



POSTER PRESENTATION

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Likelihood of adrenaline auto-injectors being mis-prescribed by primary care physicians

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Background

Primary care physicians and emergency dept. physicians are often called upon by patients to determine whether individual patients should be prescribed adrenaline auto-injectors (AAI's). Although these patients are often also referred to an allergist to help determine whether their condition warrants this, the wait may often be for months. We set out to determine how accurate referring physicians are in determining that patients should be prescribed AAI's.

Method

We prospectively collected data on all patients referred to our practice for anaphylaxis assessment in the Year 2007. These patients were assessed and asked if an AAI script had been written. Patients were included whether or not they actually filled the prescription.

Results

226 patients were included. 46 of the prescription were deemed unnecessary (20.4%). The most commonly noted diagnoses that resulted in an AAI being prescribed unnecessarily were: idiopathic urticaria without other anaphylactic signs (17 patients) and large local reactions (LLR) to insect venom (11 patients). Other diagnoses included ACD to latex, oral allergy syndrome and vocal cord dysfunction. The remainder of the patients (180) had had enough signs and symptoms of anaphylaxis to warrant an AAI prescription.

Conclusion

Eighty per cent of the time, primary care physicians were correct in their clinical suspicion that their patient should be given an AAI prescription. If one excludes the LLR patients, which could be accomplished through

CPD, the accuracy would increase to 84% (35/215). The vast majority of patients being prescribed AAI's by primary physicians are receiving them appropriately.

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