

Anaphylaxis

Underwriting Dialogue

Characteristics

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. Anaphylaxis is underreported and is probably increasing in prevalence, although precise statistics are lacking.

Anaphylaxis affects multiple organ systems, including the skin about 90% of the time, the respiratory tract about 70% of the time, the cardiovascular system about 45% of the time, the gastrointestinal tract about 45% of the time, and the central nervous system about 15% of the time.

Symptoms

Some of the many possible signs and symptoms, which may occur from minutes to within a few hours after exposure to the offending allergen (the substance that one is allergic to), includes: swelling of the lips, tongue, and throat; shortness of breath; wheezing; hoarseness; lightheadedness; confusion; loss of consciousness; fast or slow heart rate; low blood pressure; crampy abdominal pain; vomiting; diarrhea; hives; itchiness; and flushing.

Anaphylaxis may sometimes be biphasic, which means that symptoms may recur hours to a few days later without further exposure to the allergen.

Common Triggers

Foods, insect stings, and drugs are the most common triggers of anaphylaxis. Food induced anaphylaxis is seen more commonly in young people; while drug induced anaphylaxis is more prevalent in middle age and older people.

The most common food triggers of anaphylaxis are peanuts, tree nuts, fish, shellfish, milk, eggs, soy, and wheat. Many medications have been associated with anaphylaxis, some of which include aspirin, antibiotics, beta blockers, ACE inhibitors, NSAIDs, allopurinol, and opioids. Radiocontrast media, exercise, latex exposure, cold exposure, and mastocytosis (a disorder of the mast cell, a type of white blood cell) have also been associated with anaphylaxis. Many cases of anaphylaxis have no known cause, and they are termed idiopathic.

Risk Factors

Risk factors for anaphylaxis include allergic disorders such as asthma, allergic rhinitis, and eczema, other chronic respiratory diseases, cardiovascular diseases, and a previous history of anaphylaxis. While the severity of a prior anaphylactic episode does not predict the severity of a subsequent episode, a previous history of a severe reaction may increase the risk of a future severe reaction.

Treatment

The treatment of choice for anaphylaxis is intramuscular epinephrine given as soon as possible after the onset of symptoms. Although corticosteroids and antihistamines may also be given, they are not a substitute for epinephrine.

Evaluation by an allergist/immunologist may be helpful to help in the management of someone with a history of anaphylaxis. Skin testing and measurement of serum antibody levels against specific allergens may help to determine the trigger for anaphylaxis when the cause is unclear. Prescription of an epinephrine autoinjector and instruction in its use may help to treat future anaphylaxis episodes.

If food allergy is the cause of anaphylaxis, avoidance of the culprit food is crucial, although this can be challenging. Immunotherapy (allergy shots) can help prevent future episodes of anaphylaxis due to insect stings.

Underwriting Anaphylaxis

Applicant 1 is a 27 year old applicant with a history of a peanut allergy who had one episode of anaphylaxis six years ago which required hospitalization for breathing difficulties. The applicant sees an allergist on a regular basis, carries an epinephrine autoinjector at all times, and studiously avoids foods that contain peanuts.

This applicant could qualify for Standard Plus.

Applicant 2 is a 60 year old applicant with a history of recurrent episodes of anaphylaxis. Despite a thorough evaluation, a specific allergen has not been detected. Several emergency room visits and use of an epinephrine autoinjector have been required, although the applicant has never had airway obstruction or hypotension (low blood pressure).

This applicant could qualify for three tables.

Applicant 3 is a 50 year old applicant with a history of asthma, peanut allergy, and anaphylaxis. The applicant was hospitalized four times in the past three years with anaphylaxis, twice requiring a ventilator, refuses to carry an epinephrine autoinjector, and does not see a doctor.

This applicant would be declined.



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