

# Psychosocial Impact of Growing Up With Food Allergies

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## ABSTRACT

Having food allergies (FA) is a chronic and potentially life-threatening condition affecting children's psychosocial health. Providing children with food allergies a safe, allergen-free environment can affect all aspects of life because FA may impede development and create potential states of social isolation, depression, and anxiety, as well as putting these children at risk for bullying and high risk-taking behavior. This article focuses on the psychosocial impact of FA throughout childhood. It discusses how this prolonged stress can affect caregivers and their perceptions of the overall health of their children. Nurse practitioners can support families affected by FA through education, support, and appropriate management.

**Keywords:** adolescent, caregivers, early childhood, food allergies, patient education, school-aged child

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Food allergies (FA) can define the way a child lives. Depending on the hypersensitivity, an allergic reaction can even be fatal. Although there is no cure, complete avoidance of the allergen and emergency preparedness are critical to the safety and well-being of the child.<sup>1</sup> Caregivers of these children exert significant effort to provide a safe environment free of allergens, affecting social activities inside and outside the home.<sup>2,3</sup> As a result of these limitations and constant stress, children with FA are at higher risk for psychosocial problems than children without allergies.<sup>3</sup> This article provides an overview of FA, including epidemiology, psychosocial impact on children and caregivers; and the role of the advanced practice registered nurse (APRN) in caring for these children.

## OVERVIEW

Common allergens in children vary by geographic location and include cow's milk, peanuts, egg, and tree nuts.<sup>4</sup> Milk, egg, wheat, and soy allergies can sometimes resolve during childhood, whereas allergies to peanuts, tree nuts, fish, and shellfish typically last into adulthood. Risk factors for FA include sex, race, genetics, timing of exposure to foods, comorbidities such as eczema and asthma, and

vitamin D deficiencies. Timing is critical. Delayed oral exposure to allergens can lead to increased sensitizing exposure through the skin, causing atopic dermatitis, an inflammatory state similar to asthma and FA.<sup>4</sup> Vitamin D levels can be a risk factor because deficiencies may increase peanut sensitization, whereas sufficient vitamin D levels might have a protective effect against this FA.<sup>4,5</sup>

## Epidemiology

In recent years, the incidence of FA has increased to 8% of pediatric patients in the United States. Among these 5.9 million children, 38.7% have incurred severe food-related reactions. There is a higher incidence of FA in boys than girls. Although black and Asian children are more likely to have FA than white children, they are less likely to be diagnosed.<sup>6</sup>

## CLINICAL PRESENTATION

### History

Accidental ingestion of food allergens can lead to a variety of reactions, depending on the individual. Obtaining a comprehensive history is critical to understanding the severity of an individual's FA. Because FA present early in life, young children may

not be able to communicate symptoms such as pain, difficulty swallowing, or tingling; therefore, this can first present as food refusal.<sup>7</sup> Parents need to be conscious of what their children are eating to be able to identify allergens. The form or quantity of the food, along with duration and type of reaction, needs documentation.

Furthermore, other factors and triggers besides the allergen itself need to be taken into consideration because they can also contribute to the onset of an allergic reaction such as food-dependent exercise-induced anaphylaxis (FDEIA), which can be the result of exercise and certain foods.<sup>7</sup> Anaphylaxis, a systemic reaction involving two or more organ systems, is the result of a food antigen binding to the immunoglobulin E, setting off an inflammatory cascade resulting in smooth muscle spasms, increased vascular permeability, and respiratory arrest.<sup>8</sup> With FDEIA, anaphylaxis can occur when exercise follows the ingestion of food that generally would not trigger an allergic reaction by itself. Although rare, FDEIA episodes can only develop with specific co-triggers and cofactors such as extreme temperatures or ingestion of another food allergen. Therefore, the APRN should document as much history about the patient as possible to help diagnose a FA.<sup>9</sup>

### Physical Examination

Symptoms on physical examination can range from local to systemic, with the most severe reaction being anaphylaxis.<sup>8</sup> Symptoms of allergy can involve the skin, gastrointestinal tract, airways, and the circulatory system. Common dermatologic symptoms include urticaria, angioedema, pruritis, and erythema. Gastrointestinal symptoms include hypersensitivity, abdominal pain, and vomiting. Respiratory symptoms include coughing, wheezing, stridor, hoarse voice, nasal congestion, and respiratory distress. Although circulatory symptoms are less common, hypotension and collapse are known to occur as a consequence of anaphylaxis.<sup>7</sup> These symptoms can be alarming to parents, especially after the initial presentation, and can lead to higher levels of stress regarding FA, influencing their behaviors and actions in the future.<sup>10</sup>

## CHILDHOOD AND ADOLESCENCE EFFECTS

### Early Childhood

As young children transition from a primarily milk-based diet to one revolving around solid foods, parents introduce solid foods one at a time to more easily identify potential triggers. A child with a severe FA can cause parental anxiety and may lead to over-protective behavior, restricting their diets and activities with others.<sup>10</sup> Parents of younger children are especially protective due to their inability to avoid the FA and management of this condition.<sup>11</sup>

Unlisted ingredients or cross-contamination can occur, leading to reactions and sources of stress. They are less likely to entrust care of their children to others, which can affect the child's relationships with other people.<sup>3</sup> Activities outside the home are limited unless a parent can attend. By missing these opportunities for social engagement, children may have a difficult time developing social skills and autonomy.<sup>1,3</sup> Children with FA are more likely to indirectly ask their parents for help with problem-solving, implying a learned behavior toward helplessness.<sup>12</sup> Furthermore, these children tend to have more separation anxiety compared with their allergy-free siblings.<sup>13</sup> Although separation anxiety disappears by the time a child is 2 years of age, it can return during stressful situations and may affect future performance and function.<sup>2</sup> Studies on the psychosocial effects of FA on early childhood are online in [Table 1](#).

### School-Age Child

School-age children are more aware of their FA and its effects. Children develop more independence from their parents at this stage and begin to take a more active role in managing their FA.<sup>14</sup> They learn cues from their parents; therefore, outward expressions of parental anxiety can make them nervous about their ability to manage the condition independently.<sup>13</sup> This fear is worse with the normal transitions during childhood, from starting school to making new friends and developing social skills.<sup>15</sup>

School-age children have more interactions outside the home, placing them at higher risk for an allergic reaction. Social occasions result in accidental ingestion of food allergens, so parents will limit many

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