

LATEX AND MEDICATION ALLERGIES: THE OFTEN OVERLOOKED TRIGGERS OF ANAPHYLAXIS

Most people understand that anaphylaxis is a severe allergic reaction to some foods and also to insect venom yet few know that severe medication allergy or latex allergy can also trigger this response that is fatal within minutes, either through swelling that shuts off airways causing death by suffocation or through a dramatic drop in blood pressure which causes death by heart failure.

Latex is a natural product from the rubber tree; some people develop allergies to products containing latex after repeated contact or exposure to latex. Some people with certain food allergies – to bananas, chestnuts, kiwi, avocado or tomatoes for example - have a greater risk of developing latex allergy. **People most at risk** include those who are exposed to these products on a regular basis such as health care workers, people who work with rubber and rubber products or people who have had multiple surgeries or medical procedures where latex products or supplies were used.

Symptoms of a latex allergy include **skin reactions** such as contact dermatitis, hives or generalized itching; **respiratory reactions** including sneezing, coughing or runny nose, shortness of breath or severe wheezing. For those with severe latex allergy, exposure can result in anaphylaxis.

Latex products include: medical products - powdered latex gloves, drains, tourniquets, urinary catheters, wraps, adhesives used in dressings or tapes; contraceptives (condoms); diapers and sanitary pads; pacifiers and baby bottle nipples; balloons and rubber toys; rubber bands and computer mouse pads. Once diagnosed with latex allergy, **avoid contact with these and other rubber products** and follow a medication plan developed between patient and doctor.

It is very **difficult to determine a drug allergy** because they can be caused by many different medications. Some drugs have side effects that imitate an allergic reaction making it hard to determine what is happening – allergy or side effect. A true drug allergy is a hyper-sensitivity and the reaction will always be the same to the offending drug. **Females are more likely to have drug allergies**, but for anyone to have drug allergy they must first have a genetic pre-disposition for allergy and have at least 2 exposures to that drug; the first exposure causes sensitization then the next causes an allergic reaction.

Signs of a drug allergy can include **skin reactions** – itching, flushed skin, hives; or **digestive reactions** – tingling and burning in the mouth and throat, nausea, vomiting, stomach pain, diarrhea; or **respiratory reactions** – congestion, runny nose, sneezing, wheezing or difficulty breathing, swelling in the throat, or a combination of these reactions. **A severe reaction can cause anaphylaxis.**

Sometimes a drug allergy won't show-up for several days but there may be other symptoms like fever, aching joints or rashes when taking the drug before other allergic symptoms appear. If it is determined through experience or testing that a drug allergy exists, the **best way to treat it is to avoid that drug.** The best way to do that is to 1) learn both the generic and the trade name of the drug(s) allergic to and read all product labels to see if that drug is included 2) tell family, friends, colleagues, and all doctors about the allergy to that drug 3) wear a medic alert bracelet (studies show patients admitted for emergency treatment wearing a medic alert ID not only get faster treatment but reduce mortality as well as medical costs) 4) always carry an epinephrine device if a doctor feels there is risk for anaphylaxis.

If the allergic drug must be used because there is no other medical option, then **physicians would pre-treat the patient with steroids or antihistamines** before they are given the allergic drug. This is a very dangerous option. It might also be necessary to desensitize the patient to the drug in a hospital setting – gradually giving minute amounts of the drug until a tolerance is achieved. But this tolerance lasts for that single drug course only. If the patient must use the drug again, the whole process would have to be repeated. **Avoidance is still the best option for drug allergies.**

