

Appendix 3: ALLERGY FOCUSED CLINICAL HISTORY – RATIONALE

Is there a personal or family history of allergic problems?

- for example eczema, asthma, hayfever or food allergy
- if a family history of allergy exists it is more likely the underlying symptoms may be allergic

Is there a personal history of eczema? What was the age of onset and level of severity?

- there is a close association between how early eczema begins in life, how severe it is and the likelihood of IgE-mediated allergy

What was the age/situation of onset?

- most food allergy develops in early infancy
- consider when symptoms start in relation to a change in diet eg move to cow's milk formula

Which food or foods are causing concern?

- the majority of IgE reactions are caused by: cow's milk, eggs, peanuts, tree nuts, fish, shellfish, soya, wheat, kiwi and sesame. Cows milk and eggs are most frequently involved food
- non-IgE reactions are more likely linked to milk and less so with egg

What symptoms are triggered? (Table 2)

- IgE-mediated allergy look for:

- involvement of cutaneous symptoms such as urticaria, angioedema and itchiness
- GI symptoms such as oral pruritus, vomiting or diarrhoea
- involvement of the respiratory system and less commonly the cardiovascular system (e.g. palpitations; feeling faint as BP drops) are key organs to enquire about re potential anaphylaxis.

- Non-IgE-mediated allergy look for:

- persistent symptoms involving mainly the skin and GI system such as eczema, gastro-oesophageal reflux, loose stools, pallor and tiredness, faltering growth plus one or more GI symptom
- especially those symptoms that do not respond to first-line treatment

What is the time course between exposure and the onset of symptoms?

- IgE-mediated reactions are more rapid in onset and progress more quickly
- non-IgE-mediated reactions are slower in onset developing in hours or even days and more likely to cause chronic symptoms

What quantity of food is needed to trigger a reaction?

- with IgE-mediated reactions, very small amounts of exposure can be enough to trigger a reaction (can be life threatening especially if co-existing asthma)
- with non-IgE-mediated reactions, larger quantities of food are normally needed to trigger reaction; repeated exposures over several days may be required