



## Food Allergies On The Rise: What You Should Know

(NAPSA)—Nearly seven million Americans suffer from food allergies and the numbers are increasing. While most food allergies are acquired during childhood, as many as 6 to 8 percent of children under the age of 3 are diagnosed. The onset of a food allergy can happen at any age.

A food allergy is an immune response to a food that the body mistakenly thinks is harmful and then primes the body to react against it. Each time the person comes in contact with the allergen; his or her immune system launches an attack by releasing histamine and other powerful chemicals. The reaction can escalate into a severe, potentially life-threatening allergic reaction called anaphylaxis. For some people, tasting or even touching a certain food can trigger this reaction.

Symptoms of anaphylaxis include hives, swelling of the throat, lips or tongue, difficulty breathing or swallowing, and/or gastrointestinal distress. Untreated, what seems like a mild reaction can quickly worsen in minutes. The best treatment for controlling a severe reaction is epinephrine, which can be prescribed as a self-injectable device, such as EpiPen® (epinephrine) Auto-Injector, and should be carried at all times. Epinephrine can give someone the time they need to get to the hospital for more treatment and observation.

While more than 160 foods have been identified as causing allergic reactions, nearly 90% of all food-

### "Right To Carry" Laws Protect Children

The nature of severe allergies means that children may have only a matter of minutes to access their life-saving medicine. That's why many states in the US now have laws that permit children with food allergies to carry their life-saving medicine to school. For more information visit Allergy & Asthma Network Mothers of Asthmatics' web site: [http://www.aanma.org/cityhall/ch\\_childrights.htm](http://www.aanma.org/cityhall/ch_childrights.htm).



allergic reactions are caused by 8 common foods including milk, eggs, peanuts, tree nuts (walnuts, cashews), fish, shellfish, wheat and soy. Currently, there is no cure, so the best defense is avoiding the food that causes the allergy.

In January 2006, a new food labeling law was put into effect requiring all food manufacturers to disclose in plain language whether products contain any of the top 8 food allergens. This new regulation is designed to help food allergy sufferers avoid the allergens but it does not replace always being prepared by carrying an epinephrine auto-injector. Accidental exposure can happen, especially outside of the home.

It is estimated that about 150 to 200 deaths occur yearly in the U.S. as a result of food allergies and studies show a delay in getting help or administering epinephrine is believed to be a factor in fatal reactions. Food allergies also account for

a large number of anaphylaxis treatments for young people in emergency departments in hospitals. In fact, a recent study among teens revealed only 61% said they "always" carry a form of self-injectable epinephrine, while 54% percent say that they have purposefully eaten a food that is potentially unsafe for them to eat. The study authors suggest that educating both teens and their peers about food allergies might reduce the risk-taking and its consequences.

Any type of food allergy can be serious and potentially life-threatening. If you suspect that you or a family member has a food allergy, take the positive steps to be properly diagnosed, get a prescription for an epinephrine auto-injector and learn about how to manage food allergies to live a healthy life.

### Seafood Allergies are most common

While peanut allergies get a lot of attention, seafood allergies are twice as common and it is adults, particularly women, who are most at risk. The biggest culprits are shellfish, including shrimp, crab and lobster. (Sicherer SH, Munoz-Furlong A, Sampson HA. Prevalence of seafood allergy in the United States determined by a random telephone survey. *Journal of Allergy & Clinical Immunology*. 2004 Jul;114(1):159-65)



For more information and resources, visit [www.epipen.com](http://www.epipen.com) or contact 1-800-755-5560 extension 3368.

**INDICATION: Note to Editors: IMPORTANT SAFETY INFORMATION:** *The EpiPen® and EpiPen® Jr (0.3 and 0.15mg epinephrine) Auto-Injectors are indicated for emergency treatment of allergic reactions (anaphylaxis) for people with a history of an anaphylactic reaction. EpiPen® Auto-Injectors should be used with extreme caution in people who have heart disease. Side effects of EpiPen® Auto-Injectors may include fast or irregular heartbeat, nausea, and breathing difficulty. Certain side effects may be increased if EpiPen® Auto-Injectors are used while taking tricyclic antidepressants or MAOIs. The EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only and are not a replacement or substitute for immediate medical or hospital care. In case of accidental injection, please seek immediate medical treatment. The full Prescribing Information is available at [www.epipen.com](http://www.epipen.com). EpiPen® and EpiPen® Jr are registered trademarks of Dey, L.P.*