

Gupta RS, Kim JS, Barnathan JA, Amsden LB, Tummala LS, Holl JL. Food allergy knowledge, attitudes and beliefs: focus groups of parents, physicians and the general public. BMC Pediatr 2008; 8:36. *HIGHLY ACCESSED*.

SUMMARY

More and more children are being diagnosed with food allergy in the United States each year. The only way to prevent these possibly deadly reactions is to avoid food allergens, recognize symptoms in time, and know about food allergy reaction treatments. Focus groups were held with parents, doctors, and the general public to develop a survey to find out what parents, doctors, and general public know and think about food allergy.

In these meetings, we found that the general public has serious food allergy knowledge gaps. Physicians also had some misconceptions. Parents were concerned about their doctors' knowledge on food allergy, as well as their ways of diagnosing and treating their food-allergic child. Parents had a good understanding of food allergy. However, they reported that the biggest impact was that their families' lives and well-being had been affected because of food allergy.



Gupta RS, Kim J, Springston EE, Pongracic JA, Holl J. Development of the Chicago Food Allergy Research Surveys: Assessing knowledge, attitudes and beliefs of parents, physicians and the general public. BMC Health Services Research 2009; 9:142. *HIGHLY ACCESSED*.

SUMMARY

Although parents, doctors, and the general public are extremely important in the health and well-being of food-allergic children, little is known about their knowledge, attitudes, and beliefs of food allergy. This paper described the development of the Chicago Food Allergy Research Surveys to find out what parents, doctors, and general public know and think about food allergy.

The research team read past studies, created initial major themes, consulted a panel of nine experts, held six focus groups, created initial survey questions, consulted the expert panel again, held 10 cognitive interviews, tested the reliability of the survey, condensed the survey, and finally, validated the survey with 150 parents, doctors, and adults of the general public. The end products include a survey assessing food allergy knowledge and attitudes for (1) parents of children with food allergy, (2) pediatricians and family physicians, and (3) adults of the general public.



Gupta RS, Kim J, Springston EE, Pongracic JA, Wang X, Holl J. Food allergy knowledge, attitudes, and beliefs in the United States. Ann Allergy Asthma Immunol 2009; 103:43-50.

SUMMARY

The Chicago Food Allergy Research Survey for the General Public was used to survey 2,148 US adults online. Overall, the general public answered **65%** of the knowledge-based questions correctly (range: 13%–100%). They knew the most in areas related to symptoms/severity and triggers/environmental risks of food allergy. Misconceptions were mostly on (1) the distinction between food allergy and food intolerance, (2) the absence of a cure (many people thought there was a cure), and (3) current ways to treat food allergy (many people felt there was a medicine kids could take daily to avoid having a food allergy reaction). Adults with higher scores usually had prior knowledge or experience with food allergy. There was a wide range of perceptions, although there was surprisingly little stigma associated with food allergy, and most opposed some food allergy policies in schools. More awareness of the difficulties faced by food-allergic children may help promote school policies to keep affected children safe. In short, the general public needs more education on food allergy.



Gupta RS, Springston EE, Kim J, Smith B, Pongracic JA, Wang X, Holl J. Food allergy knowledge, attitudes, and beliefs of primary care physicians. Pediatrics 2010; 125:126-32.

SUMMARY

The Chicago Food Allergy Research Survey for Physicians was used to survey 407 US pediatricians and family doctors who manage and counsel children with food allergy. Overall, doctors answered **61%** of the knowledge-based questions correctly (range: 23%–87%). Most doctors knew that the flu vaccine is not safe for egg-allergic children, that the number of food-allergic children is increasing in the US, and that there is no cure for food allergy. However, some misconceptions included that chronic nasal problems are not a symptom of food allergy and that yogurts/cheeses from milk are not safe for children with immunoglobulin E-mediated milk allergies. Many doctors did not feel comfortable interpreting lab tests to diagnose food allergy or did not feel like they were trained well enough to care for food-allergic patients. In conclusion, doctors knew a fair amount on food allergy but, as they acknowledged themselves, there are opportunities for improvement.



Gupta RS, Springston EE, Smith B, Kim JS, Pongracic JA, Wang X, Holl J. Food allergy knowledge, attitudes, and beliefs of parents with food-allergic children in the United States. Pediatr Allergy Immunol 2010 Sep; 21:927-34.

SUMMARY

The Chicago Food Allergy Research Survey for Parents was used to survey 2,945 US parents of children with food allergy between January 2008 and 2009. Overall, parents answered 75% of the knowledge-based questions correctly (range: 19%–100%).⁵ Most parents knew the signs/symptoms of an allergy reaction. However, fewer parents knew that adolescents are at a higher risk for deadly anaphylaxis than young children. There was a wide range of perceptions, although most agreed that children should carry an EpiPen at school and that schools should have staff trained in food allergy. In conclusion, parents have an overall solid knowledge of food allergy, with some minor misconceptions. Most parents also reported that their child's food allergy affected their personal relationships, namely their marriages and their relationships with extended family and friends.



Springston EE, Shulruff J, Smith B, Wang X, Pongracic J, Holl J, **Gupta RS**. Variations in quality of life among caregivers of food-allergic children. Ann Allergy Asthma Immunol 2010 Oct; 105(4):287-294.

SUMMARY

Childhood food allergy is a serious health problem in the United States. As the number of children with food allergy grows, more caregivers are responsible for managing their child's food allergy. The research team surveyed 1,126 US parents on parental burden to better understand the impact of childhood food allergy on parents' lives and well being. The effect of food allergy on parents' lives varied widely with one exception: most parents were troubled by social limitations because of their child's food allergy. Parents who knew more about food allergy and parents whose children had been to the ER for food allergy in the past year, had multiple food allergies, or were allergic to milk, wheat, or egg had a bigger impact on their quality of life. This shows the diverse experience of caring for a child with food allergy and the importance of considering the severity of disease when understanding parental burden.



Gupta RS, Springston EE, Warriar MR, Smith B, Kumar R, Pongracic J, Holl JL. The prevalence, severity, and distribution of childhood food allergy in the United States. Pediatrics 2011 Jul; 128(1):e9-e17.

SUMMARY

The goal of this study was to find the percentage of US children with food allergy and to estimate the severity of their food allergy. Of 40,104 children, 8.0% have food allergy, which was higher than previously reported. Among children with food allergy, 38.7% had severe food allergy, and 30.4% had more than one food that they were allergic to. Peanut allergy (25.2%) was the most common food allergy, followed by milk (21.1%) and shellfish (17.2%). The odds of having a food allergy depended on race, age, income, and geographic region. The odds of being diagnosed by a physician versus by a parent depended on race and income.

