

MA has consulted for Watson Pharmaceuticals.

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Risk-minimisation strategies for peanut allergy

Recent high-profile Coroner's cases in Australia have ignited public awareness of the catastrophic consequences of the increasing prevalence of peanut allergy.^{1,2}

The community has leapt to avoid legal liability by establishing "nut-free zones" in schools and kindergartens, often not acknowledging the impossibility of guaranteeing such a venue. The medical community often zealously attempts to ensure patients' safety by cocooning patients at home together with their EpiPens. Meanwhile the medical research world strives to identify safe treatments.

As allergists with more than 40 years' experience between us in the care of adolescent and adult patients, we believe that it is timely to remind medical practitioners and the public

that additional strategies exist to improve the safety of peanut-allergic patients while allowing them to lead full and active lives. We teach patients in our clinic to avoid peanuts and also guide them to follow risk-minimisation strategies, especially when dining out:

(1) They ensure that asthma control is optimum (asthma is the main risk factor for death due to anaphylaxis³).

(2) They phone ahead to notify friends or restaurants of their particular allergies (to reduce risks from inadvertent exposure).

(3) They carry a written anaphylaxis emergency plan and kit, including adrenaline, a non-sedating anti-histamine, and oral corticosteroids to minimise rebound while seeking appropriate emergency-room follow-up. Confidence in their ability to activate their plan correctly is reinforced by regular education in specialist clinics.⁴

(4) Finally, and perhaps most usefully, patients are trained to pause before eating food that they have not prepared themselves, and cautiously touch-test a trace of food on their external lip before putting it into their mouths. Tell-tale warnings of a chilli-like reaction, or tingling, burning, or swelling, alerts them not to proceed.

We stress that patients are not told to take risks with food. They should only eat if they are confident that the food is nut-free. Having made a decision to proceed, touch testing provides a useful brake and has often protected our patients from further inadvertent exposure.

We believe that excellent asthma control and cautious touch-testing should be keystones of worldwide education strategies for preventing deaths from nut anaphylaxis alongside adrenaline autoinjectors. This strategy would decrease the huge impact that these allergies have on the lives of patients, their families and carers, and the community. Meanwhile the search for a safe and effective desensitising vaccine for nut allergy remains a priority.⁵

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Measurement of health and disability

In a Viewpoint on the measurement of health and disability (May 12, p 1658),¹ Daniel Mont argues that disability-adjusted life-years (DALYs) do not accord with WHO's International Classification of Functioning (ICF). When substantiating his point, Mont makes two claims that deserve some comment.

First, in his comparison between the ICF classification and DALYs, an essential and frequently overlooked distinction is missing, namely the one between the ICF conceptual framework (based on conceptual developments that extend and update previous theoretical models) and the tool embodying that framework, the classification itself. The criticism of DALYs under the ICF framework is fair, but it should not be based on an inappropriate comparison. Whereas the ICF system serves the standardised classification of people on the basis of a detailed amount of individualised information, DALYs are essentially a population health measure, and therefore nobody should be surprised if they do not seem to be sensitive to individual factors.

Second, the general statement that "with the ICF approach, the



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