

Pharmacy Allergy Testing and Diagnosis- the BSACI view.

The BSACI understands that patients who think that they have an allergy may consider that they are currently not being adequately treated in primary care.

The BSACI has been trying to improve Allergy provision through both education and contributing significantly to the National Allergy Strategy Group, which represents the interests of both the patient and the health professional.

However BSACI does not support the initiative taken by Allergy UK together with Pharmacists to allow allergy diagnosis by eliciting an allergy history together with specific IgE blood tests in pharmacies across the UK.

We very much respect Pharmacists as professionals and are keen to work with them to ensure patients use treatment optimally- Pharmacists can and do identify simple hay fever on a brief history and make suggestions regarding therapy - hence significantly improving hay fever symptoms. We are not however convinced that they are competent to diagnose allergy using consultation & IgE tests, even after the training provided by Allergy UK. Stephen Durham, Samantha Walker and I have studied the training course and have commented on its inadequacies in detail. Allergy diagnosis requires an accurate detailed history, examination and judicious use of IgE tests suggested by the history.

A major problem is that pharmacy training involves education about medicines, not about clinical disease, patient history taking, psychology etc. This means that pharmacists do not know what the possibilities for diagnosis are in patients who present with, say, a blocked nose. Their training scheme has not provided useful algorithms with danger signs suggesting referral. Also pharmacists cannot examine patients and unlike nurses do not have ready access to a doctor for advice. Thus some patients with serious disease may be misdiagnosed to their detriment.

The recent British Pharmaceutical Association announcement puts IgE testing 'up front' with costings for these tests included in the initial consultation fee. Despite pharmacists' best intentions, patients are likely to 'demand' IgE tests and it will be difficult to refuse. A major problem with allergy testing is the very high false-positive rate (around 50% for IgE tests to inhalants and even higher (40-80%) for peanut extract). The concept of any investigations into the minefield of food allergy and intolerance by pharmacists is not sensible, especially considering the rate of both false negative as well as false positive responses on IgE testing, which could prove dangerous if relied upon. For example an individual can be anaphylactic to brazil nut yet have a negative specific IgE test. Other patients may be advised to take expensive allergen avoidance measures unnecessarily.

Since we are all trying to improve allergy care we have offered to meet and discuss the provision of advice for medications for allergy sufferers by pharmacists and local referral pathways. However, we remain fundamentally opposed to the concept of allergy diagnosis by pharmacists for the reasons expressed and because the initiative looks like a "quick fix " which will allow the Department of Health off the hook rather than forcing them to genuinely improve allergy provision.

BSACI is committed and engaged with improving the provision of local primary care allergy services- run by general practitioners with a full medical education. There is a primary care thread through our annual meeting, regional training days, guidelines, mentoring and we are about to audit the first primary care clinic set up with initial secondary care input.

We would be glad to hear from our members about any observations you have made about this pharmacy initiative. Please feel free to email Fiona@bsaci.org with your comments.