

**Joint statement on the Adrenaline Auto-Injector Guidance
Between BSACI, Anaphylaxis Campaign and Allergy UK
Date: Monday 21st November, 2016**

The British Society for Allergy and Clinical Immunology (BSACI) published its specialist Guideline “Prescribing an adrenaline auto-injector” in October. This Guideline was prepared by the BSACI Standards of Care Committee. The BSACI is the UK's only organisation for healthcare professionals caring for patients with allergy.

Since publication, the BSACI has met with the two patient charities Anaphylaxis Campaign and Allergy UK. This is a joint statement by all three organisations.

The Guideline has been written by allergy specialists and outlines the BSACI’s recommended best practice for other allergy specialists to review and treat patients at risk of anaphylaxis.

The specialist BSACI Guideline key recommendations are:

- As soon as possible after a suspected anaphylactic reaction, an adrenaline auto-injector is prescribed (as recommended by NICE). This may be undertaken in A&E or by the GP. Anyone concerned should seek initial advice from their GP.
- Training is given on how and when to use an auto-injector, as the aim of carrying adrenaline is to start treatment early, without waiting for help.
- Referral to an allergy specialist should be made to enable a comprehensive risk assessment to be carried out and where a personal care plan can be developed and talked through thoroughly, including the practical steps that can be taken on how to minimise potential risks as part of a normal everyday life.

The BSACI has not made a blanket recommendation on the number of auto-injectors anyone should carry as this should be based on a risk assessment. The medical evidence shows every patient should have a personally tailored management plan, which should determine whether one, two (or no) auto-injectors should be prescribed.

On the face of it, this part of the Guideline differs from the recommendation of the Government regulator, the Medicines and Healthcare Products Regulatory Agency (MHRA). It states patients, particularly those who also have allergic asthma, should carry two auto-injectors.

The BSACI are in communication with MHRA with a view to discussing how best to explain the apparent differences in their guidance, and the circumstances in which patients should be prescribed one, two (or no) auto-injectors.

Meanwhile, Allergy UK and the Anaphylaxis Campaign will continue to support the MHRA line. They have communicated with the BSACI on the serious concerns expressed by the allergic community on ambulance response times, the variability of first-response paramedics in carrying adrenaline, the variability in GP’s ability to assess a patient’s potential to develop anaphylaxis and the experiences of those affected by allergy who are in touch with them.

Both the Anaphylaxis Campaign and Allergy UK stress that while their opinion may differ on specific points in the BSACI recommendation, they do support most of the Guideline.

Importantly, they strongly agree with the BSACI that any patient or carer who is concerned should, in the first instance, contact their GP for advice or to seek a referral to a specialist.

A version of the BSACI guideline will also be developed for GPs to spell out best practice in primary care. This will be developed with the help of Allergy UK and the Anaphylaxis Campaign.

The BSACI, Allergy UK and the Anaphylaxis Campaign look forward to continuing to discuss these important issues and promoting better treatment and education to support those affected by severe allergy.