Life as an *Allergist*

By Dr Tan Sze-Chin

MY TRAINING as an allergist was woven into my advanced specialty training for Rheumatology in Tan Tock Seng Hospital (TTSH). There was no formal training programme for adult allergy, so accrual of knowledge (at least, for me) was equal parts of self-directed learning and attending continuing medical education activities; "diffusion" from the senior consultants in the department; and learning on the job. Fortunately, as TTSH is a bustling adult allergy centre, the caseload was more than sufficient to facilitate this.

Allergy is primarily an outpatient-based specialty. Typical cases seen at my centre include food and drug allergies, allergic airway and ocular diseases, hymenoptera venom allergy, and anaphylaxis. At the day ward, we perform procedures such as skin testing, drug and food challenges, drug desensitisation, and allergen-specific immunotherapy (with the most common being insect venom immunotherapy, administered mainly to military servicemen). Meanwhile, contact allergies are managed by my colleagues at the National Skin Centre.

We do have our fair share of inpatient work as well. This includes the management of patients who have been hospitalised for anaphylaxis or severe drug hypersensitivity reactions, consults for evaluation and management of drug allergies, advising on appropriate therapeutic options in the presence of known drug allergies, and coordinating inpatient drug challenges or desensitisations when needed.

Our "other work"

The word *allergy* was coined in 1906 by the Viennese paediatrician Clemens von Pirquet, from the ancient Greek words *allos* (meaning "other") and *ergon* ("work"). This is also an apt description of the nature of an allergist's job. Besides being clinicians and researchers, our *other work* is that of a detective!

Our detective duties involve: laboriously poring through and analysing inpatient drug charts; thorough questioning of patients for their food and medication histories; and contacting external sources of information, such as GPs, in order to supplement our histories. I have, on numerous occasions, had to "persuade" restaurants to release the ingredients of their "secret recipes", as part of the assessment of patients presenting with food allergies.

The results are very rewarding, of course. Clinicians' ability to pinpoint the exact cause of their patients' symptoms and corroborate it with the appropriate tests or challenges is highly satisfying to both parties. The exclusion of food and drug allergies allows patients to liberalise their diets, or opens new therapeutic options. Confirmed allergies allow clinicians to formulate definitive management plans, in partnership with patients. I have personally observed that most patients with food allergies are satisfied with just knowing an answer on whether they have a food allergy (be it good or bad news), for it provides them with a sense of control and self-empowerment.

A challenging discipline

Allergy, despite being so common in our lives, remains poorly understood both by patients and surprisingly, even fellow physicians! Patients usually hold common misconceptions (eg, prawns being the cause of any and every allergy), which can be addressed with the appropriate tests and counselling. Whereas physicians sometimes have difficulties in deciding whether a patient needs to be referred to an allergist (eg, for the first lifetime episode of urticaria, which in most cases is idiopathic); whether to refer to the allergist or dermatologist (eg, referrals for contact allergy are diverted to our Dermatology colleagues for patch testing); or what the allergist can and cannot provide (eg, referrals for extensive food allergen or drug allergy testing when there has not been any documented reaction). This leads to frustration in patients, as they perceive their expectations as not being met; and also adds to an already increasing workload on the allergists' end.

We are still in the midst of the "allergy epidemic" of the 21st century. Thankfully, our understanding of allergy is rapidly evolving. Since the synthesis of the first antihistamine in 1937, treatment for allergic diseases has also advanced in leaps and bounds, and we are approaching the stage of targeting molecular therapeutics and personalised Medicine. What draws me to this specialty is that it truly encapsulates the art and science of Medicine. Besides ample opportunity for patient interaction and clinical work, it also provides a breadth of opportunity for translational research. ■

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