

How psychologists can help people coping with life threatening food allergies

January 7 2020, by Rebecca Knibb



Credit: AI-generated image ([disclaimer](#))

Food allergies have a big impact on people's quality of life. The stress and worry of having a potentially life-threatening reaction can result in the need for some families to seek help from a psychologist.

Unfortunately, only a few allergy clinics in the UK have dedicated psychological services to help these people.

[We looked at](#) two allergy clinics with such [psychological services](#) for children and families. We found the services to be in high demand, and clinicians reported rapid improvements in patients' [anxiety](#) as a result.

Food allergies involve a reaction by the immune system to protein in foods. Symptoms can range from mild to life threatening. The [foods most commonly](#) linked with allergies are peanuts and tree nuts, dairy products, fish, shellfish, wheat and soy. It can be difficult to avoid such foods as many are used as ingredients. Even where they are not ingredients, minute amounts can still crop up due to manufacturing processes.

Stress and anxiety

Research over the last 20 years [has shown](#) that constantly watching what you eat and the unpredictable nature of allergic reactions has an impact on people's quality of life and mental health. Where it's a child's allergy, parents are also affected. Mothers in particular [report high levels](#) of stress and anxiety.

Anxiety in parents can increase when children grow older and take on more responsibility for their health. Teenagers say that their [food](#) allergy becomes [more of a burden](#) as they get older and want to go out with their friends and have a more independent social life. Older children and adolescents also feel a need to be [more like their friends](#) and not be labeled by their allergy.

Despite the impact food allergies can have, very little research has been published on interventions to reduce anxiety and improve quality of life. Two studies have shown that [cognitive behavioral therapy](#), or CBT, can be effective for parents of children with food allergies, particularly those with [high anxiety](#). CBT is a talking therapy that focuses on present difficulties, including symptoms, emotions, behavior and negative

thoughts. It is very effective for reducing anxiety and depression. To date, there is no published research on such interventions for children or adolescents with food allergies, so this should be a priority.

Managing stress

The Paediatric Psychology Network (PPN-UK) provides evidence-based guidelines for [the management of](#) invasive and/or distressing procedures. It has good examples of how psychological knowledge and skills could be used for the benefit of children in managing their allergy, such as when undergoing skin prick testing or learning how to use an adrenaline auto-injector. Unfortunately, access to psychological services for families in pediatric allergy is limited.

The two allergy clinics we looked at that have funding for dedicated clinical psychology services are based at Southampton General Hospital and the Evelina London Children's Hospital. In Southampton, 40 referrals were made in the first 14 months of the service. In London, just over 300 children and families have been referred since the [service](#) began two and a half years ago.

The most common reasons for referrals include: food anxiety and eating outside the home, food challenges to see if a child still reacts to food or has grown out of it, using an adrenaline auto-injector, sleep difficulties, low mood or self-esteem and parental anxiety.

From the allergist's perspective the addition of psychologists with skills in the management of allergic disease is an important part of the solution. There is little time in a typical consultation for an allergist or allergy nurse to identify and address issues related to anxiety or quality of life.

Providing hope

So in clinical practice, having access to a psychologist is invaluable. Reassuringly, clinicians often see patients and their families rapidly respond to psychological interventions, sometimes even after a single consultation. Therapy sessions can often be provided to groups, which is cost-effective. But given the number of families asking for this support and the lack of allergy psychologists, very few deserving patients currently have access to such care.

An increase in public awareness of the potential [life-threatening nature](#) of food allergies and the impact this can have on people's lives does seem to be slowly making a difference. More psychological services are being offered in London and other parts of the UK, such as Leeds.

This provides hope for the many families who need them. The challenge now is for [allergy](#) services to work with hospital pediatric psychology services to further develop, integrate and deliver these services for all children with food allergies and their families.

In the meantime, for families and patients who do not have access to a psychologist and who need support, the [Anaphylaxis Campaign](#) and [Allergy UK](#) are there to help. They run helplines, have local support groups and provide useful information to patients and families managing food allergies.

The uptake of psychological services by patients and families demonstrates the real need to expand these services across the UK. Evaluating how effective these services are and developing ways they can be provided in primary as well as secondary care, via GPs as well as through dedicated clinics, will help reach more families and reduce the burden associated with being allergic to a food.

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