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## Engaging adolescents and young adults at risk of anaphylaxis

Adolescents and young adults are a group who is known to be particularly at risk of anaphylaxis being overrepresented in the fatal case series in the literature. Clinicians find that they are challenging patients because of their apparent risk taking behaviour and often chaotic lifestyles. This is a poorly understood group, and very little literature focuses on them. The developmental tasks of adolescents sit poorly with chronic disease. An adolescent is expected to establish independence, autonomy, develop personal identity and develop intimate relations with peers. This is a challenge in the context of a chronic disease where adolescents are reliant on their parents to maintain their ongoing health and safety and also appear different from their peers. Our qualitative work with adolescents with food allergy and asthma has identified a number of common themes. Though most teenagers feel part of their healthcare consultation, they were very reliant on their parents to report symptoms, translate terms used in clinic and remember their management plan. Many were apprehensive about attending a clinic on their own, although others cited concerns about confidentiality.

Many of these issues can be tackled within the context of a transitional clinic where responsibility is gradually moved from parent to patient. This does not, though,

overcome one further major hurdle – this patient group often cannot remember experiencing a reaction, as many would only have had an episode of anaphylaxis as a small child. This lack of real belief in their food allergy is reinforced when they eat products that say “may contain”, as almost all patients do, and do not have an allergic reaction. For many, this can be tackled with information, but for some the best approach is perhaps to bring them into the day ward for a demonstration food challenge. Finally, if teenagers do have an allergic reaction, they are often reticent about using their adrenaline auto-injector. There is a number of reasons for this including anxiety about using a device with a needle, concerns about using the device in front of their peers and, again, simply not believing that a reaction will be serious for them. These can be tackled with education, role-playing and using an old auto-injector on a piece of fruit. It may be beneficial to also involve their peers in this education process.

We still have much to learn about this age group, but it is essential that we deliver good transitional care to adolescent patients so that they become competent young adult patients, able to live as normal a life as possible despite their food allergies.

