

Quality of Life in Food Allergy Patients and Their Families



Madeline Walkner, BS^a, Christopher Warren, BA^b,
Ruchi S. Gupta, MD, MPH^{a,b,*}

KEYWORDS

• Childhood food allergy • Quality of life • Anxiety • Daily life • Caregivers

KEY POINTS

- Many factors can impact a child's food allergy-related quality of life, including their age, perceived food allergy severity, and reaction history.
- Daily activities such as grocery shopping, meal preparation, and eating at restaurants can place added emotional stress on parents of food-allergic children.
- Because food is involved in the majority of school and social activities, children with food allergy may feel singled out and are often the target of bullying.
- Constant vigilance associated with food allergen avoidance can put stress on children and their families.

INTRODUCTION

Food allergy affects an estimated 8% of US children,¹ and the rate is expected to continue to rise.² There is no curative treatment for food allergy, and effective management involves avoiding exposure to known food allergens or treatment of symptoms.^{3,4} Allergen avoidance may place an emotional burden on food allergy patients and their caregivers. The looming threat of anaphylaxis has been found to strain relationships with family and friends, lead to concerns about stigmatization and isolation, as well as precipitate marital conflict.⁵ Life outside of the home, in schools, and in restaurants, can also become challenging. Daily activities such as making dinner, packing lunch, and going to school can be difficult and emotionally taxing on families,^{5,6} as

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^a Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave, Chicago, IL 60611, USA; ^b Northwestern University Feinberg School of Medicine, 6th Floor, 750 North Lake Shore Drive, Chicago, IL 60611, USA

* Corresponding author. Center for Community Health, 6th Floor, 750 North Lake Shore Drive, Chicago, IL 60614.

E-mail address: rgupta@northwestern.edu

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family members constantly anticipate the next reaction. Primary care providers are often the first to see patients with a suspected food allergy after a reaction, and are thus frequently tasked with ensuring that patients and families are educated and prepared in the event of a future reaction. Indeed, recent work has found that increasing preparedness and improving coping skills can significantly ease anxiety and improve quality of life among parents of children with food allergy.⁷ The aim of this article is to describe the factors that affect quality of life in food allergy patients and their caregivers and to inform providers of strategies to help families improve their quality of life.

SOCIAL ACTIVITIES

Schools and Bullying

Social interactions play a pivotal role in child development, especially those taking place within the school context. However, growing evidence suggests that food allergy may make children more vulnerable in social situations to social ostracism or bullying in school.⁸ A study by Shemesh and colleagues⁹ found that 31.5% of children aged 8 to 17 years reported they were bullied specifically because of their food allergy. Similarly, work by Gupta and colleagues¹⁰ reported that 43% of students with food allergy aged 14 to 22 years old reported they were bullied at school because of their food allergy. Furthermore, a recent Italian study found children aged 8 to 19 years with food allergy were twice as likely to be bullied as their nonfood-allergic peers.¹¹ In their study, Shemesh and colleagues⁹ noted that 80% of children who were bullied because of a food allergy were bullied by a classmate. This is particularly alarming, because school classmates typically spend many hours each day together. In this case, bullying consisted mostly of threats with food and verbal teasing.⁹ Children may not know that intentionally exposing a food-allergic child to their allergen could be dangerous and lead to a life-threatening reaction. As such, is important to make sure that an action plan is in place at school in the event of a reaction. Another study by Lieberman and colleagues¹² reported that 82% of bullying episodes occurred while at school and 21% of those who were bullied were bullied by teachers or school staff. Furthermore, Gupta and colleagues¹⁰ also reported that 38% of respondents desired better support for their food allergy while at school. A longitudinal evaluation of food allergy-related bullying found that when parents initiated a dialogue with school personnel regarding their child's bullying, such bullying was less likely to recur.¹³ However, if teachers and students are not aware of bullying or the potential severity of food allergy, food-allergy related bullying is likely to remain ignored or unaddressed. This can provoke unneeded stress and anxiety for the child and put him or her in a potentially dangerous situation.

Social Activities/Dining Out

Although school constitutes a key social environment for children, food allergy often impacts other activities outside of the home, such as sporting events and restaurant dining. A systematic review by Cummings and colleagues⁶ outlined multiple ways in which having a child with food allergies in the household significantly impacts family activities. When outside the relatively controlled home environment, children must be vigilant in making sure foods do not contain their allergen(s), since roughly half of fatal reactions result from food consumed away from home.¹⁴ A study by Avery and colleagues¹⁵ investigated quality of life among children with peanut allergy compared to children with type 1 diabetes and found that anxiety was particularly elevated among children with peanut allergy at social events such as birthday parties, holiday parties, and on public transport. Remarkably, this study also found that when compared to children with type 1 diabetes, children with peanut allergy experienced significantly greater anxiety and impaired quality of life.

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