

A Pilot Study on the Perceived Effects of Childhood Food Allergies on Support and Care Requirements for Mental Health

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Abstract

Choosing what and where to eat can be difficult for the 6% to 8% of Canadian children who have a food allergy, and in the event of an unintentional exposure, it can even be fatal. People with food allergies are recommended to avoid all known allergens and to always carry an epinephrine auto injector (EAI) in case of anaphylaxis due to the lack of curative treatments. These precautions put a heavy burden on patients and their families even though they are often effective in reducing acute symptoms and treating major responses.

According to research, kids and teenagers with food allergies typically experience poorer life satisfaction and more psychological suffering than their peers without food allergies. The effect of food allergy on health-related quality of life appears to vary with age in children with food allergies between the ages of 0 and 17 years. Adolescents (aged 13–17) are bullied more frequently than school-aged children (aged 5–12) are only because they have a food allergy, according to quantitative reports from families with school-aged children who have food allergies and who are overly protective. Peer bullying is widespread in both age groups, although being more common among teens. 8 Unsurprisingly, controlling a child's food allergy seems to be a strain for parents as well.

At the same time, allergists and allergy fellow's battle about how to best advice patients on the hazards associated with food allergies. It is also uncertain how medical personnel should handle psychological difficulties in their patients. In order to do this, we conducted a qualitative pilot study to gauge their perspectives of the needs and difficulties connected to food allergy-associated mental health for families with allergic children.

Keywords: Mental health; Food; Allergic

Introduction

We performed focus groups and in-person and virtual interviews with a range of healthcare professionals, including paediatric allergists, allergy nurses, and nutritionists, between February and November 19, 2020 [1]. Participants were chosen through a purposeful sample process and were all employed in the same metropolitan area. 11 We spoke with six paediatric allergists and dietitians in total, in addition to two focus groups made up of allergy nurses and paediatric allergists. We had conversations with 13 medical experts in all. Medical personnel were told not to disclose information that could reveal the patients' identities or those of their relatives. Two seasoned research assistants gathered all of the data. Follow-up questions were added to a semi structured interview guide for clarification. The focus groups and interviews each lasted an average of 60 minutes (range 52-68 minutes) and 34 minutes (range 28-65 minutes), and they were both recorded and verbatim transcribed [2].

Two analysts independently yet concurrently independently thematically assessed the data (initials blinded for review, T.M., M.G.). First, the surface descriptive content of the transcripts was read then the thoughts were grouped according to similarity. Second, latent meaning was checked in the transcripts. At that time, each analyst created themes independently and applied them consistently to all transcripts. To make sure that the words and sentences within a category had identical meanings, semantic validity checks were carried out. When no new or extra constructs could be uncovered, all major themes could be agreed upon, and no competing explanations could be found in further interviews, the constructs were deemed to have saturated. The University of Manitoba Health Research Ethics Board gave their approval to this study.

Anxiety is a prevalent comorbidity in families with food allergies

The first theme that we found, which states that anxiety is a common

comorbidity among families with food allergies, refers to how common anxiety is among affected families. Allergists, nurses, and dietitians underscored the prevalence of worry among families with food allergies throughout the interviews and focus groups. The major morbidity linked with food allergies, according to one allergist, is actually the anxiety around the diagnosis rather than the risk itself [3]. Many of the medical professionals we spoke with held the opinion that parental worries were frequently motivated by worries about deadly accidental exposures occurring outside the home, notably at school. The confusion around the right administration of EAIs was another frequent source of anxiety for families with food allergies, according to participating health professionals. Every group of healthcare professionals surveyed expressed concerns about EAI usage and unintentional exposures, but dietitians stood out since they frequently dealt with questions about nutrition. Dietitians observed that parents of their patients struggled the most with finding nutrient-dense substitutes for the meals they were avoiding. Unsurprisingly, families with children who have various food allergies expressed greater anxiety about these issues [4].

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Discussion

Limited resources within the public infrastructure currently in place

The second issue, insufficient resources within the current infrastructure, draws attention to inadequacies in support for the emotional and financial requirements of families with children who have food allergies. Unfortunately, a number of allergists who participated in the current study's interviews acknowledged that while anxiety was a concern for some families with food allergies, it was sometimes impractical to address psychological issues during clinic visits due to a lack of time and resources. In a nutshell, although dealing with the psychosocial issues, anxiety, etc. takes a lot of time, doing so is "not recommended." possible within the existing parameters of my practice (an allergist). Although it was felt that the allergist's scope of practice did not include dealing with all the psychosocial effects of food allergies, one allergist did comment that the allergist could have a greater role in detecting psychological discomfort, although by using a standardized screening instrument. Another allergist advised exploring the idea of starting a conversation with the physician who made the referral so that person might help keep an eye on families for mental health issues. Interviewees also talked about the paucity of financial assistance for families who have a food allergy. Many parents "raise concerns about picking allergy-free products and the cost of these products," it was stated. In addition to the high price of speciality foods, several dietitians emphasized the lack of government support for people who earn more than the poverty level but still face financial hardship. A number of medical specialists also noted that due to the necessity for several medications, allergic comorbidities could make it more expensive for families with food allergies. In fact, because medications are expensive, some families with numerous comorbidities were said to have to pick which ones to take. Participants also discussed the difficulty that families encounter in obtaining mental health services. One allergist in particular admitted that there were lengthy wait times for state psychiatric therapies and that private care was expensive [5].

Empowering others with knowledge

The final theme, empowerment through education, is concerned with knowledge gaps in the population at large and among health professionals. A lot of the dietitians stated that people who work outside of speciality settings are unaware of food allergies, which is in line with this topic. In fact, one dietitian who was reflecting on his experiences in a teaching capacity observed that community dietitians frequently admitted to feeling unprepared to assist families with food allergies. Given that these families' concerns about their child's diet were mentioned, Community dietitians may be unable to confidentially offer families with food allergies the nutritional care they need due to their lack of awareness about food allergies. However, other health care providers underlined the need for greater education in addition to dietitians. In fact, one allergist in the study said that allergists should be required to continue learning about fundamental dietary management.

Through this pilot study, we aimed to gain a better understanding of how different health care professionals view the psychosocial requirements and problems faced by families with children who have food allergies. Our research showed that while medical practitioners believe anxiety to be a serious issue for families with children who have food allergies, they frequently lack the time and resources to effectively treat it. Our findings also highlighted the impact on timely access to care and, in certain cases, access to medicine of a lack of public programmes and support for people with food allergies. Finally, the current research

highlighted knowledge gaps among allied health professionals and the general public while also emphasizing the negative impact that inaccurate information about food allergies can have on impacted families. In order to evaluate transferability to different contexts, the data from this study will be used to influence a broader study that will include pediatric allergy clinics across Canada.

In the current study, healthcare practitioners noticed that families with food allergies frequently experience anxiety. This outcome is in line with the findings of patient-focused research, which revealed that anxiety is pervasive among impacted families. According to the medical professionals we spoke with for our study and other studies, this worry seems to be caused by the risk of inadvertent exposure and the negative effects that exposure entails [6].

The allergists in our study said that, while regularly experiencing anxiety in their patients, they were unable to completely address the psychosocial components of food allergy due to a lack of time and resources. As a result, families dealing with anxiety caused by food allergies sometimes go undetected or may wait a long time to acquire psychological services. Participants recommended adding a mental health screening tool to their practise and starting a conversation with primary care doctors about the needs of patients and their families in terms of mental health. More research is required to better understand how to recognise and assist these families with their mental health needs, even if the use of screening tools seems to be a reasonable option for recognizing psychological distress among families with food allergies [7,8].

Conclusion

According to the medical specialists whose opinions were sought for the current study, relatives of people with food allergies experience high levels of anxiety due to worries about unintentional exposures and dietary restrictions. Few health care professionals believed that further support could be provided within the current health care system due to time and resource constraints, gaps in training, and the need for more mental health support and education for families with food allergies. Therefore, future studies should look for novel ways to address these deficiencies in order to guarantee that the psychological requirements of families with food allergies are addressed.

Acknowledgement

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Conflict of Interest

None

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