



POSTER PRESENTATION

Open Access

Prescribing adrenaline auto-injectors in Slovenian children

Tina Vesel^{1*}, Anja Koren Jeverica¹, Metka Accetto¹, Natasha Toplak¹, Marijana Kuhar¹, Vesna Glavnik¹, Stefan Blazina¹, Gašper Markelj¹, Mirjana Zupančič¹, Mira Šilar², Peter Korošec², Tadej Avcin¹

From Food Allergy and Anaphylaxis Meeting 2014
Dublin, Ireland. 9-11 October 2014

Introduction

Little is known about the reasons for prescribing adrenalin auto-injectors in Slovenian children. Our objective was to evaluate prescription of adrenaline auto-injectors in children in our department in year 2013 and also to evaluate management of anaphylaxis of those children.

Methods

We retrospectively collected data on interventions of anaphylaxis and allergic-clinic follow-up of 258 children which had adrenaline auto-injectors prescribed in year 2013.

Results

Adrenaline auto-injector was prescribed in 258 children (66% boys and 34% girls). In 120 of them adrenaline auto-injector was prescribed de novo. 2% of them were babies, 31% 1 to 5 years old, 52% 6 to 14 years old and 15% 15 to 18 years old. In 66% adrenaline auto-injector was prescribed because of anaphylaxis, in 27% because of urticaria or/and angioedema and in 7% because of other reasons such as food allergy and bronchial asthma or/and recombinant based IgE testing results.

In 174 children (67%) adrenaline auto-injector was prescribed because of food allergy, most frequently because of allergy to peanuts (81 children), egg (35 children), tree nuts (19 children) and cow milk (14 children). 77% of peanut allergic children had IgE antibodies to rArah h 2. Among food allergic children 44% had multiple food allergies, 40% asthma and 11% suffered more than one immediate reaction. In 60 children (23%) adrenaline auto-injector was prescribed because of insect sting (49 had anaphylaxis and eleven urticaria or/and angioedema).

Allergy to wasp or hornet venom was more frequently confirmed (in 34 children) than allergy to honeybee venom (23 children). 3 children had negative testing results after anaphylaxis due to a sting. In four children parents refused starting specific immunotherapy with Hymenoptera venom after anaphylaxis. In 12 children (5%) the cause of immediate reaction was unknown. Other confirmed reasons for prescribing adrenaline auto-injector were rare (such as cold, inhalant allergens, latex).

30% of anaphylaxis was treated with adrenaline (auto-injector was used in eight children). 23% of children were not admitted to hospital after anaphylaxis. No child was admitted to intensive care unit.

Conclusions

Our data showed that allergy to peanuts was most frequent cause of prescribing adrenaline auto-injector to children during last year. There is need to increase education of management of anaphylaxis in children in Slovenia.

Authors' details

¹University Children's Hospital, University Medical Center, Ljubljana, Slovenia.

²University Clinic of Respiratory and Allergic Diseases, Golnik, Slovenia.

Published: 30 March 2015

doi:10.1186/2045-7022-5-S3-P109

Cite this article as: Vesel et al.: Prescribing adrenaline auto-injectors in Slovenian children. *Clinical and Translational Allergy* 2015 **5**(Suppl 3):P109.

¹University Children's Hospital, University Medical Center, Ljubljana, Slovenia
Full list of author information is available at the end of the article