically guides our patients and our caregivers in the administration of epinephrine and the signs and symptoms that someone may see in anaphylaxis so that they don't delay epinephrine.

Dr. Russell:

Dr. Sublett, beyond prevention and rapid response training, what long-term treatment directions do you explore with your patients like Nia, and what factors do you look for to guide the type and timing of management plans?

Dr. Sublett:

Yes, the type and timing of management of food allergy really occurs when that patient first has that first food allergy reaction. It starts with the identification of the food trigger by food allergy testing through the use of skin-prick testing and serum IgE testing. Beyond that, once we have identified a food trigger or food allergy, we then go on to talk about avoidance. Avoidance, unfortunately, is the only treatment that we have available currently for food allergy. Once avoidance has failed because of an accidental exposure, we have to enforce the use of epinephrine in our patients, as epinephrine is the first and only approved treatment for food allergy anaphylaxis. Again, it's epi first and epi fast. And so, currently, it's avoidance, and once anaphylaxis has been identified, epi first and epi fast.

Dr. Russell:

So, Nia, I want to make sure you get the last word since you're the star of the show today. You've been working closely with Dr. Sublett and his team to keep you safe and healthy. Is there anything he says or does in particular at your visits that you think other doctors should do to help people with peanut allergy?

Nia:

Dr. Sublett and his team have made me feel very safe and secure. I had a peanut allergy scare when I was younger, but I kind of grew out of it, so I didn't have any EpiPens around me, and Dr. Sublett got to my house fast so he could inject me with epinephrine, and it just means a lot to me because I just feel like I have doctors that I can trust and that I can turn to if I have any problems at all. And they have also helped me prepare for the worst but also helped me just like celebrate the small victories that we

have.

Dr. Russell:

So, Nia, if you were giving advice to a teenager who was just diagnosed with peanut allergy, what advice would you give them?

Nia:
It's nothing to worry about, really. You get used to it. Just make sure to read labels and you always carry around your EpiPen. It's a little weird at first, but figure out a system that works for you. For me, I just put it in my wallet and I carry my wallet around with me everywhere. Also, let your friends know where your EpiPen is and that you have a peanut allergy so just so they can prepare for that. Carry around whatever allergy medicine works best for you so you can take that first before having to inject yourself with EpiPen and just being careful and not taking any risk because it's not worth it.

Dr. Russell:

Well, as we all try to keep up with this increasingly frequent issue across the country, I know I speak for everyone here at ReachMD when I say how lucky we are to get perspectives from 2 peanut allergy experts in 1 interview. Dr. Sublett and Nia, thank you so much for sharing your experiences with me today.

Dr. Sublett:

Thank you.

Nia:

Thank you for having me.

Announcer:

The preceding program was brought to you through an independent educational grant from Aimmune Therapeutics. To access other episodes in this series, visit ReachMD.com/peanutallergies. This is ReachMD. Be Part of the Knowledge.