BSACI 2014: Celebrating allergy care, through a strong multi-disciplinary approach

UK Fatal Anaphylaxis Registry

Specialist Commissioning Update

Highlights from BSACI 2014 Meeting

Time for an App?
WE’RE FIGHTING THE SAME FIGHT

I HAVE A SEVERE RESPIRATORY ALLERGY I’M AN IMMUNOTHERAPY RESEARCHER

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INNOVATION AT HAND PATIENTS AT HEART STALLERGENES
Another year of progress

Welcome to another edition of Allergy Update and our new December slot, which works well to summarise another year’s allergy progress. We are delighted to make you aware of Vibha Sharma and her colleagues efforts to continue the fatal anaphylaxis database and have a summary of what needs to be done in the event of this occurring. We are also still pleased to have Scotland with us as part of the BSACI and to celebrate, Jurgen Schwarze and Aziz Sheikh have summarized the allergy networks and research taking place north of the border.

Well done to Claudia Gore and Helen Brough for another fantastic annual conference and we hope you enjoy the summary and photos of the event. The Barry Kay winners also deserve a special mention, and have written a short description of their work for those of you who did not get a chance to view their posters at the Meeting. With the increased number of categories available we are seeing excellent work from young researchers being given the accolade they deserve.

With the year end in front of us, we have asked some of the allergy SpRs to select papers they feel are the 2014 must reads. In the limited time we have available, we have presented six quite different papers and for those who wish to read the full paper references are supplied.

Lastly we are delighted to announce the publication of the Beta-Lactam Guideline by the Standards of Care Committee (SOCC), which like most of you, I will find very helpful in day-to-day practice. Like always we would be delighted to know if there is anything that you would like to see added to Allergy Update, if there is please do get in touch. I would like to thank all of the contributors for their continued support in putting this edition together. Here’s to the end of another busy year and we look forward to the new one.

Contributions should be e-mailed to: inoimark@hotmail.com

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IMPORTANT ANNOUNCEMENT
From 2015 all non BSACI members will only receive a copy of Allergy Update electronically. Therefore, if you would like to continue receiving Allergy Update in future (electronically) please email schola@bsaci.org with your name and email address. Please put in the subject header: Allergy Update - electronically.

All BSACI members will continue to receive a printed copy by post.

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Our annual meeting in Telford was another great success, combining excellence in clinical practice with cutting edge research sessions and attracting our highest ever number of paying delegates. This year we were able to offer a large number of travel fellowships to the meeting for younger members presenting abstracts – we are grateful to our commercial partners and sponsors for their support for this initiative.

The decision to move to the early autumn has proved successful in terms of attracting people who could not find time to attend a summer meeting. We hope to build on this going forward - please tell your friends and colleagues and plan to attend next year’s meeting which will have a focus on food allergy and takes place at Telford on 4-6 September 2015. BSACI now has a new professional conference organiser and the AM planning team will be working closely with them over the next few months to prepare the meeting.

Discussions continue over the future shape of services for adult patients with allergic disorders. It would be fair to say that no clear consensus has been reached, but there is a general desire to improve access for those who need specialist care. Through the IQAS programme we are working together with the Royal Colleges to introduce a quality assurance scheme for allergy services. Our intention has always been to strike a balance between encouraging services to upgrade versus raising the bar too high and risk collapsing services which provide a perfectly reasonable service in their area.

When I took over as President in 2012, one of my goals was to clarify the situation for commissioning of allergy services. Last year’s changes to the NHS promised that we might move away from postcode lotteries, and we have seen some welcome improvements in access to immunotherapy. However, ahead of the general election, there will be an inevitable pause in planning, and as NHS England is going through some restructuring, we shall have to be patient and keep making the case for services for people with allergic conditions.

Our Standards of Care committee continues to do sterling work developing guidelines for clinical practice. Some of these have been re-audited and the data was presented in Telford. The key message is that there is variation in practice: this is not inherently a bad thing, but should be a spur to clinicians to examine their practice and think whether there is scope for improvement.

In closing, I take away the message that BSACI is thriving - our membership figures are strong, our journal remains a flagship for the society’s visibility; our meeting goes from strength to strength and our clinical voice is being heard. Working together we can press the case for improving clinical services for all patients with allergic disease, in an effective and economic way, at a time when there is severe pressure on public funding and competition for NHS resources. Keep up the good work!
UK Fatal Anaphylaxis Registry

What is UK Fatal Anaphylaxis Registry?
The UK Fatal Anaphylaxis Registry was started in 1992 and aims to include all fatalities attributable to anaphylaxis, whether iatrogenic or triggered by reactions to food, drugs, insect stings or idiopathic. Each case undergoes structured review.

This registry has informed National guidelines on the management of anaphylaxis and analysis of the registry has been published as scientific papers in peer reviewed journals.

The UK Fatal Anaphylaxis Registry is registered with the Healthcare Quality Improvement Partnership (HQIP) Directory of Clinical Registers and Databases.

Nikos Papadopoulos, EAACI President: “The UK Fatal Anaphylaxis Registry is a unique resource that has already been used and has further potential in both identifying risk factors for the most severe and unfortunate cases as well as a reference for advocacy towards improved management.”

What is new?
The registry was started by Richard Pumphrey; following his retirement from clinical practice, the registry will be maintained by Professor Nigel Harper - Anaesthetist, Dr Tomaz Garcez - Clinical Immunologist and Dr Vibha Sharma - Paediatric Allergist at Central Manchester University Hospitals NHS Trust.

The team has re-negotiated and reconfirmed the appropriate governance arrangements with the ethics committee, the Office of National Statistics for data and with the Secretary of Health to continue collecting data and more importantly retain the previously held data collected so far.

What next?
The UK Fatal Anaphylaxis Registry team intends to work closely with clinicians in the UK to continue gathering relevant medical information. In addition, information concerning fatalities from anaphylaxis is sourced from the death review panels for sudden and unexpected death in childhood, Office of National Statistics, Pathologists, Coroners, Police and lay organizations.

The UK Fatal Anaphylaxis Registry team acknowledges the important role of the Anaphylaxis Campaign in data collection and family liaison, particularly through their Food Adviser, Hazel Gowland, who continues to support bereaved families on behalf of the Campaign. Hazel has collected UK-wide data about fatal anaphylaxis and ‘near miss’ reactions since 1988.

Frequently asked questions:
1. How can I be confident that the data I provide is held securely?
The data is held on a secure server located in Central Manchester University Hospitals NHS Trust. We have fulfilled the requirements set out by the Secretary of State for Health and the Office of National Statistics to be able to retain sensitive data on the registry by working with the Caldicott Guardian, the Trust IT service, the Trust Medical Director and the Trust Research and Innovation department. The arrangements are reviewed annually to ensure they continue to meet the strict and frequently updated requirements. The data you provide are not accessible to any third party. The registry has full ethics approval.

2. How do I share confidential data with you?
If you let us know that you have a case for the registry, we will write to you formally requesting detailed clinical information. This arrangement is suitable for information sharing. For cases in which the cause of death is uncertain, we may be able to advise on recommended investigations, if we are alerted at an early stage.

3. Will you contact the deceased’s family?
No, we do not contact the family. Our information is gathered mainly via medical notes, or coroner’s reports. We work closely with the Anaphylaxis Campaign. Families often contact the Campaign for support and may offer further information, which can be used to corroborate the information regarding the circumstance and sequence of events available to us from other sources.

4. How do I inform you of relevant case(s)?
Please email Dr Vibha Sharma as a central point of contact for the team at: Vibha.Sharma@nhs.net

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5
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**Adverse events should also be reported** to Meda Pharmaceuticals Ltd

**References:**

**Dymista Nasal Spray, suspension. Prescribing Information.**

**Presentation:** Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 365 micrograms of fluticasone propionate. **Indications:** Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient. **Dosage and administration:** Adults and adolescents (12 years and older): One actuation into each nostril twice daily. Children below 12 years: not recommended as safety and efficacy has not been established in this age group. **Contraindications:** Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine. **Warnings and precautions:** Avoid concomitant use with ritonavir. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista may result in clinically significant adrenal suppression. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista. In patients with infections, recent surgery or injury to nose or mouth, weigh benefits against risks of use. Contains benzalkonium chloride. Experience of use in pregnancy and lactation is limited. Dymista should only be used if the potential benefit justifies the potential risk. Dymista has minor influence on ability to drive and use machines. **Undesirable Effects:** Epistaxis, headache, dysgeusia, unpleasant smell, hypersensitivity reactions including anaphylactic reactions, angioedema, bronchospasm, glaucoma, increased intraocular pressure, cataract, septal perforation, growth retardation may be possible in adolescents receiving prolonged treatment and growth should be monitored regularly. Consult the Summary of Product Characteristics for other side effects.

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**Legal category:** POM. **Product Licence Holder:** Meda Pharmaceuticals Ltd, Skyway House, Parsonsage Road, Takeley, Bishops Stortford CM22 6PU. Tel 0845 460 0000. **Marketing Authorisation Number:** PL 15142/0258. Date of preparation: March 2014. UK/DYM/14/0015.

**Dymista is indicated for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.**

**Indications:** Dymista is indicated for the relief of symptoms of moderate to severe allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient.
Interesting must read papers of 2014

We have highlighted six ‘must read’ papers from this year and would like to thank the following for their contributions. Teresa Tsakok, NIHR Academic Fellow in Allergy, Emily Derrick, Paediatric Allergy Registrar and Kate Swan, Paediatric Allergy Registrar.

**Peanut, milk, and wheat intake during pregnancy is associated with reduced allergy and asthma in children.**


This study examined dietary intake during the first and second trimesters of major food allergens (peanut, milk, egg, wheat and soy) in 1277 pregnant mothers from an unselected prebirth cohort in the US. The resulting offspring were assessed in mid-childhood for prevalence of atopic disease. Higher maternal dietary intake of particular allergenic foods was associated with reduced odds of developing peanut allergy (with maternal dietary peanut), asthma (milk) and atopic dermatitis (wheat) in the children. This supports current guidance that allergenic foods should not be avoided during pregnancy and questions whether consumption of such foods should be actively promoted.

**Incidence of clinically important biphasic reactions in emergency department patients with allergic reactions or anaphylaxis.**


This study examined incidence of biphasic anaphylactic reactions in adult patients presenting to two emergency departments (ED) in Canada. 2819 episodes of anaphylaxis or allergic reaction were reviewed. 5 biphasic anaphylactic reactions were identified, 2 occurring during the ED visit in patients with anaphylaxis; 3 occurring 28-143 hours after presentation for mild allergic reactions. This rate of biphasic reactions (0.2%) is lower than previous studies and suggests that extended inpatient or ED observation may be unnecessary. The study described biphasic anaphylaxis after mild presentations, highlighting the importance of education and provision of adrenaline auto-injectors, if appropriate in the ED.

**Effects of an anti-TSLP antibody on allergen-induced asthmatic responses.**


Since TSLP (thymic stromal lymphopoietin) has been identified as a master switch in mouse models of allergic inflammation, it makes sense to evaluate this epithelial cell-derived cytokine as a therapeutic target in asthma. Gauvreau et al. report on a proof-of-concept study with a humanised anti-TSLP monoclonal antibody (AMG 157), using a bronchial allergen-challenge model in patients with mild allergic asthma. Participants (n=31) were randomised to receive three monthly intravenous doses of either AMG 157 or placebo, before undergoing inhalational allergen challenge. On Day 84, the team found that the maximum percentage decrease in FEV1 during the late asthmatic response to allergen challenge was 46% smaller in the AMG 157 group. Interestingly, the maximum decrease in FEV1 during the IgE-mediated early asthmatic response was also attenuated by 31% in the active group. Subjects receiving AMG 157 also had significant decreases in levels of blood and sputum eosinophils before and after allergen challenge, and in the fraction of exhaled nitric oxide. These findings indeed indicate a key role for TSLP in allergen-induced airway inflammation, and provide a clear rationale for further clinical trials in asthma.

**Dupilumab Treatment in Adults with Moderate-to-Severe Atopic Dermatitis**


Dupilumab (a human monoclonal antibody blocking IL-4 and IL-13) has shown efficacy in patients with asthma and eosinophilia, but has not yet been tested in other allergic diseases such as eczema. Beck et al. selected adults with moderate-to-severe eczema and performed a comprehensive investigation encompassing three separate double-blind placebo-controlled trials of dupilumab monotherapy in different regimes. In the monotherapy studies, dupilumab resulted in rapid and dose-dependent improvements across all parameters, namely clinical indices, biomarker levels, and the transcriptome. In the combination study, all patients in the dupilumab plus glucocorticoid group had at least a 50% reduction in EASI (eczema scoring system) score vs. only half of patients in the placebo plus glucocorticoid group. Mild adverse events occurred with similar frequency in dupilumab and placebo groups. This work provides evidence of commonality between allergic asthma and atopic dermatitis in terms of Th2-related drivers, related conditions may benefit from the same therapeutic approach.
**Emollient enhancement of the skin barrier from birth offers effective atopic dermatitis (AD) prevention**

Eric L Simpson et al. JACI 2014; 134:818-23

Emollients are the cornerstone for the management of AD. It was unknown whether skin barrier enhancement from birth would represent a feasible strategy for reducing the incidence of AD in high-risk infants (first degree relative with atopy). This paper describes a randomised controlled feasibility/pilot study. The intervention was the application of full-body emollient therapy at least once daily starting within 3 weeks of birth. The controls used no emollient at all. The primary outcome was the cumulative incidence of AD at 6 months which was reduced, with a relative risk of 0.5 (p=0.017) and the feasibility outcome was how many parents were willing to be randomised (42%). This small study with short follow up of 6 months suggests that emollient usage from birth is feasible, safe and may be an effective approach for AD prevention. A larger study is now ongoing.

**Clinical features and resolution of food protein-induced enterocolitis syndrome: 10 year experience**

Jean Christoph Caubet et al. JACI 2014; 134: 382-9

This prospective study, involving 180 oral food challenges in children with FPIES updates regarding the common triggers and clinical course of FPIES. This is helpful for discussing the prognosis and resolution of FPIES with parents of children in whom the condition has been diagnosed. Milk, soy, rice and oat were the most common triggers and it was shown that FPIES typically resolves by 5 years, but may have a more protracted course when milk is the precipitating food especially if atypical. This study highlights 4 important points: the clinical history is key with repeated vomiting, diarrhoea, or both within 4 hours without any other cause for symptoms; consideration of more than one food being involved because 65% reacted to 1 food, 26% to 2 foods and 9% to 3 foods; IgE sensitisation should be tested for (present in 39%) and there is a possibility of transition into an IgE phenotype which occurred in 41% of milk FPIES.

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**BSACI Travel Fellowships**

BSACI were very fortunate this year, as we were able to provide over 60 Travel Fellowships to those whose abstracts had been accepted at the 2014 BSACI Meeting as well as at meetings internationally. We would like to thank all our sponsors: DANONE Baby Nutrition (UK), MEDA Pharmaceuticals Ltd, Stallergenes (UK) Limited, Diagenics Ltd and Mead Johnson Nutrition (MJN) for their kind contribution to the 2014 scheme.

The Travel Fellowship Scheme is open all year round to allow BSACI members the opportunity to apply for funding to attend meetings where their abstract has been accepted. Further details can be found on [www.bsaci.org](http://www.bsaci.org) or by emailing Schola@bsaci.org

The deadline for applications for each meeting can be found on the BSACI website or by emailing Schola Muhoro. BSACI Members can apply for Travel Fellowship to attend BSACI 2015 and all international meetings, non-members can only apply for a Travel Fellowship to attend the 2015 BSACI Meeting.

**Fiona Rayner,**

BSACI Chief Executive
The future of allergy care in Scotland

Greetings from your colleagues in Scotland!

With the recent interest in the referendum, Scotland has certainly been thrust into the spotlight and it seems timely to let you know about recent advancements in our quest to improve allergy care in Scotland, in particular the creation of a National Managed Clinical Network specific for allergy, the Children and Young People’s Allergy Network Scotland, and the development of the Scottish Allergy and Respiratory Academy.

Children and Young People’s Allergy Network Scotland (CYANS)

In 2011 CYANS (www.cyans.org.uk) was established by NHS Scotland to lead improvements in allergy services for children and young people across Scotland and provide recommendations to the Scottish government. CYANS enables collaboration in allergy care across the diverse geographical areas of Scotland, bringing together a broad range of clinicians, children and young people with allergies and their families, health service planners, academic staff and the voluntary sector.

CYANS’ initial task was to establish the evidence for a Scotland-wide approach to the delivery and development of allergy care. This work highlighted the impact of allergy on daily living and wellbeing of children and young people, their perception of insufficient support by clinical services and schools, their demand for increased allergy awareness, the limited allergy expertise and the need for enhanced allergy education in primary care. The geographical variation in access to specialised paediatric allergy care, and the insufficient capacity of adult allergy services for young people transitioning from paediatric services.

These findings resulted in CYANS’ recommendation 2013 (www.cyans.org.uk/files/CYANS_Recommendations_Final_Version.pdf) which include the enhanced provision of allergy education to clinicians with an initial focus on primary care, the provision of a dedicated allergy service or identified allergy clinician in all Scottish Health Boards, and easy access to evidence based allergy information.

To address these recommendations, CYANS has secured funding from NHS Scotland to provide allergy education packages to 70 primary care clinicians, established a web site with up-to-date allergy information, and developed an allergy data base with an initial focus on anaphylaxis. CYANS continues to work to establish itself further as the central point for allergy information in Scotland, to raise awareness of the impact of allergy, and to highlight the importance of access to high quality allergy care.

Scottish Allergy and Respiratory Academy (SARA)

SARA (scottishallergyrespiratoryacademy.org) is Scotland’s first organisation dedicated to allergy and respiratory education. It is designed to provide a comprehensive portfolio of education and training that addresses not only the needs of clinicians in primary, secondary and tertiary care who diagnose and manage patients with allergic and respiratory disease, but also those of policymakers, researchers, industry, schools, and patients/parents across Scotland. SARA uses traditional study days and seminars, but also currently develops on line access to learning resources (e.g. webinars) to support learning and application of practical skills and knowledge in the workplace.

The future

As demand for allergy services continues to rise, in Scotland we will continue to work towards delivering equitable access to high quality allergy care for allergy sufferers of all ages and to further support access to high quality allergy education and training, which has increased significantly with the advent of CYANS and SARA.
Specialist Commissioning

Dr Adam Fox,
Secretary, BSACI

Work has continued around specialist commissioning in Allergy. Separate service specifications have been developed for Adult and Paediatric Allergy by the Clinical Reference Groups (CRGs). The CRGs are the primary source of clinical advice to NHS England for the development of prescribed specialised services. The service specifications define what conditions constitute ‘specialist’ allergy i.e. those areas that require the specific skills and infrastructure that is laid out in the specification. These have been accepted by NHS England, who have assessed services across the country to decide which centers fulfill the requirements to deliver these services - lists are now available on the NHSE website. These services will be able to bill NHSE direct for work, which is designated as specialist although no process to separate out specialist from non-specialist activity in outpatients is in place yet.

CRGs continue to review and develop the clinical service specifications, introduce clinical access policies, define quality measures and build quality dashboards. There has also been work around the development of new CQUINs for example around transition services. Predictably much of the focus of the work has been around cost efficiency and cost improvement, although this remains an excellent opportunity to identify successful ways of working, that may be worth considering nationally rather than just locally.

In April 2014, the Specialised Commissioning Task Force was established in order to make some immediate improvements to the way in which NHS England commissions specialised services, and to put commissioning arrangements on a stronger footing for the longer-term.

Additional resource from within NHS England has been diverted to the task force, to ensure that it has the right mix of skills and expertise to enable it to meet its objectives. The task force comprises seven distinct work streams, which will focus on financial control in 2014-15, and planning for the 2015-16 commissioning round.

If you would like to get more involved, do let me know.

Knowledge Based Assessment (KBA)

Dr Alexandra Croom,
Consultant Allergist, Glenfield Hospital, Leicester

After a 15 month hiatus the third Knowledge Based Assessment (KBA) for Allergy trainees took place during the BSACI Annual Conference in September 2014. This third paper was the work of many of our 10 of so experts, who kindly send us questions relating to their specialist interests and the newly formed KBA group.

The latter honed the questions into the RCP format and delivered a paper that was praised for its clarity and quality. I would like to thank our question setters, the KBA group and our valiant markers Professors Chris Corrigan and Steve Durham.

Where now? The trainees who sat the paper are waiting for their results and we await feedback from all the Allergy trainees as to how they think the process could be improved. The Allergy curriculum is being updated and the KBA will be integrated and become part of the work based assessments required for satisfactory ARCP outcome. All trainees due their CCT from January 1st 2016 onwards will be moved to the current iteration of the curriculum and will be required to sit the KBA. As for the question setters, well the hard work starts again next January. The next sitting will be at the BSACI meeting next September, and if needed an additional date will be made available during the year.
The hugely successful 2014 BSACI Annual Meeting again highlighted the exciting and rapidly developing field of clinical and translational allergy. The 2014 theme “Allergy – towards true multidisciplinary care” was inspired by the rise in multidisciplinary delegates and the 2014 programme was intended to appeal to a wide range of practitioners with an interest in allergy. Several strands were provided within the conference programme: basic science of allergic diseases, paediatric and adult allergy and immunology, a dedicated Primary Care day and for the first time a dedicated Allied Health Professional day. National and international speakers and delegates explored the origins and mechanisms of allergic disease, and shared their understanding and expertise about the multisystem and multidisciplinary nature of allergic disease.

BSACI 2014 Highlights

The BSACI 2014 Annual Meeting had a strong respiratory focus with a world renowned faculty and was opened with the WAO sponsored Presidential Symposium ‘ABC in Allergy and Asthma’. There were also joint sessions with BSPGHAN on ‘Allergy and the Gut’ and with the British Association of Dermatologists on the latest science of Stevens Johnsons Syndrome. There were Pro-con debates and Hands on Workshops which were extremely popular. On Sunday the Allied Health Professional day included practical sessions, talks and workshops that attracted a record number of delegates, this was also the case with the Primary Care day on Monday. Huge thanks go to all the speakers and chairs for setting the standard of the meeting so high and I would also like to thank Dr Claudia Gore, 2014 Meeting Secretary for putting together such an excellent and varied programme, in collaboration with the BSACI Programme Planning Committee.

Following consultation on the timing of the conference the BSACI Annual Meeting was moved to September. I am delighted to report that the BSACI 2014 Annual meeting had the highest ever number of delegates, with 512 delegates out of a total of 666 attendees which also comprised 75 speakers and 79 exhibitors. There were 21 countries represented making the BSACI meeting a truly international one and the 25% rise in the number of Allied Health Professionals attending is an encouraging sign of the increasing multidisciplinary nature of the meeting.
BSACI Annual Meeting 2014

BSACI were fortunate to receive support for our Travel Fellowship scheme from five companies; as a result we were able to offer 61 researchers a travel fellowship to attend the conference to present their work. The scheme will be open again for the 2015 Meeting. BSACI would like to thank all the exhibitors and sponsors, without whom the meeting would not be possible, in its high-quality form. We would also like to thank Colin Parris and the team at Kenes UK.

Awards

The Awards ceremony ‘Celebrating Excellence in Allergy Care and Research’ honoured Dr Pamela Ewan with the Jack Pepys Award. Dr Isabel Skypala was presented with the William Frankland Award by Dr Frankland himself for her outstanding services in the field of Clinical Allergy in the United Kingdom. The inaugural ‘Harry Morrow Brown Memorial Lecture’ was given by Professor John Warner.

BSACI President presents Dr Pamela Ewan with the 2014 Jack Pepys Award.

Dr Isabel Skypala being presented with the 2014 William Frankland Award by ‘the man’ himself.

Professor John Warner was chosen to give the inaugural ‘Harry Morrow Brown Memorial Lecture’ and is presented with an engraved silver salver from BSACI President, Professor Frew.
Save the NEW date!
Friday 4th - Sunday 6th September, 2015

Work is now well underway for the BSACI 2015 Annual Meeting. We have teamed up with a new events management company ‘Medivents’, who are in the final stages of designing a new website and branding for the BSACI 2015 Meeting. The BSACI Annual Meeting will once again be held in the bright and spacious Telford International Centre from Friday the 4th until Sunday 6th September 2015.

The BSACI 2015 Programme Planning Committee met in August 2014 and the preliminary programme for BSACI 2015 is now in place. The programme will have an emphasis on the prevention, diagnosis and treatment of food allergy in light of the exciting upcoming developments in these fields. We will continue to host the popular joint sessions with BSPGHAN and the British Association of Dermatologists. Several ‘Pro-con’ debates are planned to engender lively discussions and there will be sessions dedicated to respiratory allergy, drug allergy, translational and basic research by key opinion leaders. For the first time there will be a joint Allied Health Professional and Primary Care programme spanning two days with lots of practical and hands-on sessions.

Finally I would like to thank Dr Claudia Gore, who has been a supremely organised, creative and dedicated BSACI Meeting Secretary for 2013 and 2014. I would also like to thank Fiona Rayner, CEO of the BSACI, who has supported the Annual Meeting throughout the years. We look forward to seeing you at the BSACI 2015 Annual Meeting in Telford next year!
BSACI 2014 had a record number of abstract submissions; 153 were accepted and the majority are now being considered for publication in the journal ‘Clinical and Experimental Allergy’. Fifteen abstracts were selected for oral presentation in the Basic Science, Paediatric Clinical and Adult Clinical oral abstract sessions. There were excellent contributions from medical students, trainees and Allied Health Professionals.

Congratulations to the following 2014 winners of the prestigious Barry Kay Awards.

Basic Science
Mr Hisham Abubaker-Waziri
Imperial College London, United Kingdom

Title: ‘Local Nasal protective’ IgG4 antibodies: Novel biomarkers for monitoring allergen immunotherapy.

Undergraduate
Miss Jennifer Chivinge
Imperial College London, United Kingdom

Title: Probiotic supplementation for the prevention of eczema and allergic sensitisation: A systematic review.

Paediatric Clinical
Dr Tom Marrs
St. Thomas’Hospital, United Kingdom

Title: Frequent bathing impairs skin barrier function in infants without eczema.

Local Nasal ‘Protective’ IgG4 Antibodies: Novel Biomarker for Monitoring Allergen Immunotherapy

Probiotic supplementation for the prevention of eczema and allergic sensitisation

I performed a cross-sectional analysis nested within the EAT Study cohort (n=1,303), to investigate the association between hygiene practices and skin barrier function amongst 3-month old infants without eczema.

We collected data on water hardness, washing behaviour and the use of bathing products, wet wipes, and emollients, and measured skin barrier function (transepidermal water loss; TEWL) and filaggrin mutation inheritance status.

Bathing frequency (number of baths/week) was the by far strongest factor associated with an increase in TEWL. For instance, bathing daily or more often (vs. less frequent bathing) was associated with a more than 5 times higher risk of raised TEWL (adj OR=5.61, 2.97-10.60), suggesting that higher bathing frequency impacts negatively on skin barrier integrity. The results remained significant in the logistic regression analysis, taking into account potential confounders.

Interventional trials are needed to determine whether reduced bathing frequency may contribute to eczema prevention.
**Adult Clinical**  
**Dr Guy Scadding**  
Imperial College, United Kingdom  
**Title:** Local and systemic effect of cat allergen nasal provocation.

Cat allergen is widely distributed in homes and schools. Sensitisation is common and may be associated with difficult asthma. We performed cat allergen nasal provocations to establish dose-response and time-course characteristics and investigate local and systemic biomarkers of allergic inflammation. Cat allergic volunteers underwent nasal challenges with cat allergen and diluent-only control. We collected nasal fluid and peripheral blood to examine immunological effects. Active challenges were associated with increases in early and late phase mediators in nasal fluid, as well as activation of peripheral blood basophils. This protocol will be used in an up-coming trial investigating treatments for cat allergy.

**Allied Health**  
**Dr Rebecca Knibb**  
Aston University, United Kingdom  
**Title:** Psychological factors predict asthma control in a UK student population.

Psychological factors predict asthma control in a UK student population. Few studies have investigated psychological predictors of asthma control in a student population, where there are high levels of stress and anxiety due to the pressures of academic life. This study investigated whether anxiety, depression, locus of control, self-efficacy and illness beliefs predicted asthma control in 142 undergraduate students in the UK. Poorer asthma control was found to significantly correlate with greater depression, anxiety and beliefs that external factors or chance was in control of their health. A belief that students were in control of their own health and that their asthma had fewer consequences predicted better asthma control. Belief that their asthma was chronic and was variable across the year predicted poorer control. Assessment of students with asthma should include psychological factors where poor control is evident and strategies to facilitate adaptive control beliefs may help young people better manage their asthma.

**Primary Care**  
**Ms Rachel Griffin**  
Imperial College London, United Kingdom  
**Title:** Results of a 12 month children’s integrated community allergy pathway project ‘Itchy Sneezy Wheezy’.

The results of a 12 month children’s integrated community allergy pathway project (Authors: R. Griffin, C. Gore, H. Cox, A. Aston, S. Hall, J.O. Warner)

The 2011 Joint Strategic Needs Assessment for Inner North West London identified high levels of emergency admissions for common allergic conditions. In 2013 our aim was to raise allergy awareness, improving recognition, provide access to accurate allergy diagnosis and to develop an integrated service. To achieve this we provided a 12 month rolling programme of multidisciplinary training, clinical care outside the hospital setting this allowed relationships and networks to develop. The results showed a 22% reduction in unscheduled care, measured by ICD10 code for children registered with participating GPs, 13% reduction in children attending St Mary’s A+E with common allergic conditions. Professional confidence increased after training (p<0.0001) and 98% of parents reported high or very high levels of satisfaction with the service received. We look forward to continuing our work and improving access to accurate allergy services in primary care and community settings.

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**IMPORTANT ANNOUNCEMENT**

From 2015 all non BSACI members will only receive a copy of Allergy Update electronically. Therefore, if you would like to continue receiving Allergy Update in future (electronically) please email schola@bsaci.org with your name and email address. Please put in the subject header: Allergy Update - electronically. NB: All BSACI members will continue to receive a printed copy by post.
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**ExpertCare**  Working together for better paediatric care
Committee and group news

Standards of Care Committee: 
Beta-Lactam Guideline

Dr Rita Mirakian, Consultant in allergy at Addenbrookes’ University Hospital, Honorary Consultant at the Royal National Throat Nose Ear Hospital/UCLH.

Following a long gestation, we are pleased to report that the Standards of Care Committee guideline on management of beta-lactam allergy has been accepted for publication by the journal, Clinical and Experimental Allergy.

Beta-lactams are the most common class of antibiotics causing immune reactions. Penicillin allergy causes up to 10% of all cases of anaphylaxis and up to 20% of drug-related anaphylaxis death.

However, most individuals who claim to be ‘penicillin allergic’ are able to tolerate future courses of penicillin. An accurate diagnosis has a great impact on the health care resources as the prescription of alternative antibiotics can result in enhanced costs, prolonged hospital stays and increased susceptibility to infections associated with use of alternative classes of antibiotics.

Immune-mediated drug reactions are conventionally subdivided in immediate (IgE mediated: angioedema/urticaria/anaphylaxis) and non-immediate (T cell mediated: maculo-papular exanthems and the less frequent but often severe skin conditions), depending if the onset occurs within one hour from the last drug dose or later. Non-immediate reactions can mimic and/or can be associated with infections or with the reactivation of dormant viruses.

This guideline provides a diagnostic algorithm based on clinical history followed by skin testing (prick, intradermal and patch tests) and, where necessary, by drug provocation tests.

Knowledge of the biochemical structure of the single beta-lactam molecule is necessary to guide the specialist towards the most suitable alternative for the sensitive patient.

A section on the management of beta-lactam sensitivity in children has also been included. We hope that the guideline will be available online soon, and will be accessible along with all our other guidelines on the Standards of Care Committee section of the BSACI website.

Formation of an Adult Allergy Committee

In the UK, adult allergy services are provided by physicians with an “interest” in allergy, those trained in adult allergy as their only speciality, clinical immunologists, specialist nurses and senior dietitians. At the BSACI council last year, it was felt that this diverse group of allergy practitioners do not have a unified voice. While recognising that a number of BSACI members have worked tirelessly to improve the service provision, education and training for adult allergy, the formation of such a group will provide a forum for discussion and facilitate strategies to resolve many issues facing adult allergy in the fast changing NHS.

A draft proposal was discussed at the BSACI Council meeting in December 2013. The terms of reference were subsequently drafted and revised following suggestions by BSACI council and executive committee members. It was decided that membership will consist of all BSACI members working in adult allergy. They will meet once a year (at the BSACI annual meeting). There will be a steering committee who will meet 2-3 times a year to review progress and report to the BSACI.

The aim is to provide a focus for issues relating to adult allergy services, education and research as part of the Society’s overarching mission to improve the care of patients with allergies. We hope to focus on areas such as the development of allergy networks, transitional adolescent allergy services, the IQAS programme and the implementation of specialist commissioning at local and national level. We will also help develop care pathways for common conditions seen in the adult allergy clinics and work with other committees such as Food Allergy & Intolerance Group and provide a forum for Audit and Research.

We hope that all BSACI members, working in adult allergy, will engage and contribute with their thoughts and suggestions, as the group evolve. This can be done either directly to one of the steering committee members or through their own specialist committees. We are grateful to Susan Leech, Fiona Rayner and BSACI Executive committee for their support and helpful suggestions.
Paediatric Group News

Dr Susan Leech,
Consultant
Paediatric
Allergist, Kings
College Hospital
and Chair of the
Paediatric Group.

The BSACI Paediatric Allergy Group continues to be very active. Two new centres have been approved for paediatric allergy training; Royal Manchester and Cambridge/Leicester. These are added to London (St Mary’s/ Royal London / St Thomas’), Newcastle and Southampton to create 5 National Grid training posts on offer for September 2015. Interviews will be held in November/December.

It’s great to see paediatric allergy training centres spreading across the country. Carsten Flohr (St Thomas’) put together an excellent study day on atopic dermatitis on the 18th November, which was free to all allergy and paediatric allergy trainees.

The SPIN (‘Special interest’) training programme is becoming increasingly popular. The syllabus and competences are on the RCPCH website. If you know of any general paediatric trainees who would like to do a year of allergy and train as a paediatrician with a special interest in allergy, then please contact Gill Vance (Newcastle), paediatric allergy training advisor on CSAC.

The SNIFFLE2 study of Fluenz (intranasal influenza vaccine) in egg allergic children, involves 31 sites across the country. It kicked off in September and will continue until March 2015. Mich Lajeunesse (Southampton) and Paul Turner (St Mary’s) are the chief investigators for this study. If you have any egg allergic children requiring influenza vaccine, please contact your nearest SNIFFLE study centre.

The NICE Guideline on ‘Drug allergy: Diagnosis and management of drug allergy in adults, children and young people’ was published in September. George Du Toit (St Thomas’) was the paediatric allergist on the guideline development group. Some of us commented on the NICE Guidance on the ‘Recognition, diagnosis and management of gastro-oesophageal reflux in children and young people’, which was out for comment until 25th September. We await the publication of the final guideline in January 2015 with anticipation.

In July, there was a statutory change made to the medicines Act 1968 to allow schools to keep generic asthma inhalers for use in emergencies. This has been implemented since the 1st October. We look forward to extension of this to include adrenaline autoinjectors as well.

Finally, the BSACI will be hosting a stand at the RCPCH annual meeting in Birmingham on 28th - 30th April 2015. Please look out for us, if you are attending.

Clinical Immunology Committee Update

Dr Yousuf Karim,
Chair of BSACI
Clinical
Immunology
Committee

The BSACI Immunology committee held a face-to-face meeting at the BSACI Annual Meeting in Telford.

The main theme which emerged is for the committee to encourage closer working and collaborations between Allergy and Immunology. This should be both at junior and senior levels. To this end, the committee were disappointed to hear that the Immunology and Allergy SAC’s had separated. The committee would also encourage joint working at SAC level. The committee noted the advertisement of a Consultant Allergist post at Guildford; the appointee to this post would work together with the existing team of 4 consultant immunologists. This sort of collaborative working can only be good for both specialties, and hopefully can be replicated in other centres.

The committee should encourage Immunology trainees and consultants to join the BSACI, and to attend the BSACI Annual Meeting. This represents a good opportunity to obtain Allergy CPD, and Allergy and Immunology trainees can both be encouraged to submit posters. Allergy and Immunology trainees should be encouraged to go to each other’s Training Days, provided the topics are of relevance of course.

Suggestions for the Immunology session at the BSACI 2015 Meeting included IgG4-related disease (Dr John Stone, USA), and autoinflammatory diseases (Dr Liz Drew, Nottingham, Dr Helen Lachmann, Prof Philip Hawkins, Royal Free Hospital).
Update from the Standards of Care Committee (SOCC)

As you just read in Rita Mirakian’s report, Clinical and Experimental Allergy have accepted the beta-lactam allergy guideline for publication. We hope this will be available online shortly. We congratulate Dr Shuaib Nasser and the writing group for producing an excellent practical guideline.

SOCCL recently received a visit from NICE to follow up on validation of our guideline-writing processes, after our initial accreditation in 2013. SOCC was congratulated on the speed with which we had addressed the few outstanding areas of adherence. The changes were seen to strengthen patient involvement and auditing procedures, as well as improvements in documentation of standards in each guidance document. Our NICE accreditation therefore continues, with a further review due in eighteen months’ time. Our accreditation is valid until March 2018.

The adrenaline autoinjector guideline has recently undergone consultation, and we would like to thank everybody for contributing to this. The guideline was also the subject of a lively pro-con debate between Richard Pumphrey and John Warner and a presentation by Pamela Ewan at our recent annual meeting, which stimulated much discussion.

The nut allergy guideline is at an advanced stage of development and Gary Stiefel has been appointed as the new lead author. The updated urticaria guidelines (Richard Powell and Sue Leech) have just completed the consultation process and have been submitted for publication.

Guidelines in progress and under discussion at SOCC are the rhinitis update (Glenis Scadding) and local anaesthetic allergy (Rubaiyat Haque), allergen avoidance (Angela Simpson) and NSAID allergy guidelines (Sophie Farooque) follow behind.

Our implementation strategy continues to strengthen and was highlighted by NICE as particularly impressive. The recent audits on milk allergy, venom allergy, and immunotherapy were presented at the annual meeting in September. An adrenaline autoinjector audit has just been completed.

Finally, we have improved the accessibility of SOCC on the BSACI website, by making it easier to click through, and included a who’s who section with bios and photos.

Junior Members Update

We have had another successful Annual Meeting in Telford. It was particularly good to see many of you at the Adult and Paediatric Grand Rounds. Big thanks to all colleagues who presented their fascinating cases. A well-attended Trainees’ Meeting allowed us to discuss the new allergy curriculum, separation of the allergy and immunology SAC, our career prospects and the content of the annual training days. It has been suggested that such meetings should also include an invited senior allergy consultant who could answer some of our questions on the spot. We all agreed that a similar meeting should be an integral (and not rushed) part of every single national training day.

Training days under the auspices of BSACI continue to cover many aspects of the curriculum. In Cambridge we discussed recent developments in anaphylaxis and drug allergy. In February we will be meeting in Southampton and then in May in London. To encourage medical students and junior doctors to pursue a career in allergy Priya Sellaturay and I showcased our specialty at the RCP Careers Fair in London.

A lot has happened on the workforce front. We have welcomed new specialist allergy trainees. The creation of new allergy consultant posts is always great news considering the ever increasing demand for and inadequate provision of allergy services nationwide. Bogusia Kasternow has started in Guildford. Bryan Fernandez has been appointed to the substantive post in Southampton. There is a new consultant at the Homerton in London and Manchester has advertised a new full time post. So it is clearly not doom and gloom in the allergy community – quite the opposite: we continue to develop and expand with the main goal of providing a better service for our patients. Let’s hope we will soon be able to meet that ‘unmet need’. And finally, I hope, great news for potential employers: four adult allergy SpRs (Liz Griffiths, Tak Chin, Prathap Pillai and I) and at least one paediatric allergy SpRs (Katherine Anagnostou) will be finishing their training in early 2015.

As always I look forward to hearing from all junior members of the Society. Please email me at juniormembers@bsaci.org
The Nurses’ Committee has made progress producing additional Standard Operating Procedures (SOPs). Following the last Allergy Update we now have SOPs for the administration of Omalizumab therapy and use of the Emerade adrenaline autoinjector available on the BSACI website. SOPs for nasal douching, subcutaneous and sublingual immunotherapy administration are near completion, so watch this space!

Furthermore, I am pleased to report that the Allergy Nurse Competency Document for all bands of nurses working in allergy clinical practice has been written and ratified. This will meet popular demand and will soon be available to members.

We had another successful 2014 BSACI conference in Telford, with the Allied Health day being very well received as was the dodgem cars event! Practical workshops were repeated this year and again proved very popular with delegates.

Planning for the 2015 BSACI conference is already underway, and I am pleased to report the Allied Health day will feature in next year’s programme, jointly with primary care.

Planned committee activities for 2015 will include collaborative clinical audit and research projects; suggestions to date include the safety of skin prick testing and auditing of SOPs. Additionally the Nurses’ Committee plans to review and improve its communication network with members.

The team would be pleased to hear from you via the email address below if you have any comments and feedback you wish us to consider: jennifer.whisken@addenbrookes.nhs.uk

The Food Allergy and Intolerance Support Group of the British Dietetic Association (BDA)

The Food Allergy Group of the BDA is continuing to develop national diet sheets and other material to support dieticians dealing with food allergies and intolerances. These are free for registered dieticians and can be downloaded from the BDA membership site. All comply with the NHS information standard and have gone through a rigorous review process including both dieticians and patients with food allergies.

Thanks to everyone who joined in on a recent adult allergy themed twitter chat, #RDUK is a die titian-moderated twitter session which runs monthly covering a range of nutrition themes related to the latest headlines, new studies or controversial topics. FAISG hopes to be involved with further sessions in the coming year.

The competency-based study day for dieticians on cow’s milk protein allergy has been very well received and the British Dietetic Association has already repeated it twice this year in different areas of the UK.

During 2014 FAISG members have been involved in developing BSACI guidelines as well as AAAAI guidelines on gastro-intestinal eosinophilic diseases and food protein induced enterocolitis syndrome. Our members have also been involved in providing feedback on a number of NICE guidelines such as Gastro-oesophageal reflux. As board members of Allergy UK and the Anaphylaxis Campaign group we are also assisting in development of information for the public.

A number of the FAISG members presented at EAACI FAAM 2014 and will present at the AAAAI in 2015. A number of FAISG members have been working on PEN guidelines, an international resource for dieticians. Rosan Meyer has been taking the lead on redesigning the INDANA website (www.indana-allergynetwork.org) and members are also lecturing across the UK on food allergies and intolerances.

The FAISG Annual General Meeting took place on 27 November 2014 as part of the Allergy Academy Programme: Practical Management of Food Allergy. Speakers included: Rosan Meyer, Helen Cox, Rachel de Boer, Hasita Prinja, Mabel Allieu, Kiran Tiwana, Charlotte Stedman, Tanya Wright, Hazel Gowland, Chuan Han, Helen Brough, Aziz Sheikh and Hasan Arshad. Topics ranged from food desensitisation in clinical practice to food allergen labelling, nut avoidance and use of partially hydrolysed formulas in allergy prevention.
The focus this year for the National Allergy Strategy Group has been the compilation of a number of patient stories to create the report “Allergy: the reality of the unmet need”. This report was launched back in the summer and due to an excellent effort from allergic families and individuals, patient groups and medical colleagues to raise awareness with key influencers we have gained many new supporters from within the Houses of Commons and Lords and have a variety of Parliamentary Questions being asked as a result. The full list of questions pertaining to allergy is available online here: www.parliament.uk/business/publications/written-questions-answers-statements/written-questions-answers/ Alternatively you can contact me by email and I will send you the relevant webpage.

In September the NASG gave its annual update to the BSACI conference in Telford and we were very pleased to be joined by Ruth Holroyd who is a writer and blogger living with multiple allergies. Ruth gave a very illuminating talk on the issues she faces living with allergic disease and how even after years of managing her condition, she still struggles with many day to day issues. She also highlighted the lack of adequate NHS care as she is still not being seen by an allergy specialist. We would like to thank all those who came to the talk and supported us and those who signed up for regular email updates. If you didn’t manage to come along but are interested in being kept informed do please get in touch.

The next event for the NASG is our All Party Group meeting in the House of Commons on November 26th when we will be discussing some of the issues captured within the recent patient report and hearing from those who support families with allergic disease as well as those directly affected.

For more information please contact Mandy East mandy@nasguk.org or visit www.nasguk.org

Primary Care Committee Update

We were extremely pleased with the response to our Primary Care Day at Telford this year. Encouraging attendees to the event has proven difficult in the past and the committee had put significant amounts of work into the preparation and marketing of this year’s BSACI Primary Care event. We were thrilled to see over 150 members of the audience for Professor John Warner’s opening talks; a level of attendance maintained throughout the day.

During the conference we recorded a webinar for Primary Care on Urticaria. Steve Holmes was our man in front of the camera and our thanks go to Clive Grattan for his help and expertise in providing the answers. Like the Cows Milk Protein Allergy and History Taking webinars recorded last year, this will hopefully become part of an online educational presence for the BSACI aimed at Primary Care.

Next year’s event will build on this success and we are opening discussions with the RCGP to look at making Allergy the focus of one of their “One Day Essentials” – educational meetings held during the year with the support and marketing of the RCGP.

Our focus remains our GP colleagues working in Allergy Clinics in the UK. Currently, neither NHS England nor the RCGP recognises Allergy as a field qualifying for GPwSI (GP with Specialist Interest) status. This is, in part, because there has been no framework for such validation in place since NHS England came into being. As a result, GPs working in secondary care clinics can find it difficult to have their work assessed by appraisers and may find difficulties with medical insurance. We have corresponded with the RCGP regarding this and hope that 2015 will prove fruitful!
Increasing numbers of smartphone applications (apps) are being created to help monitor and manage allergies and atopic conditions by allowing the patient/parent to record their potential triggers (e.g. food), symptoms, medication use and quality of life.

Examples

- **Food allergy/intolerance** - Allergy Journal, mySymptoms
- **Eosinophilic oesophagitis** - EoE tracker
- **Eczema** - Eczema Care (from Eczema Society of Canada)
- **Asthma** - AsthmaMD, asthmaTrack
- **Rhinitis** - Allergy Track (from Stallergenes)
- **Multiple atopic conditions** - iPollen

Multi-lingual eczema software (plus app), created and validated by European Task Force on Atopic Dermatitis (Patient Orientated SCORing Atopic Dermatitis (PO-SCORAD)) now allows individuals to assess eczema using visual aids and keep a record of SCORAD numbers generated (www.fondation-dermatite-atopique.org/en/patients-parents-family-space/evaluate-your-eczema-po-scorad).

Be aware that some apps claim to pick the “most likely suspect” trigger from recorded data, however no application has been validated for diagnostic purposes at present.

Apps can provide beneficial information to the allergic individual. Clarityn, for one, have produced a rhinitis app (called Clarityn) where along with limited capacity to record symptoms there is a display of the local and national main pollen type and level over a 3 day period, information about allergies and rhinitis/hayfever and, as might be expected, links to clarityn products. Some food allergy apps, provide basic information to support avoidance (e.g. iAvoid, Food Allergy Facts) like the common names of tree nuts, common products that frequently contain that food and pearls of knowledge such as those with cow’s milk allergy tend to react to goat’s milk.

In clinic, for those with a strong wi-fi connection, there are various translation apps (e.g. iTranslate, SayHi, Translator) to help with communication. PhotoConsent attempts to provide an option for the patient or parent to give consent for a photograph to be taken. Use of this app would need approval from your local information governance team and obviously requires your mobile phone to be adequately protected. Both the British National Formulary (BNF) and BNF for children (BNFc) apps are available, but require a valid Athens password for download and regular updates. NICE and SIGN guideline apps are also available. For those of us who struggle changing imperial and metric (weight & volume) there are conversion apps (e.g. Converter - Universal Conversions). In paediatrics, paediatrics.co.uk have created a website and an app for when there isn’t an appropriate growth chart available (tested against the RCPCH growth charts [www.rcpch.ac.uk/growthchart]). Some medical calculators (e.g. MedCalc, myMedCalc) also include target/mid-parental height which can be useful.

Finally an example of app access to further education - the Allergy Academy have one that lists upcoming courses, maps and videos of some lectures. These increasingly sophisticated multi-media health programs are already being examined for regulation purposes. Integration into clinical practice, rather than personal preference use will take time, however awareness of their existence and use by both patients and healthcare professionals would appear prudent.

**Acronyms:**
- National Institute for Clinical Excellence (NICE)
- Royal College of Paediatrics and Child Health (RCPCH)
- Scottish Intercollegiate Guidelines Network (SIGN)

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Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/secure. For Ireland, adverse events should be reported directly to the IMB. Pharmacovigilance Section, Irish Medicines Board, Kevin O’Malley House, Earhart Centre, Earhart Terrace, Dublin 2, Tel: +353 1 6784971. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441 in the UK or 1800 244 235 in Ireland.

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