In memory of: Professor Anthony Frew 1955-2018
Dymista® Nasal Spray, Suspension (azelastine hydrochloride/fluticasone propionate) 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 6-11 years: 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. Contra-indications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine. Warnings and precautions: Avoid concurrent use with other nasal decongestants. Patients may experience bluish tinge or other visual distortions. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenaline function is impaired, take care when changing medication to Dymista®. In patients with infections, recent surgery or injury to nose or mouth, weigh the potential benefit 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: Headache, dysgeusia, unpleasant smell, hyperventilation reactions including anaphylactic, maculopapular, bronchospasm, glaucous, increased intracranial pressure, catarrh, blurred vision, septal perforation, nasal irritation, epistaxis, sneeze, rhinorrhea, photophobia, nasal stuffiness, nasal itching, sneeze, rhinorrhoea, nasal dryness, facial swelling, epistaxis, headache, dysgeusia, unpleasant smell, hyperventilation reactions including anaphylactic, maculopapular, bronchospasm, glaucous, increased intracranial pressure, catarrh, blurred vision, septal perforation, nasal irritation, throat irritation, nausea, dizziness, sleepiness, fatigue, rash, dry mouth, 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. Check use, concordance, dose

References:
1. https://www.scottishmedicines.org.uk/General/Homepage_Search_Results?q=dymista&Submit=Search

Abbreviations: FP - fluticasone propionate, AZ - azelastine, AH - antihistamine, INS - intranasal corticosteroid, INAH - intranasal antihistamine, LTRA - leukotriene receptor antagonist, IN - intranasal, OC - oral corticosteroids

Welcome to Issue 32!

Dr Tak Chin, (Editor)
Consultant Allergist,
Southampton General Hospital

Welcome to Issue 32 of Allergy Update which is dedicated to the memory of Professor Anthony Frew. BSACI sends its sincere thoughts and condolences to Tony’s family.

In this issue, Dr Rebecca Knibb has given us an insight into Allergy and Psychology.

We also have our first President’s Message from our new BSACI President Dr Adam Fox who we wish every success in his new position.

Dr Glenis Scadding reviews From Hell Island to Hay Fever: The Life of Dr Bill Frankland, the remarkable biography of Dr Bill Frankland (now 106!) - available in paperback or on your Kindle.

Dr Lavanya Diwakar (on behalf of the Standards of Care Committee) reinforces the key messages of the National Venom Immunotherapy Re-Audit (2016), and Dr Mich Lajeunesse tells us all about the newly launched BSACI Registry for Immunotherapy (BRIT).

This issue’s Allergy Service Spotlight is by Dr Chris Rutkowski who writes about their Omalizumab Clinic at Guy’s and St Thomas’ Hospital and their experiences.

Dr Tom Marrs reports back on this year’s BSACI Annual Meeting at Telford - we would also like to extend our congratulations the Abstract winners this year.

Our Allergy Network Spotlight is by Dr Jimmy Gooi who writes about the UK Drug Allergy Network (UKDAN) which had a very successful meeting recently in Liverpool.

On behalf of the team at BSACI, Allergy Update and our contributors, we would like to wish everyone a wonderful festive season and look forward to welcoming in 2019.
The Allergy World was quite stunned to hear that Professor Tony Frew died on November 28th at his home in Brighton after a short illness.

He graduated as a physician in Cambridge in 1980 and then trained in respiratory medicine in London, Nottingham, Oxford, and Stoke-on-Trent. His interest in academic research, mucosal immunology and T-cells was kindled as early as in 1976 with a student project on coeliac disease. His doctoral thesis on T-cells and their emerging role in late-phase reactions to allergen exposure was undertaken in the 1980s in Barry Kay’s lab at the National Heart & Lung Institute, London. After post-doctoral research on occupational (red cedar) asthma in Vancouver, Canada, he joined Stephen Holgate’s group in Southampton in 1992, obtaining a personal chair in 2001, and then in 2005 he moved to Brighton as one of the “founder members” of the new medical school, where in addition to becoming a prominent member of the acute medical, respiratory and allergy teams he established infrastructure for the teaching of medical students.

Tony served for many years on the executive committee of the European Academy of Allergology and Clinical Immunology and at various times held the positions of Secretary-General and President. Together with Professor Andrew Wardlaw he was successful in bringing the 2010 EAACI Meeting to London, which resulted in one of the largest EAACI meetings ever to take place in a European city. He also served on the Professional Education and International Committees of The American Academy of Allergy, Asthma & Immunology (AAAAI).

Tony was one of the leading members of the UK allergy community. He oversaw and expanded an active clinical practice in acute general internal medicine, respiratory medicine and clinical allergy. He served on the BSACI Council from 1993 until September 2018, including two terms as Treasurer and three as Secretary and became BSACI President in 2012. In 2016, in recognition of his outstanding contribution to UK clinical allergy, he was chosen by the BSACI membership to receive the William Frankland Award and in the following year elected by the membership to deliver the prestigious Jack Pepys Lecture at the BSACI Annual Meeting. This award is presented to those who have made outstanding contributions to the science of allergy and clinical immunology internationally. Tony is one of the few people to have received both of the highest honours bestowed by the Society. Tony’s research interests included analysis of the clinical effects of allergen immunotherapy and anti-asthma drugs, the health effects of air pollution and the practical aspects of developing allergy services and managing patients with allergic diseases, both medically and psychosocially, in primary care and the community. He served as an associate editor of both JACI and Allergy, supervised in excess of 20 doctoral students and authored nearly 200 peer-reviewed manuscripts.

Outside of the academic sphere, Tony was blessed with many other talents of which many of his friends and colleagues may be unaware given that, above all, he was a gentle and meek person who was not in the habit of boasting or placing himself before anybody else. He loved travelling and classical music, particularly opera, and was fluent in French, German and Italian. One of his passions was scuba diving and photographing underwater life. He loved country walks and wildlife and had (as any of his acquaintances who have put his talents to the test will confirm) an apparently infinite store of general knowledge.

We will all miss his quiet smile, humour and gentle but firm application of concern and wisdom.

We will all miss his quiet smile, humour and gentle but firm application of concern and wisdom. Above all, he will be sadly missed by his loving family: Helen Smith, his wife, a Professor of Family Medicine and Primary Care, and his children Edward and Georgina (trainee doctors), Sophie (a teacher) and Alex (working in marketing).

Christopher J Corrigan
A Barry Kay
Stephen Durham
President’s message

Dr Adam Fox, President, BSACI

Firstly, I would like to say that it is with great regret that we received the very sad news that Tony Frew had died. Tony was a great friend to the society and to the many of us who knew him personally. He will be greatly missed. Our thoughts are with his family and his wife Helen. In this edition of Allergy Update we pay tribute to Professor Tony Frew.

As this is my first message in Allergy Update as President, I wanted to mention a little about my own experiences of the society. My first exposure to the BSACI was as a delegate at the Annual Meeting in Loughborough in 2003. There were only around 200 attendees but it left a very big impression. The meeting was highly academic but extremely welcoming and collegiate so I was delighted in 2009 to be asked to be involved as Deputy Meeting Secretary. After graduating to Meeting Secretary, I was elected secretary for the society, before chairing the Paediatric Sub-committee. It is an enormous honour to now have the opportunity to serve as President and I would like to thank Shuaib for all his work over the past three years. Thinking back to that first meeting left me reflecting on how far the society has come during the 15 years of my involvement. This evolution has been a positive journey of growth and increased inclusivity. The membership has grown exponentially and will soon reach 1000 and includes a broad range of specialist and non-specialist clinicians including a large cohort of nurses and dietitians as well as many non-clinicians. This increased breadth of membership has been of great benefit to the society and something I hope will continue to grow.

As I begin my new role, I am keen to develop a clear vision of where the society should be at the end of my 3 year tenure and use this to inform a strategy to achieve this. This will need a lot of input from all of us in the coming months, as part of a process that has already started. However, having already spent time speaking to many members, there are 4 strategic priorities which are already emerging.

The first is the importance of our ability to influence effectively at different levels - governmentally, across the NHS and within our membership with the ultimate aim of improving patient outcomes. We need to explore the numerous ways we can extend and maximise our ability to influence the events that impact on us. As we face numerous challenges around training and service provision, another key priority will be the development of our relationships with our partner organisations such as the Royal Colleges, NASG and the Allergy charities. This will be key to our ability to bring about positive change.

Another area of increasing importance is education, especially in primary care, where we are increasingly aware that the overwhelming burden of allergic disease still resides. The opportunity to expand specialist services in a time of unprecedented financial restraint is challenging and hence improving allergy knowledge and services in primary care, and integrating the way we work, will provide the greatest impact. I therefore plan to explore the development of a national allergy education strategy, which I hope will draw together the many other excellent initiatives and stakeholders around allergy education and ensure a joined up approach to minimise duplication and maximise the limited resources we have.

Finally, there is a need to think carefully and strategically about the sustainability of our society. In many ways, whilst we have grown significantly, our leadership structure remains broadly the same as it did when I first became a member. With so many committed and talented members I am keen to re-examine how we can draw on our best resource – our members - to better support achieving our goals. Alongside this, we need to carefully consider the way that we are funded and the many challenging issues that come with the industry support we have relied on for many years. I look forward to an open debate about this in the coming months.

Please feel free to raise any issues, concerns or ideas that you have about the society and if you would like to be more involved, please get in touch.

BSACI Standards of Care Committee

We are delighted to announce that NICE accreditation of our specialist guideline writing process has been renewed by NICE for another 5 years. This resulted from a complex eighteen-month review period, where our writing manual and published guidelines were scrutinized by NICE and updated by us to align them to their criteria. A final decision was reached following external review. Thanks to Maryam Shayeghi in the BSACI office for driving this ahead together with James Stone from NICE. This is more than just a badge and validates the thorough and inclusive way in which SOCC develops guidelines, which are used and referred to by the international allergy community.

Dr Andrew Clark, SOCC chairman
Most BSACI members know 106 year-old Dr. Bill Frankland, either personally or by reputation. However, despite Bill’s fund of wonderful reminiscences, none of us knows the full details of his fascinating life. This new book by Paul Watkins, based on conversations with Bill, goes a long way towards remedying this and is well worth reading.

It starts in 1912 with his first near death experience (the first of many) that of being an unexpected twin, born prematurely 15 minutes after his brother Jack, weighing 3lbs 1oz. His childhood memories are detailed, including being sick on a carpet having over-indulged in cake at a birthday party. More formative was his clergyman father’s advice when Bill told him that he hated his brother: “You must not go on hating people, it does you harm, but it does not do them any harm.”

Other major influences, which led Bill to a medical career, were the untimely death of his sister Ella and reading The Story of San Michele by Axel Munthe. His entry to Queen’s College Oxford, where he is now an Honorary Fellow, was aided by the short sighted invigilator who gave Bill the mathematics question papers together with the answers.

Following clinical training at St Mary’s Hospital, London, where he observed the first treatment of puerperal fever by prontosil rubrum, Bill qualified in 1938 and was subsequently house physician to the Dean, Sir Charles Wilson, later Lord Moran.

Bill enlisted in the Army as a Civilian Medical Practitioner 3 days before war was declared in 1939. Previously reticent about his wartime experiences as a prisoner of the Japanese for three and a half years he has now divulged these in detail. They make harrowing, but necessary, reading.

The last chapters deal with Bill’s career in Allergy and his association with Sir Alexander Fleming, by then famous as the discoverer of penicillin. The fortuitous contamination of a bacterial plate appears likely to have resulted from spores escaping from the Allergy department. Sadly Bill’s most important contribution to Allergy as a discipline, his positive, ground-breaking double-blind, placebo-controlled trial of subcutaneous immunotherapy with grass pollen for hay fever is entirely omitted. Nevertheless this is a valuable book, reminding us of the contributions, not only of Bill, but of many others who have given of themselves in order to provide a better world for us today.
Coping with Food Allergy: support to help patients and families lead better quality lives

Research over the last twenty years has been conducted to help us understand the impact food allergy has on the patient and their family. This research has demonstrated a significant effect of food allergy on quality of life and mental health, particularly stress and anxiety. More recently, research has focused on the ways in which children, adolescents, parents and adults with food allergy cope and how food allergy management relates to well-being. The strategies used may give us some insight into how we can support patients and families with effective food allergy management.

The majority of research on coping with food allergy has focused on children and adolescents.\(^3\) Children from the ages of 6 to around 11 years rely heavily on social support, particularly from parents, to manage their allergy. This includes asking parents to carry their medication, check food labels and ask about ingredients in food in restaurants. Children also rely on parents and siblings for emotional support, talking to them about how their food allergy makes them feel. Children will use problem-focused adaptive strategies which help them cope with day-to-day living with their allergy. They will carry a bag for their medication, ask friends at school what they are eating to see if it is safe to be near them, use the internet for information on allergies and watch video clips on how to use the AAI. Unfortunately children have also reported the use of more unhelpful strategies such as avoidance of places and food to manage their allergies and downplaying or minimising the importance of their food allergy.

Research on how adolescents cope with their food allergy has identified similar strategies to those used by children.\(^3\)\(^4\) There is still some reliance on parents, particularly when asking about food in restaurants and many adolescents express a reluctance to administer their own AAI. Adolescents may also use avoidance and minimisation, not talking or telling their friends about their food allergy and not going out with friends if they are eating. However, it is heartening to know that adolescents do use problem-focused strategies to manage situations where food is present. This includes planning when and how to carry their AAI, using the internet on their smart phones when eating out with friends to check menus in advance, talking to friends about their food allergy and teaching them how to use their AAI. Adolescents will also make downward social comparisons, comparing their condition to others who are perceived as worse than they are.

More recent work with adults (e.g. 5) has shown that they too can struggle to cope with their food allergy. Like adolescents, adults try to maintain a healthy identity and the support of others is extremely important in being able to cope with something that can potentially be life-threatening. Less is known about how parents cope. We know that mums in particular take on a lot of the burden of managing food allergy and use planning and problem solving. They may also use avoidance of social occasions where food is present if the risk or burden of allergen avoidance is perceived as too great. However, parents who report being more confident in managing their child’s food allergy do report better quality of life and mental health.\(^6\)

It is clear that there is a developmental aspect to food allergy management and different strategies are used depending on the age of the allergic patient; however practical problem solving strategies and methods to cope with the emotional aspects of food allergy are used across all ages. Knowledge about allergy and how to manage it is extremely important and social support is invaluable. Further research in this area will help us to better understand how to support patients and their families with food allergy to lead better quality lives.

**REFERENCES:**

BRIT is a national registry for inhalant immunotherapy run by the BSACI on behalf of its membership. It's designed to record treatment with allergen immunotherapy by both subcutaneous and sublingual routes, bee and wasp venom immunotherapy, and the use of the Omalizumab for chronic spontaneous urticaria. Clinicians will be able to review the progress of treatment on this platform. Patients will report their on-going quality of life directly into the Registry during treatment, and afterwards as long term follow up. It removes the difficulties of chasing and recording effectiveness, which will be digitalised by the Registry. BRIT is simple to use, once consented each new patient registration takes a matter of minutes and may not require any changes for several years until treatment is stopped. The Registry will also provide data on the safety of immunotherapy by reporting serious adverse reactions and those that lead to discontinuation of treatment.

Despite nearly a generation going by there is still an unmet need for allergy services. A national pooled dataset will help identify inequalities in provision of specialist services, and benchmark them against current guidelines. It also has the potential to flag safety signals and help with the timely reporting of significant adverse reactions. Immunotherapy has been dogged by a historical label of a poor safety and limited effectiveness. As a result, these treatments are not used as much in the UK as elsewhere in Europe. It is important to pool our clinical experience to optimise safe effective care. This is particularly important in paediatrics as there is less published data to inform practice. The Registry is open to patients of all ages including children.

BRIT is owned and managed by BSACI. It is a collaborative project supported by Allergy UK and the Anaphylaxis Campaign. The initial funding of approximately £100,000 (for the first three years) has come from support by ALK Albello, Allergy Therapeutics and Stallergenes Greer. Although the pharmaceutical industry has supported this project, BSACI have complete control of the data and will ensure that summary reports are made publicly available. We have created a Steering Committee of BSACI members representing adult allergy, paediatrics, nurses and Allied Health Professionals, and patient support group representatives, to ensure transparent and appropriate use of the pooled data.

BRIT is a secure online database managed by Dendrite Clinical Systems, experts in clinical registry technology, whose work has transformed many surgical specialities in the last twenty years. Dendrite will provide the technical support for the day to day running and assist with data analysis. BSACI has also appointed a Registry Administrator at their head office to help members with registration. The Registry is data protection compliant and falls within the ethical boundaries of a research database. Patients must be asked for their written consent to enrol, and only the treating clinical team will have access to the identifiers for their own patients.

BRIT launched at the conference this year and will run for three years in the first instance. The registry is recruiting presently and is open to all UK based BSACI consultants and their clinical teams. Register online by following the links from the BSACI homepage or click on http://brit.e-dendrite.com and find out more by downloading the New Users Guide once registered.

Dr Mich Lajeunesse, Chair of the Steering Committee
News

National venom immunotherapy audit

The first UK venom immunotherapy (VIT) national audit was published in 2008.1 The audit found considerable heterogeneity in practice compared with the EAACI and AAAAI guidelines. It was felt that having a national guideline would serve as a useful benchmark for management of venom allergic patients in the UK. Consequently, the BSACI VIT guidelines were published in 2011.2 Using these as the standard, a re-audit of national VIT practices was published in 2016.3 There were some definite improvements in practice since the first audit although some deviations were also noted. These are summarised as follows:

Examples of improved practice since the first audit survey (In keeping with BSACI guidelines):

- There has been a significant increase in the number of practitioners who carry out SPTs (66% vs 45% in 2006/7), IDTs (80% v 50% in 2006/7) and check bT (88% vs 47% in 2006/7) in keeping with the BSACI guidelines.
- A majority of practitioners offer VIT to patients with an elevated bT.

Deviations from BSACI guidelines:

- One third do not use SPTs as the primary diagnostic tool; and about 20% do not carry out IDT at their centre when SPT and serum-specific IgE are negative.
- 62% of the respondents use concentrations up to 300mcg/ml for SPTs and 15% use up to 10mcg/ml for IDTs, which are higher than those recommended in the BSACI guideline.
- 12% of respondents do not check bT in all patients with a systemic reaction to HV.
- 12% do not monitor patients for an hour after administration of VIT injection.

- 35% do not measure pulse and blood pressure prior to the VIT injection.
- 60% of the respondents do not offer VIT to individuals on ACE inhibitor therapy.
- 5% may continue VIT beyond 3 years based on a positive serum-specific IgE result.

REFERENCES:

United Kingdom Drug Allergy Network (UKDAN)

There is much interest in drug allergy in the UK. Individually many of us have felt that the ideal way to promote and foster research and best practice is to create an interest group within the UK which includes healthcare professionals from a broad range of specialties. A few UK delegates at the 7th Drug Hypersensitivity Meeting Malaga 2016 felt this was a good idea and agreed to meet again to try to form such a group. A group of nine met during EAACI Vienna 2016 to discuss the formation of a drug allergy network. All present agreed to disseminate information to friends and colleagues about this group and planned a first meeting in 2017.

The inaugural one day meeting was held in Sheffield’s Children Hospital on 15 November 2017. This was hosted by Dr Nicola Jay and comprised both business and scientific sessions. During the meeting it was agreed to name our Group, the United Kingdom Drug Allergy Network (UKDAN).

The second meeting was held on 7 November 2018 at the Liverpool Medical Institution and was hosted by Professors Dean Naisbitt and Munir Pirmohamed.

Both meetings were attended by around 60 delegates. The UKDAN strives to represent a broad church, and reflecting this, delegates included allergists, immunologists, paediatricians, dermatologists, anaesthetists, respiratory and pharmaceutical physicians, scientists, pharmacists, nurse specialists and trainee doctors.

Two themes were particularly prominent during the meetings, antibiotic allergy de-labelling (Task Force led by Louise Savic and Nicola Jay) and the development drug allergy apps (Shauy Elkhaliifa and Tomaz Garcez; Thirumala Krishna). There were also presentations on cellular tests and BAT for drug allergy, and case and case series presentations. We also have our first proposal for a collaborative multi-centre study on non-beta-lactam antibiotic allergy from Annette Wagner, Rita Mirakian and Chris Rutkowski. For the second meeting we had an excellent talk from the the invited speaker, Natalie Bandoo, Scientific Assessor with the MHRA, discussing pharmacovigilance and adverse drug reactions.

The next meeting will be held on 13 November 2019 at the John Radcliffe Hospital, Oxford, hosted by Siraj Misbah. Currently UKDAN is not affiliated to any national specialist society. Any individual of with an interest in drug allergy are welcome to join UKDAN. There is no membership fee.

Please email hockgooi@nhs.net or nicola.jay@nhs.net if you like to be on our emailing list.
The 2018 Annual Meeting was once again a flourish of ideas and debate, and held at the International Centre in Telford, Shropshire. We would like to thank everyone who participated - speakers, chairs, delegates, exhibitors and organisers.

The meeting has grown considerably from the days when it ran in Loughborough, and then the University of Nottingham, before moving to Telford. This year we had 660 delegates, 73 speakers, and presenters of 136 abstracts, all striving to improve allergy care across the UK. That said, the size of the meeting remains less important than either the quality of the sessions on offer or the general atmosphere, which continues to be friendly and fun. We are now looking towards new pastures, with our next meeting to be held in Harrogate, Yorkshire on the 3rd to 5th of October 2019. We believe Harrogate will prove a big success, though the most important factor will remain the enthusiasm and participation of the BSACI membership.

This year’s President's Plenary focused on anaphylaxis during general anaesthesia, including results from a UK-wide audit by the Royal College of Anaesthetists in collaboration with several BSACI members. The results are of real relevance to clinical practice, highlighting which drugs carry an intrinsically greater risk of causing anaphylaxis. Most strikingly, telcoplanin was far more likely to produce anaphylaxis than other antibiotics - something of widespread importance, given that this drug is frequently given to patients labelled with penicillin allergy.

We enjoyed excellent collaborative sessions on the latest practice in Immunotherapy with the European Academy of Allergy and Clinical Immunology, and on Angioedema and Auto-Inflammation with the British Society of Immunology. We also had heard about approaches to reduce the development of allergic disease in children, plus a review of asthma from childhood to adulthood in the Allied Health and Primary Care stream.

Our brand-new Speaker’s Corner podium discussions yielded key clinical pearls as well as provoking earnest debate between delegates. Clinical Psychologist Dr Polly James provided our first Speaker’s Corner key-note, with practical insights about working with patients with medically unexplained symptoms. Professor Jonathan Hourihane outlined different approaches to managing the risks of living with peanut allergy. Drs Bob Boyle and Adam Fox discussed the risks and benefits of working with companies manufacturing hypoallergenic infant formula products, highlighting the current hot-topic of transparency in education and guidance for clinical practice.

The food at the Welcome Reception was excellent and the conversation flowed without interruption, thanks to Dr Kate Swan’s phenomenal silent disco. Who would have guessed that dancing in a dark, silent room, out
of time with two-thirds of the other revellers could be so much fun?

Day two kicked off with Dr Susanna Marinho and Dr Catherine Pashley running excellent Meet the Expert sessions. The following lectures tackled the latest in active food allergy management strategies, biologic therapies, and innovative strategies in allergy practice. We benefitted from a Special Lecture from Dr Pam Ewan and Mandy East of the National Allergy Strategy Group on the current state of allergy services and interactions with NHS England.

Great thanks go to all our Nursing and Allied Health colleagues - Roisin Fitzsimons and Rebecca Bryson in particular - who staged the most successful set of practical allergy workshops to have taken place at Conference. The poster presentations and judging passed off with only minor disarray - certainly an improvement from previous years - and included some excellent work, with a number of very good undergraduate entries. The oral presentations took place later the same afternoon and were of very high quality.

The evening’s Pub Quiz entertainment was less energetic, but more cerebral, than last year’s ceilidh, and proved even more popular. Teams displayed an impressive range of knowledge, proving that allergists are true polymaths (at least when it comes to pop songs which include names of different parts of the body and recognising your colleagues from their childhood photos). Congratulations to the winning teams.

Day three launched with well-known European and UK expert speakers, including excellent sessions on tackling challenging eczema and drug allergy. The drug allergy session concluded with an enjoyable debate between Dr Joanna Lukowska and Dr Chris Rutkowski on approaches to penicillin challenge, with the audience relatively split at the end, leaving honours even. The meeting closed with the awards and prizes. The Jack Pepys lecture was given by Prof Hannah Gould, covering her ground-breaking work on IgE, followed by the Harry Morrow-Brown lecture, given by Prof Graham Roberts for his work on paediatric respiratory disorders. The biggest cheer of the day was for the winner of the William Frankland Award, Dr Claudia Gore, a previous Annual Meeting Secretary. We doubt that there has ever been a more popular awardee!

We are grateful for everyone’s contribution this year and very much look forward to welcoming you all to Harrogate in 2019.
Abstract winners from BSACI 2018

Here are the summaries of the Barry Kay Award winning abstracts. This prestigious Award recognizes Professor Kay's national and international research contributions to the field of allergy and asthma, which have inspired so many young Allergists and Chest Physicians.

Adult clinical
Reactivity thresholds in peanut allergic adults and the influence of stress and exercise: a randomised controlled trial

Method In a randomised cross-over trial we investigated whether sleep deprivation (mimicking stress) and exercise influence reaction thresholds in peanut-allergic adults. Following confirmation of peanut allergy by double-blind placebo-controlled challenge, participants underwent three further open challenges in a randomly assigned order: one with exercise following each dose, one with sleep deprivation on the night preceding challenge, and one with neither co-factor. The primary endpoint was threshold eliciting dose at each challenge. We estimated the difference in mean threshold (logged) between challenges with and without a cofactor using a linear mixed effects model. Primary analysis estimated effect of challenge type (i.e. the difference between non-intervention challenge and each intervention challenge expressed as percentage change) from the model along with confidence interval and p-value. Dose distributions were modelled using interval-censored survival analysis and eliciting doses were derived.

Results One hundred subjects were randomized, with 64 subjects (mean age 25y) completing a further three challenges under different conditions. The mean (95% confidence interval) eliciting doses for 1%, 5% and 10% of the population during no-intervention challenge were 1.5mg (0.8,2.5), 4mg (2.4,6.4) and 6.7mg (4.1,10.5) peanut protein, respectively. The estimated % change in threshold for exercise and sleep compared to the non-intervention challenge, corresponded to reductions of 45% (21-61 p=0.0013) and 45% (22-62 p=0.0011) respectively.

Conclusions Exercise and sleep deprivation significantly reduce reaction thresholds to peanut. Accounting for this variation is critical in population threshold modelling for enhanced protection of peanut allergic consumers.

Basic science
SATB1 expression and methylation reflect FOXP3+ regulatory T cell activity during grass pollen immunotherapy

Method Grass pollen allergic (SAR, n=24), non-atopic control (NA, n=24), subcutaneous (SCIT, n=12) or sublingual (SLIT, n=12) immunotherapy-treated, and SLIT-discontinued (SLIT-TOL, n=6) patients were recruited. mRNA expression of FOXP3 and SATB1 genes were quantified by qRT-PCR and the proportion of FOXP3+ and SATB1+FOXP3+ Tregs were confirmed at the protein level by flow cytometry.

Results Proportion of FOXP3+ Tregs was reduced in SAR (P<0.001) compared to NA. No significant differences between SAR and AIT-treated patients were observed. On the contrary, a higher proportion of SATB1+FOXP3+ Tregs (P<0.001) and upregulation in SATB1 mRNA expression (P<0.001) was observed in SAR compared to NA or AIT-treated patients. A positive correlation of SATB1 expression, but not FOXP3, with clinical symptoms was observed. Functional study illustrated a reduction in suppressive capacity of Tregs in SAR compared to AIT-treated groups. Genome-wide DNA methylation study demonstrated no significant changes in the methylation status of FOXP3 between patient groups, though SATB1 methylation was found to be decreased in SAR and increased in AIT-treated groups (both, P<0.05) when compared to NA.

Conclusions Our study illustrated for the first time, that SATB1 expression is reduced in FOXP3+ Tregs following AIT treatment. In addition, we illustrated that a differential in methylation status can be observed in SAR when compared to AIT-treated groups. The use of SATB1 as a potential biomarker of AIT efficacy in patient suffering from seasonal allergic rhinitis is highlighted through its correlation with clinical symptoms. 
Allergy update

Perceptions of food allergies and intolerances in a non-clinical sample from within the hospitality and food-service industry

Method Eight face-to-face semi-structured interviews were conducted with food service industry staff from Birmingham, UK, recruited via leaflets and through social media. Participants were excluded if they had been diagnosed with a food allergy. Interviews were transcribed verbatim and analysed using thematic analysis.

Results Participants (3 men and 5 women) held positions within the food service industry; all were required to speak to customers directly as part of their role. Three themes emerged from the data: responsibility; communication; food allergy and intolerance beliefs. Participants felt responsible for their business, customer care and customer safety, for knowing their legal responsibilities and providing information to customers with food allergies or intolerances. Communication between staff and customers was felt to be extremely important and a simple yet effective way to improve safety for individuals with allergies and intolerances. However, misperceptions existed, and participants felt that food intolerances were a lifestyle choice or did not cause much harm and only allergies were a serious health issue.

Conclusions Participants working in the food service industry provided a unique insight into how they viewed their responsibilities towards those with food allergies and intolerances. Further education is needed to ensure misperceptions regarding these conditions do not affect quality of service or the health of customers. Future research needs to build on these findings with a wider sample from the food service industry.

Primary care

Diagnosis, investigation and treatment of urticaria and angioedema in a UK primary care centre

Method Retrospective review of over 13,500 registered patients at a UK primary care practice identified patients coded with a diagnosis of urticaria (specific type or unspecified), angioedema or both. Their demographics, co-morbidities, investigations and treatment were reviewed.

Results 245 patients were identified; 90 male (37%), 155 female (63%). 45 (18%) had a concurrent diagnosis of allergic rhinitis, 23 (9%) asthma, 41 (17%) drug allergy and 16 (7%) food allergy. 183 (75%) had a single entry acute episode of urticaria or angioedema. 62 patients (25%) had chronic episodes (>6 weeks). 6 (2%) had a diagnosis of chronic spontaneous urticaria (CSU) but, on review, a further 50 patients (20%) were identified as likely CSU which had been un-diagnosed. 20 patients (8%) had blood test investigation. None had documented skin biopsies. Of those patients with chronic episodes but no CSU diagnosis, 35 (70%) were started on standard dose H1 antihistamines. 6 (12%) were started on high dose H1 antihistamines. 6 (12%) were started on second line agents. 9 (18%) had no documented treatments. 12 (24%) were referred to secondary care, only 4 (8%) were referred to allergy specialists. It is unclear how many patients achieved adequate control.

Conclusions To our knowledge, this is the first evaluation of primary care adherence to urticaria and angioedema guidelines in the UK. Guidance was poorly followed and documentation was limited. This may result in significant morbidity that is underestimated. Reasons for this may include poor knowledge of guidelines and the condition. Similar reviews should be conducted on a larger scale to evaluate practice and an assessment tool may improve awareness and change practice.

Undergraduate

Evaluating the risk of laceration when using an adrenaline auto-injector (EpiPen) to treat anaphylaxis via the two standard methods of administration

Method We used a training EpiPen with paint in the ‘needle’ indentation. Children aged 5-11 had both methods ‘administered’ to their outer thigh on bare skin. They were asked to move their leg when the trainerpen “fired” to simulate real injections. The method used first was alternated between successive participants. Age, movement and length of paint mark (+0.1mm) measured by micrometer were recorded. The mean measurement of marks made by no movement was calculated and subtracted from all measurements leaving the distance the AAI moved. Analysis was conducted using IBM SPSS Statistics 23.

Results 135 children (mean age 8 years) were asked to take part; measurements were taken from 100 (74%). 50 children (50% of participants) moved for one or both methods; 32 children (32%) moved for both methods. 18 children (18%) moved for either S&J (12), or P&P (6); the number of children who moved for each method was significantly different (Chi-squared: p=0.033).

S&J had a mean movement of 8.3mm (95%CI: 3.4-13.3); P&P had a mean of 3.5mm (95%CI: 0.4-6.6). Mean difference between methods was 4.8mm (paired samples t-test: p=0.001).

Conclusions The evaluation showed a statistically significant longer paintmark made by S&J compared with P&P. There is a risk of laceration when administering EpiPen to children using the recommended S&J method. Therefore it may be advisable to change to P&P when carers administer adrenaline autoinjectors to children. The thigh should be immobilised whichever method is used.
Committee and Group News

Allergy update

Clinical Immunology Committee

Dr Tariq El-Shanawany
Consultant Clinical Immunologist, University Hospital, Wales, Cardiff

The Clinical Immunology Subcommittee updated its mission statement last year and continues to engage with the Immunology community and encourages membership of the BSACI.

At the recent 2018 BSACI Annual Meeting there was a well-received joint session with the Immunology community titled “Urticaria, angioedema and auto-inflammation”. The session included contributions from allergy, immunology, dermatology and paediatric rheumatology. Members of the Clinical Immunology Subcommittee continue to encourage Immunology Trainees to attend the BSACI training days. Allergy Trainees are welcome to join the Clinical Immunology training sessions.

The Subcommittee has discussed meetings between representatives of the allergy and immunology community and the GMC Curriculum Oversight Group (COG). We recognise that there are a variety of options around the future shape of training for immunology and allergy trainees, each with their own pros and cons. Clearly, the overriding principles should be around what is best for patient care and for future generations of trainees. There is the possibility of combining the Allergy and Clinical Immunology training schemes which could take a number of different forms (eg combined curriculum, dual accreditation and/or common stem). Clinical Immunology training is to remain separate from General Internal Medicine (GIM) whereas in Allergy consideration is being given as to whether dual accreditation with GIM is desirable.

Further information on the Subcommittee’s activities can be found at www.bsaci.org/about/clinical-immunology

Dr Tariq El-Shanawany
Consultant Clinical Immunologist, University Hospital, Wales, Cardiff

The NASG were delighted to be involved in the annual British Society of Allergy and Clinical Immunology’s annual conference in Telford once again this year with a special lecture on “The unmet need: engaging with NHS England”. This talk was to share the progress of our ongoing work to produce a report on the current state of NHS allergy services and saw Dr Pam Ewan, Consultant Allergist at Addenbrookes in Cambridge sharing a detailed look at the work that the NASG has been involved with over the last decade or so during the campaign. Dr Ewan listed the numerous reports into the problems including the Royal College of Physicians report on the unmet need back in 2003 and subsequent inquiries by both the House of Commons and the House of Lords (2004 and 2007) and the DH report on the state of allergy services in 2006. Dr Ewan outlined the progress that has been made because of these various reports and the work of the NASG such as the NICE guidelines on food allergy in children; anaphylaxis and drug allergy and the excellent work carried out by the Royal College of Paediatrics and Child Health on care pathways for children with allergy.

However, despite this progress, there is still a huge gap between need and service provision with many people still waiting long periods of time to get that all-important diagnosis and appropriate referral. It is because of this that the NASG, in conjunction with the All Party Parliamentary Group for Allergy (APPG) are in the final stages of our report that will call on the Department of Health and NHS England to take notice of the key issues and adopt our recommendations which include improvements in the education of primary care practitioners and an increase in the number of allergy specialists including trainees. A recent Parliamentary question from Jon Cruddass MP, chair of the APPG, asked the Secretary of State for Health and Social care how many trainees in allergy will qualify in 2016 and 2017 and the answer given was 2 and 0 respectively. This is not acceptable and needs to be addressed.

The work with the APPG continues and this term we will ask subsequent questions to those tabled previously including asking for further comment on the lack of trainees. We will also table our debate on education in primary care and hold our annual AGM. A launch event is planned once our report is finalised which we hope will be widely supported by all in the allergy community.

For more info on the work of the NASG contact Mandy East

Ms Mandy East
National Allergy Strategy Group (NASG) Parliamentary Officer

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For more info on the work of the NASG contact Mandy East

mandy@nasguk.org
Allergy update

Committee and Group News

Nurses Specialising in Allergy

Ms Kathryn Powrie
Chair of the BSACI Nurses Committee

It was fantastic to see such a strong nursing voice at the annual conference in Telford. Thank you to all those who attended and contributed oral and poster presentations. We are the fastest growing group with the society and now have over 100 nursing members.

We are delighted to announce that we now have a nurse included on the Standards of Care Committee. Dr Deb Marriage will be involved with the development of future BSACI guidelines and the ratification of SOPs. The group plans to look at issues around transition over the next 12 months. To begin with we would like to know what arrangements are already in place for children reaching the point of transition and plan to circulate a short questionnaire asking about your service. If you have any suggestions for additional projects which would benefit from a national nursing perspective please get in touch.

Our webpage, available via the BSACI website www.bsaci.org/professionals/nurses-specialising-in-allergies has resources for you to use, including competencies for staff training and SOPs. In addition our e-mail group allows you to network with all the nurses in the UK who are BSACI members in order to share ideas or ask questions. If you would like an enquiry sent out to the group or have something you would like to share please send it to bsacinurses@gmail.com

We have a vacancy on the committee and are inviting applications via e-mail. We represent allergy nurses from a wide range of adult and paediatric settings and welcome your contributions and ideas. The term of office is three years with 3 meetings in London and the AGM at the annual BSACI conference. If you are working in a substantive clinical NHS post and would like to apply please send your details along with a summary of your clinical experience and interest areas to bsacinurses@gmail.com. This is a fantastic opportunity to work with a friendly team promoting nursing in allergy and developing your CV! We look forward to hearing from you and don’t forget to follow us on Twitter at @BSACInurses!

Junior Members Report

Dr. Natasha Gunawardana
Adult Allergy SpR, Royal Brompton Hospital

I am delighted to take on the role of the BSACI junior members’ representative from Dr. Erika Harnik who has done a fantastic job over the last 3 years. I look forward to continuing her work improving undergraduate curriculum exposure and clinical experience of the specialty.

It was great to see the impressive and diverse involvement of medical, allied health and basic science junior members at this year’s annual meeting; with grand round presentations and an array of oral presentations and posters. Congratulations to all the junior members who won Barry Kay awards.

Several junior members represented the BSACI at the BMJ Careers Fair in October. There was interest from both medical students and junior doctors deciding their future careers, and allied specialty doctors interested in allergy.

This year there have been interesting and informative training days. Topics covered included food allergy and intolerance delivered at Southampton, venom allergy at the Royal Brompton and a unique day on component testing, psychology and dermatology arranged jointly with the Royal Society of Medicine which was very well attended despite the snow! The quality of these days remains high, several featuring invited international speakers at the top of their fields. These study days are open to BSACI allergy immunology or paediatric trainees, please contact Marie Gibbs (marie@bsaci.org) if you have any questions.

If any junior members would like to get in touch, please contact me at - juniormembers@bsaci.org

RECENT ACTIVITIES:

• Strong representation at this year’s annual meeting
• Promoting allergy training at the BMJ careers fair October 2018
• High standard of BSACI training days
Food Allergy Specialist Group of the BDA

Ms Hannah Hunter
Representative for BSACI, member of FASG, Guy’s Hospital

The guidance on the prevention of food allergy in high risk infants has now been published (in collaboration with BSACI Paediatric Group). This includes a guide for healthcare professionals, a guide for parents and a summary document of both. The FASG website also has a link to recipes for parents. Links to the full guidance:

- www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance
- www.bsaci.org/about/early-feeding-guidance

Our FASG annual study day incorporated our AGM was held in July and was a big success with 68 attendees. We piloted a new format of both lectures & break out groups for case study discussions which was well received. Following the AGM we have had multiple committee changes including Mary Feeney taking over as chair from Rosan Meyer, plus new members: secretary Lydia Collins-Hussey, meetings organiser Justine Dempsey, Research & Education (Kate Grimshaw & Anna Conrad). We also sponsored 10 dietitians to attend the BSACI 2018 Annual Meeting.

Future projects include collaborating with the Paediatric Dietitians Group on CMPA group sessions resources for dietitians. We are also liaising with prescribing specialist dietitians and planning joint projects to support improved hypoallergenic formula prescribing.

Twitter: @BDA_FASG
Email: mary.feeney@kcl.ac.uk (FASG Secretary)

Standards of Care Committee (SOCC) update

Dr Andrew Clark
Chair of SOCC, Consultant in Paediatric Allergy, Addenbrooke’s Hospital, Cambridge

We open this update with the great news that accreditation of the SOCC specialist guideline writing process has been renewed by NICE. This resulted from a complex eighteen-month review period, where our writing manual and published guidelines were scrutinized by NICE and updated by us to align them to their criteria. A final decision was reached following external review. Thanks to Maryam Shayeighi in the BSACI office for driving this ahead together with James Stone from NICE. This is more than just a badge and validates the thorough and inclusive way in which SOCC develops guidelines, which are used and referred to by the international allergy community.

The NICE review process has allowed us to deepen the involvement of patient representatives whose voice is heard at all stages of development. The literature review process has been focused by designing questions around a PICO format - thank you to Helen Brough for leading this new process for us in the upcoming eczema guideline. We are very proud to hold this accreditation, especially now that NICE stopped issuing new accreditations some time ago but has pledged to continue to revalidate existing holders, where they meet criteria.

In other news, the egg allergy update, led by Sue Leech, is well on its way, and we hope that a draft version will be available for consultation by BSACI members soon. Thank you to those of you who completed our survey asking for your top three new guidelines, we’ve had some great responses and will be looking at these in our December SOCC meeting.

We welcome new members to SOCC including Lavanya Diwakar, Shelley Dua, Isabel Skypala and Deb Marriage and look forward to working with them over the coming years.
We were pleased to see the inclusion of more allergy topics on the proposed RCGP curriculum - this is the culmination of a lot of hard work by some of our members. We look forward to seeing the final outcome when the curriculum is released next year. We are optimistic that these changes will lead to better recognition of the importance of allergy education within primary care and enhanced learning.

We continue to be active in allergy education, teaching both at local events and national events. We have continued to be involved with teaching on Allergy UK study days and the Royal College of General Practitioner events.

We have recruited several more GP's from across the country to our primary care group within BSACI. We have been using our What's app group to communicate regularly and keep each other up to date. Work is ongoing to map out our primary care group on the BSACI website so that interested GP's and primary care professionals can directly reach out to someone local.

Interested parties can contact us via Marie Gibbs at BSACI - Marie@bsaci.org

Primary Care Committee update

Dr Helen Howells
GP, Southampton
Chair of the Primary Care Committee

I'm delighted to be writing my first update as Chair of PAG, and want to thank Adam, Kate Swan, the committee and our office team for their significant contributions over the past few years.

In the last month, we have released the 2018 update of our Anaphylaxis Action Plans. These have been redesigned and are now consistent with the changes in UK legislation allowing the use of “spare” Emergency Adrenaline Auto-injectors in schools. More information can be found at www.sparepensinschools.uk. Many thanks to those of you who provided feedback on the plans, and in particular to Gary Stiefel and Adam Fox for their input.

BSACI is now represented on the RCPCH Specialty Board and we look forward to working closely with our colleagues in British Paediatric Allergy, Immunity and Infection Group (BPAIIG) in representing our speciality, and in increasing the provision of training in Paediatric Allergy to trainees in the UK. Maeve Kelleher and Graham Roberts are going to be sharing the BSACI PAG representative role in BPAIIG.

Michael Perkin, Deepan Vyas and Nick Makwana have been working on a national survey of Paediatric Allergy care provision in the UK and I’d like to thank you all in advance for helping collect this information which we hope can be used to develop a case for additional resource in those centres which need it.

Over the next year, we will be working with RCPCH to develop a set of standards for an Allergy Clinic to be accredited as such by RCPCH. Again, the aim is to provide a document that is seen as aspirational, allowing local healthcare practitioners to lobby for additional resources. The data from the national survey will feed into this. If you would like to participate in this, then watch out for the call for Expressions of Interest to join the working group. Thanks to Nicola Jay and Susan Leech for initiating this project.

Wishing you a happy and healthy 2019!
Allergy update

Adult Allergy Group

Adult allergy group continues to support various regional allergy networks, enhancing their presence across the UK. Over the last years new networks were created and some of the older ones reorganised, so that these networks now cover most of the allergy services in England. Guy’s & St. Thomas’ Allergy Network, led by Dr Haque, also offers allergy practitioners o join their meetings through teleconference. The “Adult allergy networks” are now listed at the BSACI website under “Professionals”, providing information regarding participating NHS Trusts, areas covered and Network lead/coordinator.

Members of the AAG participate actively in the NHS England Allergy & Immunology CRG. They have extensively discussed criteria for specialist versus non-specialist workload and services that provide specialist allergy services has been discussed and approved. Allergy services are asked to keep record of their specialist versus non-specialist work load. This information will be useful for future NHSE specialist commissioning and clinic coding.

AAG is working with primary care colleagues to improve referral pathways from primary to secondary care for adult allergy. Dr Angier, a GP with specialist interest in allergy, is taking a lead in this effort as part of her MSc project dissertation at Southampton.

Improvement in Quality of Allergy Service (IQAS) is the accreditation scheme sponsored by the Royal College of Physicians. Dr Krishna, lead for IQAS, and his team has recently revised standards to improve their clinical relevance. IQAS plans to host an ‘allergy portal’ on their website to develop and maintain a repository of SOPs and patient information leaflets that will be managed by IQAS team (supported by RCP). This resource will be available to services that have been registered with IQAS.

Finally, after 4 years as the founding Chair of the AAG, I am pleased to report that Dr Andrew Whyte will take over the helm. His nomination was unanimously approved at the recent AGM. He presented his vision for the AAG and I have no doubt that he will be an excellent Chair.

IQAS and QPIDS update

The IQAS and QPIDS teams have undergone a few changes since the last update. Madeline Bano took over as programme manager for both IQAS and QPIDS in autumn 2017. In addition, Alexia Constant has joined the scheme as an administrator and Rumneet Ghumman as project coordinator in 2018. Despite the staff changes the clinical leads remain the same with Dr Claire Bethune leading the QPIDS scheme and Professor Thirumala Krishna leading the IQAS scheme.

The IQAS scheme has undertaken two visits this year to date with another visit planned by the end of this 2018. These services are in the process of accreditation and further details will follow. The QPIDS accreditation scheme has also had a busy year. The second round of annual renewals for accredited services took place in July. The annual renewal is a process of providing a remote review of accredited services every year ensuring that they are still meeting the standards. We have undertaken 1 QPIDS assessment this year, awarding accreditation to the service at University Hospital North Midlands. There are four additional QPIDS visits planned to take place in 2018.

Significant work has been undertaken over the past 18 months in the revision of IQAS standards. The revised standards have been aligned with the Publicly Available Specification (PAS) 1616. The draft revised IQAS standards were launched for public consultation in October 2018 for approximately four weeks.

Following feedback from the public consultation, all comments were carefully reviewed by the IQAS Steering Group with feedback duly considered and appropriate amendments made. The revised IQAS standards are currently on track to go live in the New Year, with a staged transition approach agreed for services currently working towards accreditation.

We envisage a busy 2019 for both the IQAS and QPIDS schemes. Five accredited QPIDS services will be undergoing reaccreditation visits in 2019. This will be the first time these services will be accredited under the RCP accreditation unit, as previous visits were undertaken under the auspices of the UK Primary Immunodeficiency Network (UKPIN).

Plans are underway for a service training day in early 2019. This will be an opportunity for registered services to interact with the IQAS and QPIDS teams and talk through the standards and the accreditation process. Further details will be available on the IQAS/QPIDS website. We currently have a total of 25 services registered with the IQAS scheme and 33 services registered to QPIDS. It is anticipated that the IQAS membership will expand in 2019.

We strongly encourage other services to join the schemes; the IQAS and QPID team is here to offer support to anyone interested with an aim to improve and standardise allergy and primary immunodeficiency care for our patients.

For more information on the schemes please see www.iqas.org.uk and www.qpids.org.uk, or email askqpids@rcplondon.ac.uk or askiqas@rcplondon.ac.uk
Omalizumab and chronic spontaneous urticaria

Omalizumab is a licensed treatment for chronic spontaneous urticaria (CSU) in patients over the age of 12. It has revolutionised the management of severe urticaria which used to rely on long courses of oral steroids and/or immunosuppressants, with a high rate of significant side effects. Guy’s and St Thomas’ Hospital (GSTT) has offered world-class service for difficult-to-treat CSU for decades and has always been in the forefront of management of this debilitating skin condition. Our interdisciplinary Difficult Urticaria Clinic (dermatologists, allergists, clinical nurse specialists, psychologist) started to offer omalizumab routinely almost immediately after the NICE approval and we have been running a dedicated omalizumab clinic (OMC) since November 2015.

It is a clinical nurse specialist (CNS)-led service. Initially we had one clinic a week, however as demand grew, we added two extra clinics (currently 35 clinic slots) run by Keyna Bintcliffe and David Thursfield, allergy CNS. Clinical supervision is provided by the Lead Allergy Consultant Dr Chris Rutkowski. The support of a dedicated specialist allergy pharmacist, proactive administrative team and forward thinking service managers has been crucial to our success. Referrals to OMC come only from named consultants within GSTT. We have 220 patients at different stages of treatment. They all meet the criteria set out in the NICE Technology Appraisal Guidance 339 and the national and international urticaria guidelines. All patients were non-responsive to high dose standard treatment and presented with a Urticaria Activity Scores of 38-42 (well above the threshold licensing criteria of 28). Referral rates vary month on month; on average 5 new patients start treatment each month. The referral rate has remained fairly constant and the dreaded ‘opening of the floodgates’ after the NICE approval has never materialised. This is relevant as our Difficult Urticaria Service is a referral centre for the South-East, London and further afield. A few patients receive omalizumab for chronic inducible urticaria based on the successful individual funding requests approved by the relevant Clinical Commissioning Groups. In our experience omalizumab has been very well tolerated; very few patients experience any side effects (no cases of anaphylaxis). The response rate has been spectacular (around 95%). Non-responders are referred back to our Difficult Urticaria Service: some respond to a combination of omalizumab and immunosuppression. A significant proportion of patients achieve complete symptom relief within 24-48 hours of the first dose. Some respond more slowly, notably those with a positive basophil histamine release assay. Our cohort includes many patients with long standing CSU, some of them dependent on or even resistant to steroids and immunosuppression. Reassuringly we have been able to discontinue oral steroids/immunosuppression in all omalizumab responders. Relapse speed is variable. Relapsing patients receive repeat courses of omalizumab with the same level of response. Spacing of the injections (off licence) by more than 4 weeks works for many patients and allows us to use the allowed 6 injection per course (NICE) over a longer period of time. Throughout their journey our patients benefit from a nurse-led e-support service.

The treatment has been life changing for our patients. We have seen tears of joys when they experienced ‘clear’ skin for the first time in years. We have had many ‘thank you’ cards/emails and boxes of chocolates. Our clinic has been featured in the national press and GSTT publications. We have trained nurses and doctors from other centres. The clinic experience led to conference presentations and abstracts (for which we won awards) and started many ongoing research projects. It will hopefully lead to the creation of a difficult urticaria clinic network across London and the South East. We are always happy to receive questions from fellow healthcare professionals and train and support all colleagues interested in urticaria and setting up their own OMC. It is a privilege and joy to help our CSU patients.

Chris Rutowski
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