

a Web-based version of FACT between February and March 2010. Statistical analyses were performed to evaluate pediatrician knowledge of food allergy diagnosis, symptoms, triggers, susceptibility, and treatment. The level of comfort in caring for food-allergic children was also assessed.

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.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2013-2294II

Saira Z. Sheikh, MD
A. Wesley Burks, MD
Chapel Hill, NC

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

van der Velde JL, Flokstra-de Blok BM, de Groot H, et al. *J Allergy Clin Immunol.* 2012;130(5):1136–1143.e2

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.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2013-2294JJ

Mitchell R. Lester, MD
Norwalk, CT

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

Shemesh E, Annunziato RA, Ambrose MA, et al. *Pediatrics.* 2013;131(1):e10–e17

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.

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

Mitchell R. Lester

Pediatrics 2013;132;S23

DOI: 10.1542/peds.2013-2294JJ

Updated Information & Services

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/132/Supplement_1/S23.1

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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

Mitchell R. Lester

Pediatrics 2013;132;S23

DOI: 10.1542/peds.2013-2294JJ

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/132/Supplement_1/S23.1

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2013 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

