



National Medical Association and Mylan Specialty Form Research Partnership

The National Medical Association (NMA) and Mylan Specialty have formed a partnership which will develop research on how to improve patient care for anaphylaxis and other allergic emergencies.

Silver Spring, MD, May 10, 2013 --- Food allergens remain an increasingly serious and prevalent problem in the United States (US) and it is of special concern for African American children, adolescent and other at-risk populations. A new Center for Disease Control (CDC) report suggests that about 1 in 20 U.S. children have food allergies. That is a 50 percent increase from the late 1990s. For eczema and other skin allergies, it's 1 in 8 children, an increase of 69 percent. The CDC report also found: Food and respiratory allergies are more common in higher-income families than the poor; Eczema and skin allergies are most common among the poor; and More Black children have skin problems, 17 percent, compared to 12 percent of White children and about 10 percent of Hispanic children.

These increases have contributed to unmet medical, health services and community-based needs to prevent allergic and respiratory medical emergencies. With the rise in reported food allergies among students in the last 15 years it is crucial that policymakers understand how to best prepare physicians, other healthcare providers, school personnel and community serving organizations to deal with anaphylaxis and severe allergic emergencies. Currently, anaphylaxis-a serious medical condition which can be life threatening- leads to approximately 500 - 1,000 deaths per year (2.4 per million) in the US of which two nationally reported deaths of minority children occurred in 2012. To help develop appropriate medical, educational and health services approaches addressing anaphylaxis and other severe allergy issues for at-risk populations, the National Medical Association (NMA) has formed a partnership with Mylan Specialty to design research projects to study anaphylaxis and epinephrine auto injector access and utilization. In life-threatening situations schools and other community provider personnel are placed in the precarious situation of giving or not giving an injection and risking their license or fretfully hoping paramedics will arrive in time with epinephrine auto injectors. Currently, 14 states have enacted laws and guidelines to stock epinephrine in the school setting. As other states consider school safety guidelines, they should implement policies that promote access to epinephrine auto injectors to be used in emergency situations, ensure training of school personnel, and address liability concerns for those who use this medication in good-faith.

The National Institute of Allergy and Infectious Diseases (NIAID) indicate epinephrine is the first-line treatment in all cases of anaphylaxis. Diagnosis and management of anaphylaxis can be a challenge because reactions are often unexpected and progress quickly which reinforce discrepancies between current anaphylaxis management guidelines and their implementation. The current anaphylaxis management focus has mostly been on the acute episode, with little attention given to the long-term management of patients at risk. Potential research deficiencies include gaps in: 1) knowledge on anaphylaxis management (physicians and patients); 2) follow-up care (physicians); and 3) quality of life for patients and caregivers and the interventional strategies to help address these insufficiencies (Kastner et. al. 2010). The impact of anaphylaxis emergencies are heightened because many times school personnel in contact with students with life-threatening allergies often lack necessary supports, creating a potentially dangerous situation. Significant gaps exist in both environments, especially with respect to epinephrine auto injector administration, content, distribution of anaphylaxis emergency forms, and awareness of school procedures by all school personnel and parents (CiCutto et.al. 2011).

The NMA Mylan Research Partnership will develop research on how to improve patient care for anaphylaxis and other allergic emergencies by recommending approaches that evaluate medical protocols and/or review education and training of school personnel on the management of anaphylaxis. In the last decade, efforts have been made to understand discrepancies in the operational definitions and diagnostic criteria of anaphylaxis which has represented one of the most controversial issues in epidemiology. The lack of reliable markers of the disease hampers its diagnosis and basic and clinical research is urgently needed to confirm the recent promising results to clarify the key role of selected mediators and markers in the different steps of the reaction in its severity and in the recurrences. Some important anaphylaxis and severe allergy issues should be studied related to why there is an underuse of epinephrine and data demonstrated physicians' preference for steroids and anti-histamines although evidence queries their effectiveness, the development of a stepwise approach for management, as well as system improving transmission of good quality data between the emergency room, the allergist and the primary provider (Muraro et.al. 2008). The NMA feels it is important to review these medical, educational and health services issues with scientific rigor to develop and disseminate new knowledge on improvement in clinical care anaphylaxis with special attention on issues related to children and school related issues, identify other at-risk individuals as well as global community management issues involving diverse environments.

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Founded in 1895, the National Medical Association is the nation's oldest and largest medical association representing the interests of more than 50,000 African American physicians and the patients that they serve. The NMA repeatedly advocates for policies that would assure equitable and quality health care for all people. To learn more about the NMA visit www.NMAnet.org.