HASLAM'S VIEW



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Rash decisions can have a lifelong impact

THIS HAS BEEN THE STRANGEST OF YEARS, ONLY SURPASSED BY LAST YEAR.

We are already facing speculation about what the next flu season will bring, whether the extra hygiene precautions and masks of the past 12 months will have disrupted our defences against the everyday viruses that arrive with the autumn.

This year has been particularly challenging for hay fever sufferers. It seems likely that one result of social distancing restrictions has been that many people have spent more time indoors than perhaps they usually would.

It is also probable that sufferers normally build up a certain level of immunity to pollen when they spend time outside, so without that exposure they may be less immune than they might be to the typical barrage of pollens.

Many patients have complained that their usual pills, sprays, and drops have not been as effective as they might be this year. It has been yet another challenge for the flexible world of general practice to have to cope with.

Allergies are an aspect of medicine that has always puzzled me. Why are they becoming so much more common? Is it because we are recognising them more often?

The allergies that have most intrigued me during my professional career have been drug allergies, particularly to antibiotics, and especially to penicillins.

How many people have penicillin allergy recorded in their medical record from way back in their childhood. It could be that they had an infection, and they had a slight rash, and they had penicillin. It is possible that if the rash came before the penicillin, then a suitable explanation was found, but if the rash followed the penicillin then an allergy was recorded.

'According to the NHS website, 1 in 15 people have had an allergic reaction to antibiotics, especially to penicillin and cephalosporins'

After all, doctors do have to err on the side of caution, but overdiagnosis of penicillin allergy may be common.

According to the NHS website, 1 in 15 people have had an allergic reaction to antibiotics, especially to penicillin and cephalosporins.[1] Likewise, in the USA, it has been estimated that 10% of the population have a documented penicillin allergy, although many patients who report penicillin allergies do not actually have true IgE-mediated reactions.[2]

It has also been shown that approximately 80% of patients with IgE-mediated penicillin allergy lose their sensitivity after ten years.[2] The challenge, of course, lies in knowing which patients are in the 80% and which are in the residual 20%.

Other broad spectrum antibiotics are often used as an alternative to penicillins. This can lead to increased antibiotic resistance, suboptimal antibiotic therapy, and higher costs.

Looking back, I hate to think how many people I may have erroneously diagnosed with penicillin allergy in the course of my general practice career.

Rash decisions made in a hurried consultation can have a lifelong impact.

REFERENCES
1 NHS conditions. Antibiotics. www.nhs.uk/conditions/antibiotics/side-effects
2 Centers for Disease Control and Prevention. Is it really a penicillin allergy? Evaluation and diagnosis of penicillin allergy for healthcare professionals. www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf

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