

## Response to BMJ

In public discussions about anaphylaxis, allergists and allergy associations urge empathy, perspective and reason. Unfortunately, these elements are lacking in the article by Dr. Nicholas Christakis (British Medical Journal, December, 2008). To support his thesis that there exists a public hysteria over management of food allergies, the author relies on disingenuous comparisons, hyperbolic examples and early research.

An avoidable death is tragic regardless of how it happens. Dr. Christakis wonders if “restrictions being imposed are effective or ... warrant the costs incurred”, as he compares the number of individuals dying from food allergies versus those from automobile accidents or sports injuries.

What Dr. Christakis fails to recognize is there are preventative tools already at the disposal of car drivers (seat belts, speed limits) and athletes (equipment, referees). For those individuals with severe food allergies, preventative tools include avoidance, education and community cooperation. These latter strategies take time and patience to develop but are sound, long-term investments for people at risk of anaphylaxis as well as the broader community.

For parents who have watched their children struggle for life's breath because they ingested something as simple as a peanut, the incentive to avoid re-living that experience can be overwhelming. In the absence of a cure, this rational desire can sometimes lead to irrational responses. It is from these circumstances that Dr. Christakis has chosen a couple of colourful examples to underscore his argument of widespread hysteria over food allergies.

This is terribly unhelpful to the millions of families around the world with children at risk of anaphylaxis who are diligently trying to calmly educate their children while living with a fear that is genuine. His arguments also ignore the credible evidence that is contrary to his views. Consider that in the province of Ontario (Canada), the government passed in 2006 Sabrina's Law – a policy requiring all publicly funded schools to have reasonable measures in place to protect children at risk of anaphylaxis. The concept of Sabrina's Law has since spread to other parts of Canada and other countries. Real and reasonable solutions, not radical reactions, are being created in a spirit of co-operation and are having a positive impact on the lives of allergic students.

One of the great challenges surrounding food allergies is that so little is still known. How much of a certain food is needed to cause a reaction in a particular person? How do we even know for certain who is at risk of a fatal reaction? It is therefore disingenuous for Dr. Christakis to rely on a research study focused on allergy prevention to support a separate point about management strategies for the known food allergic.

In fact, Dr. Christakis cites the results of one UK study on early exposure to peanut, offering that current recommendations for the “wholesale avoidance of nuts” contributes to the problem of more children being sensitized. While it is an interesting theory that

early exposure to peanut may build tolerance it is important to note that the study's investigators state that their findings “*raise the question* of whether early and frequent ingestion of high-dose peanut protein during infancy might prevent the development of peanut allergy through tolerance induction” (Journal of Allergy and Clinical Immunology 2008;122:984.doi:10.1016/j.jaci.2008.08.039).

It is a precarious platform from which to suggest that avoidance of common allergens is counterproductive. We believe that everyone’s interests are well served when measures that lessen the risk of an allergic reaction are adopted in a climate of compassion and cooperation, not fear or confrontation.

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