

Food Allergy Knowledge, Attitudes, & Beliefs of Primary Care Physicians

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Rationale

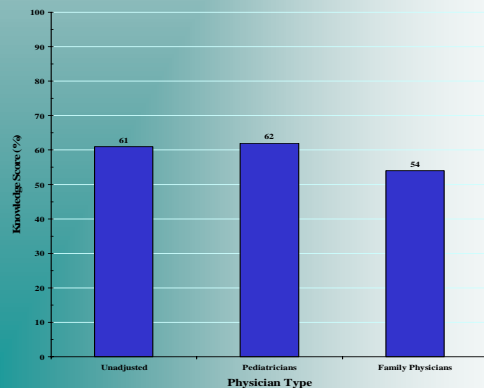
- Childhood food allergy is a growing problem in the U.S.
- Pediatricians & family physicians are often the first and sometimes only line of defense against childhood FA
- **Objective:** Characterize food allergy knowledge & perceptions among primary care physicians in the U.S

Methods

- National sample of pediatricians/family physicians was recruited from April-July 2008 to complete web-based survey
- Findings were analyzed to provide composite/itemized knowledge scores, describe attitudes/beliefs, & examine effects of participant characteristics on response

Results

- Survey completed by 407 participants (339 Ped/83 FP)
- 99% of participants cared for food-allergic patients
- Overall knowledge score was 61% (range, 23%-87%)



- Multiple linear regression analysis → little variation in clinical knowledge of FA by participant characteristics, including:

– Medical specialty, years in practice, practice type, practice location, % of FA pts

- **Strengths:** Knowledge of items assessing food allergy triggers/environmental risks, susceptibility/prevalence & treatment/utilization of healthcare

- **Weaknesses:** Knowledge of items assessing food allergy triggers/environmental risks, definition/diagnosis & symptoms/severity

- **Perceptions** regarding food allergy were well distributed, with a few exceptions:

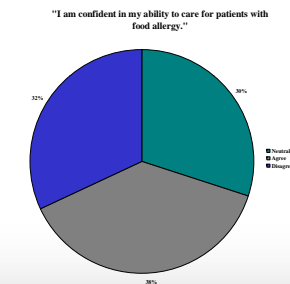
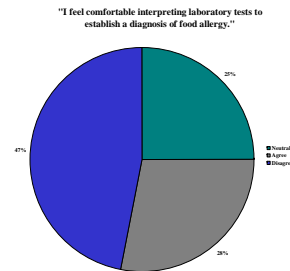
– Few felt comfortable interpreting laboratory test results to diagnose food allergy

– Few felt adequately prepared by their medical training to care for food-allergic children

– Few were confident in their ability to care for food-allergic children

Conclusions

- Knowledge of food allergy was fair, with strengths & weaknesses in each content domain
- Opportunities for improvement exist as acknowledged by respondents' perceptions of their FA clinical abilities



Item	Item Score* (% Correct)	
	Raw	Ped FP
Definition & Diagnosis		
Tests to diagnose FA (Food specific IgE levels)	64	68 43
Tests to diagnose FA (Oral food challenges)	24	25 22
Tests to diagnose FA (Skin-prick test)	57	59 49
Positive SPT/Rast sufficient to diagnose FA (F)	68	71 53
Symptoms & Severity		
Chronic nasal problems symptom of FA (F)	12	13 6
Child can die from milk allergy reaction (T)	72	77 50
Mech of blood in stool from FA (T-cell mediated)	21	21 22
Mech of colic from FA (Non-immune mediated)	57	60 38
Isolated symptom of FA in infant (Hives)	79	82 63
Isolated symptom of FA in infant (Eczema)	75	78 63
Sign of IgE-mediated milk allergy (Flushing)	43	46 28
Triggers & Environmental Risk		
Asthma is risk factor for severe anaphylaxis (T)	68	65 79
% moderate/severe AD associated w/FA (25-50%)	36	37 32
Milk-allergic child okay w/some milk products (F)	23	26 10
Food allergens pass from mom to breast milk (T)	83	88 59
Okay for egg-allergic child to eat egg yolks (F)	65	65 63
Food additives common food allergens (F)	39	40 34
3 most common childhood food allergies (Egg)	66	66 63
3 most common childhood food allergies (Milk)	73	73 72
3 most common childhood food allergies (Peanut)	77	76 84
Ingredients could cause food allergic rxn (Play-doh)	57	56 63
Ingredients could cause food allergic rxn (Medicines)	82	81 82
Ingredients could cause food allergic rxn (Toothpaste)	48	47 53
Ingredients could cause food allergic rxn (Lotions/creams)	70	71 61
Food component that causes allergic rxn (Protein)	90	91 90
Vaccine unsafe for children with egg allergy (Influenza)	80	82 80
Perceptions of Susceptibility & Prevalence		
No. children in US w/FA increasing (T)	90	90 91
Teenagers at greater risk for fatal FA vs. young children (T)	34	37 22
Age group most likely to have FA (0-5 yrs)	79	83 60
% children w/milk allergy develop tolerance (>75%)	35	57 22
% children w/peanut allergy develop tolerance (1-25%)	44	44 43
Treatment & Utilization of Healthcare		
Daily antihistamine prevents FA rxn (F)	86	87 85
There is a cure for FA (F)	80	80 81
No contraindication to prescribing self-injectable epi (T)	63	65 49
Timely use of epi prevents fatal anaph (Most of time)	75	75 75
Dose of epi, 60 lb child (EpiPen/Twinject, 0.3mg epi)	51	56 25
Epi injection location (Lateral thigh)	91	92 82
Treatment for child after peanut ingestion (Epi 1:1000 IM)	50	52 41
Policy Issues		
Mandates of FALPCA (Clear ID of common allergens)	71	72 65

*Emboldened values → score significantly different than raw score, p<0.05