

Mental Health and Quality-of-Life Concerns Related to the Burden of Food Allergy



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Food allergy seems to be increasing. Based on data from the Centers for Disease Control in the United States, there was an 18% increase in prevalence of food allergy among children from 1997 to 2007, with prevalence estimates currently in the range of 4% to 8%.^{1–3} Food allergy differs from other chronic diseases in that affected individuals are in generally good health, but their health may be episodically compromised by acute food-allergic reactions that may be severe or life-threatening. Management of this unpredictable condition may lead to significant distress for food-allergic children and their parents or caregivers. Several studies have examined the effect of food allergy on quality of life (QoL) and emotional impact in children and families, with a particular focus on measures of distress.^{4,5} Food allergy has been shown to negatively impact parental, as well as patient, QoL.^{5–8} Psychological distress, which includes anxiety, depression, social isolation, and stress, has been demonstrated in children and adolescents with food allergy, although there are variable findings with regard to whether distress is more prevalent among children with food allergy when compared with normative samples.⁹

Several studies have demonstrated a negative impact on health-related QoL, as well as increased distress among food-allergic children and families. However, making comparisons between studies is difficult because of the discrete populations studied, the differing study sizes and geographic locations, and the various methods or tools used to assess psychosocial effects of food allergy on children and their parents.⁵ Applying the available findings to a therapeutic end poses an additional challenge in

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that there is a paucity of literature describing effective interventions. In addition, methods of assessing distress or changes in QoL that result from food allergy vary in the literature. Some studies focus only on parental evaluations,^{10,11} while others survey both parents and children.¹² Several studies compared food-allergic children to nonallergic cohorts or to children with other chronic disease, such as diabetes.^{13,14} Another study relates subjects' scores to normative scores for the applied tests in the larger population.¹⁵ Moreover, individuals with food allergy often have other atopic conditions that may influence QoL and distress that may be underappreciated in these studies.

The broad range of ages studied should also be taken into consideration. Different developmental stages may influence the divergent manifestations of and means for assessing anxiety in children as opposed to adolescents. Types of questionnaires used and modes of administration also vary, with some studies relying on validated measures and others using modified and nonvalidated tests or qualitative measures such as interviews. Several tools to measure QoL, specifically in food-allergic patients or their families have been introduced and validated only recently.^{5,7,8,16}

This article discusses recent information concerning the effects of food allergy on parent and child QoL, as well as distress. It notes the limitations of the available evidence and points out where further study is needed. There is a general movement in medicine toward focusing on QoL as an important outcome measure in health and disease.^{17,18} The increasing number of articles about these effects in food allergy is an attestation to the growing importance that the field has started to ascribe to the QoL of affected patients and families.⁵ However, our methods of assessment need refinement, especially with regard to the development of evidence-based interventions to improve QoL and reduce distress. Where there is an absence of solid data to back any specific recommendations, the authors provide impressions based on clinical experience with the understanding that, as more data are gathered, our understanding and recommendations will likely need modification.

THE CHILD'S PERSPECTIVE

Studies Examining the Emotional and QoL Consequences of Food Allergy Compared with Other Chronic Illnesses

Assessing the impact of food allergy on QoL requires a point of comparison. Groups evaluated have included children with no food allergy, children with different types or severities of food allergy, children with other allergic disorders, and children with other chronic health conditions. The effects of food allergy on QoL were recently reviewed and summarized.⁵ This article offers a critical appraisal of some of the findings to date.

In a study conducted in England, both a self-reporting questionnaire designed by the researchers and an adapted allergy-specific questionnaire were used to survey 20 children with peanut allergy, ages 7 to 12 years, for their fear of adverse outcomes induced by potential or accidental consumption of peanuts.¹³ The responses of these children were compared with those of 20 children with insulin-dependent diabetes mellitus. The percentage of children reporting anxiety and the level of anxiety (ranked from high to low) was significantly greater in children with food allergy when compared with children with insulin-dependent diabetes mellitus. In a comparison of food allergy and chronic disease performed in the Netherlands, 98 individuals with various food allergies were surveyed within a larger group of 758, ages 12 to 25 years, with chronic acquired digestive diseases, including inflammatory bowel diseases, chronic liver diseases, congenital disorders, and celiac disease.¹⁴ The survey included a self-reporting questionnaire and the Hospital and Anxiety Depression Scale to probe for burden of

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