**Treatment & Managing Reactions**

Currently, the only way to prevent a food-allergic reaction is to avoid the problem food.

Once you have been diagnosed with a food allergy, talk to your doctor about how allergic reactions should be treated. Have your doctor create a written [Food Allergy & Anaphylaxis Emergency Care Plan](http://www.foodallergy.org/document.doc?id=234) so that you and others will know what to do in the event of a reaction.

Mild to moderate [symptoms](http://www.foodallergy.org/symptoms) (e.g., itching, sneezing, hives and rashes) are often treated with antihistamines and oral or topical steroids.

For patients at risk of experiencing a severe reaction ([anaphylaxis](http://www.foodallergy.org/anaphylaxis)), epinephrine is prescribed. [Epinephrine](http://www.foodallergy.org/treating-an-allergic-reaction/epinephrine) is the only medication that can reverse the symptoms of anaphylaxis. It is available in an auto-injector (Auvi-Q™, EpiPen® or Adrenaclick®). If prescribed, use epinephrine at the first sign of an allergic reaction and call 911.  Request an ambulance and tell the dispatchers that you have just used epinephrine for a suspected food-induced anaphylactic reaction. Patients should always go to the emergency room for further treatment, even if symptoms appear to resolve after epinephrine is administered.

Epinephrine is a safe drug, with the risks of anaphylaxis outweighing any risks of administering the medication. Extra caution is only needed for elderly patients or those with known heart disease where an increased heart rate could be problematic. Nonetheless, epinephrine should be used to treat anaphylaxis in these individuals. Patients should proceed to the emergency room after epinephrine is administered in case additional medication or treatment is needed to manage the reaction, not because epinephrine is a dangerous drug.

**Once epinephrine is administered, other medications also may be used to control the reaction:**

**Steroids (e.g., cortisone)** may be given, typically in the emergency room, to help reduce inflammation after an anaphylactic attack. Although steroids do not work fast enough for emergency treatment, they may help prevent a recurrence after the initial reaction has been treated.

**Antihistamines**, known as H1 blockers, are prescribed to relieve mild allergy symptoms, although they cannot control a severe reaction. Medications in this class include diphendydramine (Benadryl®) and cetirizine (Zyrtec®). An antihistamine can help symptoms subside during anaphylaxis, but it should never be given as a substitute for epinephrine.

**Asthma Medications**. Short-acting bronchodilators (known as “rescue” inhalers), such as albuterol (Alupent®, Proventil®, Ventolin®), may be used to help relieve breathing problems once epinephrine has been given, particularly if you are experiencing asthma symptoms. They should not be depended upon to treat the breathing problems that can occur during anaphylaxis—use the epinephrine.

**Be Prepared…Be Safe**

An effective food allergy treatment plan includes all of the following:

* Strict avoidance of problem foods
* Working with your doctor to develop a [Food Allergy & Anaphylaxis Emergency Care Plan](http://www.foodallergy.org/document.doc?id=234" \t "_blank)
* Wearing emergency [medical identification](http://www.medicalert.org/groups/fare%22%20%5Ct%20%22_blank) (e.g., bracelet, other jewelry) at all times
* Carrying your medication wherever you go
* Taking your medication at the first sign of a reaction
* Getting to an emergency room for follow-up treatment if you have a severe reaction