Impact of Peanut Allergy on Quality of Life, Stress and Anxiety in the Family

King RM, Knibb RC, Hourihane JOB. Allergy. 2009; 64(3):461–468

PURPOSE OF THE STUDY. To determine the impact of peanut allergy (PA) on quality of life (QoL) and reported anxiety of children with PA, their parents, and their older siblings.

STUDY POPULATION. Participants included 46 families of children with clinical PA (history of acute allergic symptoms with positive skin-prick test results or specific immunoglobulin E). Inclusion required a non–food-allergic/“hypoallergenic,” as a significant trigger of FPIES. Episodes triggered by rice caused more severe reactions requiring intravenous fluid resuscitation than did episodes caused by cow’s milk or soy.

RESULTS. Mothers rated significantly poorer QoL and suffer more anxiety and stress than fathers. Mothers may overestimate the impact of PA on QoL of children with PA. Children with PA have lower QoL and higher separation anxiety than their older siblings.

REVIEWERS COMMENTS. Clinicians who take care of infants should be aware that rice can cause FPIES and such reactions may be more severe than those caused by cow’s milk and/or soy. The clinical presentation can mimic sepsis or an intraabdominal surgical emergency. It is important to consider the diagnosis of rice FPIES, particularly when evaluating children 3 to 6 months of age presenting with vomiting and/or diarrhea ~2 hours after ingesting the suspect food. Infants with rice FPIES tend to have multiple episodes, to have more severe reactions, and to require admissions to the hospital before the final diagnosis is correctly made.

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Evaluation of a Group Intervention for Children With Food Allergy and Their Parents


PURPOSE OF THE STUDY. To assess whether a group intervention designed for children with food allergy and their parents could improve parent-perceived competence and decrease parent-perceived burden in coping with food allergy.

STUDY POPULATION. Food-allergic, English-speaking children 5 to 7 years of age, without developmental disabilities, and their parents were recruited if they visited an allergist through the Children’s Hospital Boston in the year before the study.

METHODS. After consent was obtained, questionnaires were completed by the parents before the workshop, immediately after the workshop, and 4 to 8 weeks after the workshop. Parents completed the Family Coping with Food Allergy Questionnaire, which assesses perceived competence, and the Food Allergy Quality of Life-Parental Burden Questionnaire, which assesses the perceived burden in having a child with food allergy. Parents and children completed evaluations of the workshop as well. The workshop was 3.5 hours in length, with parent groups run by a pediatric psychologist and a pediatric allergist or pediatric nurse practitioner. There were presentations regarding various topics related to...
food allergy, followed by a group discussion. Child life specialists led the groups for children, which were aimed at providing a safe environment for children to express their feelings regarding food allergies and increasing confidence in management skills.

RESULTS. Sixty-one children and their parents were included in the study sample. Seventy-eight percent of participants showed improvement in competence scores from before the workshop to after the workshop ($P < .001$), and 74% showed improvement from before the workshop to the follow-up evaluation ($P < .001$). In addition, 63% of participants demonstrated a significant decrease in parent-perceived burden from before the workshop to after the workshop ($P = .002$).

CONCLUSIONS. This study provides preliminary support for the effectiveness of a half-day workshop in reducing parent-perceived burden and increasing parent-perceived competence in coping with children with food allergies.

REVIEWER COMMENTS. This study is a good start in identifying factors that can improve the quality of life of our families with food allergies. We need larger studies with more-diverse patient populations and control groups to identify which factors are most helpful and to determine whether the findings are clinically significant.

Use of Multiple Doses of Epinephrine in Food-Induced Anaphylaxis in Children


PURPOSE OF THE STUDY. Data from mixed or adult populations indicate that 16% to 35% of anaphylactic reactions from various causes require >1 dose of epinephrine. This study sought to determine the prevalence and risk factors for administration of repeated doses of epinephrine in food-induced anaphylaxis in children.

STUDY POPULATION. Questionnaires ($N = 542$) were distributed to parents or caregivers of consecutive patients up to 18 years of age presenting for initial or follow-up evaluation for food allergy. The study was conducted at a hospital-based, pediatric allergy clinic and a private practice-based, pediatric, allergy clinic at Mount Sinai Hospital (New York, NY).

METHODS. An anonymous 2-page questionnaire regarding details of as many as 2 anaphylactic reactions was administered. Data collected from the past 2 reactions requiring epinephrine included suspect food, onset of symptoms, and timing of treatment with single or multiple doses of epinephrine. The Mann-Whitney rank-sum test was used to compare medians and the $t$ test to compare means.

RESULTS. Overall, 413 questionnaires were included in the analysis. A total of 78 children reported 95 reactions for which epinephrine was administered. Of the 95 reactions, 77 (81%) required a single dose, 12 (13%) required 2 doses, and 6 (6%) required 3 doses of epinephrine. Peanut, tree nut, and cow’s milk were responsible for >75% of the reactions requiring epinephrine. Children receiving >1 dose of epinephrine more often had asthma ($P = .27$), compared with those receiving 1 dose. The amount of food allergen ingested and the delay in administering the initial epinephrine dose were not risk factors for receiving multiple doses of epinephrine. Of the second doses of epinephrine, 94% were administered by a health care professional.

CONCLUSIONS. Nineteen percent of food-induced anaphylactic reactions in this referral population required >1 dose of epinephrine. Additional studies are required to identify risk factors for severe anaphylaxis and to aid in establishing guidelines for prescribing multiple doses of epinephrine autoinjectors for children with food allergies.

REVIEWER COMMENTS. The retrospective design and selected referral-based population with multiple food allergies are limitations to this study. These results, however, contribute to a body of evidence that suggests 2 doses of epinephrine may be required for our at-risk food-allergic patients. It is hoped that with additional studies we will improve our ability to identify those food-allergic patients most at risk for severe anaphylaxis.
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