



MOC-CME Review

Management of food allergies and asthma in schools



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ARTICLE INFO

Article history:

Received for publication May 1, 2018.

Received in revised form July 23, 2018.

Accepted for publication July 23, 2018.

Key Messages

- As the prevalence of food allergy and asthma increases, more schools will need to have plans in place to manage students with these allergic disorders.
- Approximately 16% to 18% of food allergy reactions occur in school and include first-time reactions to food allergens.
- There is increased morbidity in children with both coexistent food allergy and asthma. These children have increased risk of hospitalizations, increased use of asthma medications, and fatal anaphylaxis.
- Allergen avoidance reduces the risk of allergic reactions and asthma exacerbations. Severe food allergic reactions are often the result of oral allergen exposures, whereas cutaneous and inhalation exposures are less likely to trigger severe allergic reactions.
- Food allergy, anaphylaxis, and asthma action plans are tools available to help guide treatment of reactions and symptoms in schools.

Instructions

Credit can now be obtained, free for a limited time, by reading the review article in this issue and completing all activity components. Please note the instructions listed below:

- Review the target audience, learning objectives and all disclosures.
- Complete the pre-test.
- Read the article and reflect on all content as to how it may be applicable to your practice.
- Complete the post-test/evaluation and claim credit earned. At this time, physicians will have earned up to 1.0 AMA PRA Category 1 Credit™. Minimum passing score on the post-test is 70%.
- Approximately 4–6 weeks later you will receive an online outcomes assessment regarding your application of this article to your practice. Once you have completed this assessment, you will be eligible to receive MOC Part II credit from the American Board of Allergy and Immunology.

Overall Purpose

Participants will be able to demonstrate increased knowledge of the clinical treatment of allergy/asthma/immunology and how new information can be applied to their own practices.

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Disclosures: Authors have nothing to disclose.

<https://doi.org/10.1016/j.anaai.2018.07.028>

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Learning Objectives

At the conclusion of this activity, participants should be able to:

- Discuss recommendations for food allergy and asthma management in schools
- Identify resources for optimizing food allergy and asthma management for students

Release Date: October 1, 2018

Expiration Date: September 30, 2020

Target Audience

Physicians involved in providing patient care in the field of allergy/asthma/immunology

Accreditation

The American College of Allergy, Asthma & Immunology (ACAAI) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation

The American College of Allergy, Asthma & Immunology (ACAAI) designates this journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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All identified conflicts of interest have been resolved. Any unapproved/investigative uses of therapeutic agents/devices discussed are appropriately noted.

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- Michele Pham, MD: has no relevant financial relationships to disclose.
- Julie Wang, MD, Consultant, Fees: Aimmune, DBV Technologies; DMC Member, Fees: ALK Abello.

Recognition of Commercial Support: This activity has not received external commercial support.

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Clinical Vignette

A 5-year-old girl is seen for asthma and food allergies to peanut and tree nuts. Since her last visit, she had one allergic reaction during which she developed hives and wheezing after taking a bite of a muffin cross-contaminated with peanut. This incident was treated with epinephrine. This past winter, she had multiple upper respiratory tract infections that required 2 courses of oral corticosteroids. Her asthma is currently well controlled with daily inhaled fluticasone, with no nighttime awakenings. Her parents report that cat exposure triggers sneezing and coughing, which

resolve with albuterol, oral antihistamine, and removal from the trigger. She starts kindergarten at a new school in the fall, and her parents have many concerns about this transition and how the school will be prepared to manage her food allergies and asthma.

Introduction

Food allergy and asthma are common chronic conditions that affect 8% and 14% of school-aged children, respectively.¹ Food allergy at a young age is a risk factor for persistent, problematic asthma in childhood.² Furthermore, food allergy and asthma

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