

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/the-burden-of-food-allergy/14464/>

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The Burden of Food Allergy

Announcer:

Throughout their food allergy journey, patients often face several barriers related to diagnosis and management.¹⁻⁷ They may self-report food allergies without a proper medical diagnosis, and confuse symptoms with food sensitivity.^{1,2} Referral to allergists is often limited by guideline implementation and adherence, which can be associated with potential misdiagnosis.^{3,4}

Further complicating an accurate diagnosis are factors associated with oral food challenges, or OFC. In particular, the need for more physician education on how to conduct testing, and patient fears around having an allergic reaction during the test.⁴⁻⁶

Lastly, caregivers and patients may have preferences for treatment attributes, goals of treatment, and risk trade-offs. An example of this is the concern with giving epinephrine auto injector needles to pediatric patients.^{5,7}

Food allergies can have a profoundly negative impact on the quality of life of patients and their caregivers.⁵

Speaker 1:

It is stressful to worry about when an exposure might happen.⁵ Most people just never understand. It is hard to hang out with my friends who love the foods I can't be around.⁵

Speaker 2:

I can definitely say safe foods are four times the cost. Shopping at multiple stores, calling manufacturers, are all impacting our lives.⁵

Speaker 3:

We weren't given any information or told if they are allergic, these are the precautions or this is what you need to do from here.⁸

Announcer:

Substantial differences in food allergy outcomes and comorbidities exist across racial and ethnic strata. Chart reviews of patients with food allergy reported a higher percentage of black and Hispanic patients having anaphylaxis and emergency department, or ED, visits compared with white patients.⁹

Food allergen types can impact the quality of life, QoL, of caregivers differently. For example, caregivers of children with cow's milk or egg allergies reported significantly worse quality of life compared with caregivers of children with peanut or tree nut allergies. These outcomes were seen in two different studies that surveyed around 300 and 800 caretakers.^{10,11}

Key social determinants of health are often highly correlated with race and ethnicity, and likely contribute to greater food allergy-related psychosocial burden.⁹

Numerous organizations offer resources and support across a wide variety of topics associated with food allergy for healthcare providers, patients, and caregivers. Look for additional resources on presentation and symptoms, diagnosis and testing, and management of food allergies.

References

1. Abdurrahman ZB et al. *Allergy Asthma Clin Immunol*. 2013;9:18.
2. Burks AW et al. *J Allergy Clin Immunol*.2012;129(4):906-920.

3. Food Allergy Research & Education. Accessed November 1, 2022. <https://www.foodallergy.org/research-innovation/accelerating-innovation/food-allergy-diagnosis-and-testing>
4. Greenhawt M. *Ann Allergy Asthma Immunol.* 2020;125(3):262-267.
5. Gupta RS et al. *JAMA Netw. Open.* 2020;3(7):e2010511.
6. Howe L et al. *Ann Allergy Asthma Immunol.* 2014;113(1):69-74.e2.
7. Marsac ML, Wurth MA. *Ann Allergy Asthma Immunol.*2021;126(6):728-729.
8. Sicherer SH et al. *Pediatrics.* 2017;140(2):e20170194.
9. Verrill L et al. *Allergy Asthma Proc.* 2015;36(6):458-467.
10. Warren CM et al. *Ann Allergy Asthma Immunol.* 2015;114(2):117-125.
11. Warren C et al. *J Allergy Clin Immunol Pract.* 2021;9(1):110-118.