

Language barriers may cause some children to be underdiagnosed for allergic conditions

November 9 2023



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About 20% of the US population speaks a language other than English

when they are at home. The abundance of languages spoken in the United States can pose barriers for some allergy and asthma patients to receive appropriate care.

A new study being presented the American College of Allergy, Asthma and Immunology ([ACAAI](#)) Annual Scientific Meeting in Anaheim, Calif. shows that [language](#) difficulties may cause some children to be underdiagnosed for allergic conditions such as food [allergy](#), asthma and eczema.

In addition, a new medically challenging case illustrates it is possible for pharmacy translation software to mistakenly interfere with a prescription being filled.

"We wondered if those who spoke a language other than English would be underdiagnosed for some [allergic conditions](#)," says Hao Tseng, MD, ACAAI member and lead author on the study.

"Among children with a language preference other than English, the diagnosis of asthma was less than half as common, eczema was about 2/3 as common, and [allergic rhinitis](#) was slightly more than half as common when compared with children whose preferred language was English. A similar correlation for the diagnosis of food allergy was deemed not statistically significant."

To conduct the study, a retrospective review of electronic health records (EHR) of all patients under 18 years of age who were seen from 7/1/2020 to 4/30/2023 in a [primary care](#) pediatric clinic was conducted. A total of 16,517 children were included in the study.

The mean age was 6.2 years and 48.6% of children were female. The majority of children were Black (80.4%) and enrolled in Medicaid (78.9%). 14.8% of participants indicated a preference for a language

other than English (4% Haitian Creole, 4% Spanish, and 6.5% other).

In an unrelated report of a medically challenging case, a Spanish-speaking seven-year-old girl was diagnosed with a fish allergy and prescribed an epinephrine autoinjector. A school medication form was completed so that the patient could have epinephrine available at school.

When the prescription was sent to the pharmacy, the prescription was translated into Spanish using a translation software; however, the software made minor changes. Since the prescription no longer matched the school form exactly, the school nurse did not accept the epinephrine autoinjector, and returned it home with the student and a note. The patient's mother was unable to read the note because it was written in English. Four months later, the patient returned to clinic with the epinephrine autoinjector and the nurse's note.

"Patients with limited English proficiency encounter unexpected barriers to care and remain a vulnerable patient population," says Margaret Huntwork, MD, senior author of the paper.

"The pharmacy [translation software](#) is not the only thing to blame for this case of a delay in securing a potentially life-saving medication in the school setting. Communication between the family, the physician, the school nurse, and the pharmacy is essential to ensure safety and success of students with allergies."

More information: Abstract P240: Language Barriers are Associated with the Underdiagnosis of Allergy and Immunology Conditions in Children

Abstract M035: Lost in Translation: Pharmacy Translation Software Mounts an Unexpected Barrier to School Medications

<https://annualmeeting.acaai.org/>

Provided by American College of Allergy, Asthma, and Immunology

Citation: Language barriers may cause some children to be underdiagnosed for allergic conditions (2023, November 9) retrieved 28 April 2024 from

<https://medicalxpress.com/news/2023-11-language-barriers-children-underdiagnosed-allergic.html>

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