To have a wait of the designated experimental group was expected to have DBPCFC. Because there was a long wait time for DBPCFCs, with clinical suspicion of food allergy who were awaiting adolescents (13 to 18 years old) (n = 77), adults (n = 73) with clinical suspicion of food allergy who were awaiting DBPCFCs. Because there was a long wait time for DBPCFCs, the designated experimental group was expected to have a wait of <6 months and the control group was expected to have a 6- to 7-month wait.

RESULTS. Sixty-one percent of surveyed pediatricians answered more knowledge questions correctly after reviewing the tool. Time in clinical practice was well distributed, from 1 to 47 years. Sixty-four percent of physicians had been in practice for >10 years. Twenty-three percent had participated in allergy training during residency, but none had fellowship training in allergy. Significant improvements in knowledge were observed regardless of how long a provider had been in practice, but these improvements were higher among those without formal training in food allergy. Comfort in caring for food-allergic children increased significantly on all items postintervention (P < .05).

CONCLUSIONS. This study demonstrated that FACT is a rapid and effective way to address known knowledge gaps among pediatricians and could be used to identify areas in need of further intervention.

REVIEWER COMMENTS. This study is encouraging because it demonstrates that development of such educational tools for pediatricians can be an effective way to improve knowledge gaps. Such interventions are essential to improve the management of childhood food allergy in the United States.

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Food Allergy–Related Quality of Life After Double-Blind, Placebo-Controlled Food Challenges in Adults, Adolescents, and Children

PURPOSE OF THE STUDY. To investigate the self-reported impact of a double-blind, placebo-controlled food challenge (DBPCFC) on the health-related quality of life (HRQL) of children, adolescents, and adults with food allergy.

STUDY POPULATION. Children 8 to 12 years old (n = 77), adolescents 13 to 18 years old (n = 71), and adults (n = 73) with clinical suspicion of food allergy who were awaiting DBPCFC. Because there was a long wait time for DBPCFCs, the designated experimental group was expected to have a wait of <6 months and the control group was expected to have a >6-month wait.

METHODS. Age group–specific, validated, reliable, and discriminative food allergy quality of life (QoL) questionnaires were used. The self-reported forms were completed before and 6 months after DBPCFC in the experimental group and twice by the control group with a 6- to 7-month interval.

RESULTS. For children and adults, the greatest improvement in HRQL score came after a negative DBPCFC when there were no other remaining food allergies. There was a smaller but still significant improvement in HRQL after a positive challenge. There was no significant change after a questionable challenge outcome. HRQL scores did not change in the age-matched control groups. For adolescents, HRQL improved only after a negative DBPCFC.

CONCLUSIONS. Greater improvements were seen in food-specific QoL after a negative food challenge than after a positive challenge.

REVIEWER COMMENTS. It comes as no surprise that a negative food challenge improves food-specific quality of life. Of interest, even a positive challenge improved QoL in children and adults. It is possible that their recognition of what would happen in the event of an unintentional ingestion removed the uncertainty with which they had lived on a daily basis. The same was not seen in teenagers with a positive challenge, suggesting that their QoL concerns lay more with the fact that they have food allergy than what would happen with ingestion. An important point about this article is that food allergy affects QoL. As common as food allergy is, it is clear that many patients are diagnosed solely on the basis of a positive skin- or serum-specific immunoglobulin E level. The distinction between sensitization and allergy is paramount. Patients with an uncertain history or positive test result in the absence of a positive history should be considered for food challenge in a controlled setting by those experienced with the procedure.

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Child and Parental Reports of Bullying in a Consecutive Sample of Children With Food Allergy

PURPOSE OF THE STUDY. This study evaluated rates of bullying in food-allergic children and further investigated the type of harassment as well as effects on quality of life and distress.

STUDY POPULATION. A total of 251 patient–parent pairs were recruited at the Jaffe Food Allergy Institute at Mount Sinai (New York, NY) from April 2011 to November 2011. Patients were between the ages of 8 and 17 years and had an established diagnosis of food allergy.

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Child and Parental Reports of Bullying in a Consecutive Sample of Children With Food Allergy

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STUDY POPULATION. A total of 251 patient–parent pairs were recruited at the Jaffe Food Allergy Institute at Mount Sinai (New York, NY) from April 2011 to November 2011. Patients were between the ages of 8 and 17 years and had an established diagnosis of food allergy.
METHODS. Parents and children were surveyed by using the Revised Olweus Bully/Victim Questionnaire with additional questions specifically addressing bullying about food allergy. Children and parents were also given validated questionnaires on anxiety and food allergy–related quality of life.

RESULTS. Slightly more than 45% of children and 36% of parents reported bullying for any reason, which is higher than that previously reported in the general population (17%–35%). Food allergy–related bullying was reported by 31.5% of children and 24.7% of parents. More than one-half the time, parents were unaware of child-reported bullying. The most common form of bullying was teasing (42%), followed by waving food near the child (30%); 15% of children reported being threatened. Parents were most often the person children notified when bullied (71% of children). Greater anxiety was noted in the children who were bullied, with decreased quality of life compared with children with no history of being bullied. However, children’s quality of life was significantly improved when parents were aware of bullying. Parental distress and quality of life were worse with knowledge of bullying of any type.

CONCLUSIONS. The results of this study demonstrate that bullying is common in food-allergic children and that parents are often unaware of the bullying. Bullying is associated with increased distress and decreased quality of life in both children and parents. However, quality of life in children was better when parents were aware of bullying.

REVIEWER COMMENTS. This study confirms the perception that children with food allergy are often victims of bullying and that this finding correlates with increased anxiety and decreased quality of life. An attempt should be made at clinical visits to investigate whether the child is being subjected to bullying. Given that quality of life was improved when parents were aware of bullying, parents should also be encouraged to initiate conversations about bullying with their children.


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Behavioral Feeding Problems and Parenting Stress in Eosinophilic Gastrointestinal Disorders in Children

PURPOSE OF THE STUDY. This study evaluated the psychosocial effects associated with dietary restriction in children with eosinophilic gastrointestinal disorders (EGID) and their families. It assessed behavioral feeding problems among children with EGID compared with healthy children, determining if behavioral feeding problems among children with EGID affect adherence to dietary restrictions and if these behavioral feeding problems are associated with parenting stress.

STUDY POPULATION. Patients between the ages of 2.5 and 18 years who had a primary diagnosis of EGID, including eosinophilic esophagitis or eosinophilic gastroenteritis. Healthy comparison children were gender- and age-matched (±2 years) to children with EGID. Ninety-two subjects with EGID and 89 healthy comparison subjects were included in the analyses.

METHODS. Parents completed validated questionnaires to identify behavioral feeding problems, parenting stress, and adherence to dietary restrictions. Statistical analyses were performed to compare these parameters in children with EGID and healthy children.

RESULTS. Children with EGID had significantly higher levels of behavioral feeding problems than healthy controls ($P < .001$), with younger children demonstrating higher levels of behavioral feeding problems than older children. Behavioral feeding problems were not predictive of adherence to dietary restriction recommendations but were associated with parenting stress.

CONCLUSIONS. Behavior feeding problems are an important consideration in children with EGID and are associated with higher parenting stress.

REVIEWER COMMENTS. This study is unique in that it systematically examines behavioral feeding problems among a large sample of children with EGID and the impact on caregivers, highlighting the relationship between behavioral feeding difficulties and parenting stress in this pediatric population. The presence of a control group of healthy children is a strength of this study. Providers involved in the care of children with EGID should recognize the relationship between feeding difficulties associated with restrictive diets and caregiver stress. A multidisciplinary treatment approach including psychologists and speech providers may be useful in providing support to these families.


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Comparative Dietary Therapy Effectiveness in Remission of Pediatric Eosinophilic Esophagitis

PURPOSE OF THE STUDY. Eosinophilic esophagitis is an inflammatory disorder that clearly responds to dietary therapy. Current food hypersensitivity testing tools have been of unclear value in guiding dietary management.
Child and Parental Reports of Bullying in a Consecutive Sample of Children With Food Allergy

Jessica Rajan and Susan Laubach

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