
Correspondence

EMPOWERING PATIENTS WITH A HISTORY OF ANAPHYLAXIS TO USE AN EPINEPHRINE AUTOINJECTOR WITHOUT FEAR

To the Editor:

As we are all aware, the prevalence of food allergies has increased across all age groups. Although several theories regarding cause exist, no definitive consensus has been reached. To date, the only treatment offered to patients is the combination of strict avoidance of the causal food and a comprehensive understanding of how to treat anaphylaxis with epinephrine. For health care professionals who have not treated anaphylaxis, anxiety associated with it is truly uncomfortable even when death is not imminent. As a result, the use of epinephrine in the treatment of anaphylaxis, regardless of etiology, becomes all the more important.

Numerous studies¹⁻⁴ in the literature address the infrequent use of epinephrine autoinjectors (EpiPen; Dey LP, Napa, Calif) by patients and parents of allergic children and the lack of understanding of how to use EpiPens by physicians and patients. A recent article⁵ discussed potential psychological factors that might affect use of an EpiPen by parents of allergic children. In addition to the many factors postulated for the delayed use or nonuse of the EpiPen, I have found that in adolescents and young adults, fear of the EpiPen itself, specifically, how the needle feels and how the epinephrine makes you feel, contributes to the failure of the proper and timely use of the EpiPen. Because adolescents and young adults spend less time at home or under adult supervision, the ability to self-administer an EpiPen becomes crucial.

Approximately 2 years ago, a patient of mine had a near-fatal anaphylactic reaction to a peanut. This 21-year-old woman tried to convince herself that she was not having the reaction she was most certainly having. Rather than use her EpiPen, she decided to walk to the hospital, which was only a block away. After her discharge from the hospital I asked why she did not use her EpiPen, and she told me that she was scared to use it because she did not know what it felt like. After this scenario, I realized that she was most likely not

alone in her feelings and that other children and young adults probably have the very same feelings and concerns. In an effort to prevent another near fatality because of patient failure to use the EpiPen, I decided that I was going to have adolescents and young adults administer their own EpiPen while in my office so that they would know exactly how to use it and what it feels like and become more comfortable with it. After having approximately 60 patients do this exercise in my office, the response by these patients and their parents has been universally extremely positive.

Parents have consistently commented that this exercise has relieved a lot of parental anxiety. All patients who have undergone this exercise have expressed relief after administering the EpiPen and now feel confident that they are more empowered to use their own EpiPen if needed and without hesitation.

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