

# Food allergy may be underdiagnosed in children on Medicaid

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Prevalence of food allergy among Medicaid-enrolled children across the U.S. was substantially lower (0.6 percent), compared to previous national estimates using parent surveys (7.6 percent) and reports of physician

confirmation of food allergy (4.7 percent). The study, published in *Academic Pediatrics*, was the first to analyze Medicaid claims data of over 23 million children to estimate prevalence of food allergy diagnosis.

"We were surprised to find such a large discrepancy in estimates of [food](#) allergy prevalence in children on Medicaid compared to the general population," says senior author Ruchi Gupta, MD, MPH, a pediatrician and food allergy researcher at Ann & Robert H. Lurie Children's Hospital of Chicago and Professor of Pediatrics and Medicine at Northwestern University Feinberg School of Medicine. "Our findings suggest potential under-diagnosis of food allergy among Medicaid-enrolled children. Families in the Medicaid program may be encountering barriers to accessing and affording specialists and potentially life-saving epinephrine prescription."

Food allergy affects millions of U.S. children, posing significant emotional and financial burdens on affected families. Dr. Gupta's previous research revealed that 40 percent of children with food allergy report experiencing a severe life-threatening reaction in their lifetime, and one in five children report at least one food allergy related emergency department visit per year. Total estimated costs associated with food allergy, including direct medical, out-of-pocket, and lost labor productivity, are nearly \$25 billion annually, or over \$4,000 per child.

In the current study using Medicaid data, Dr. Gupta and colleagues found strong associations between race/ethnicity and food allergy. Compared to Caucasian children, Asian children had 24 percent higher odds of having food allergy, while Pacific Islander/Native Hawaiian children had 26 percent higher odds and African-American children had 7 percent higher odds of living with the condition. In contrast, Latinx children and American Indian/Alaskan Native children were less likely to have food allergy compared to Caucasian children—15 percent and 24 percent lower odds, respectively.

"Our results show that some of the [racial differences](#) in food allergy prevalence found in the [general population](#) persist among [children](#) enrolled in Medicaid," says Dr. Gupta. "Future research needs to determine whether racial and [ethnic differences](#) in prevalence are associated with disparities in adequate food allergy management, including patient education on allergen avoidance and up-to-date epinephrine prescriptions."

**More information:** Lucy A. Bilaver et al, Prevalence and Correlates of Food Allergy Among Medicaid-Enrolled United States Children, *Academic Pediatrics* (2020). [DOI: 10.1016/j.acap.2020.03.005](https://doi.org/10.1016/j.acap.2020.03.005)

Provided by Ann & Robert H. Lurie Children's Hospital of Chicago

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