

# Psychological Considerations Before and During OIT

---

**Mohamed Yassin, MD, FAAAAI, FAAAAI**

Allergy, Asthma and Pulmonary Associates

Saint Cloud, MN

**Douglas Mack, MSc, MD, FRCPC, FCSACI**

Board of Directors - Canadian Society of Allergy and Clinical Immunology

Section of Allergy and Immunology Executive - Ontario Medical Association

Pediatric Allergy, Asthma and Immunology

Assistant Clinical Professor, McMaster University

# Objectives

---

- Patient selection
- Family dynamics
- Understanding family's goals with treatment
- Psychological support

# Understanding Anxiety Around Food Allergy

---

- It is natural to have a certain amount of anxiety when thinking about potential threat or danger
- Such rational anxiety can be helpful to keep the food allergic patient safe
- Intense anxiety leading to restrictions in daily life is unhealthy and leads to the vicious anxiety cycle

# The Food Allergy Vicious Anxiety Cycle

### Thoughts

My child might have a reaction to this food, am I putting my child in danger?  
Am I failing my child?  
I'm a bad parent because I can't get my child to eat

### Behaviors

Avoid giving your child new foods  
Avoid people, places or social situations  
Make excuses, leave early  
Employ safety behaviors e.g. fidgeting, avoiding eye contact, making sure you have someone with them



### Feelings

Anxious	Tense
Stressed	Heart racing
Frightened	Breathing fast
Guilty	Butterflies
Worried	Shaky
Judged	Sweaty

# Before Starting OIT

---

- Food allergy is associated with greater psychological distress and anxiety, you need:
  - Discuss food allergy related anxiety specially when discussing OIT
  - Ask the parents and older children direct questions (It is natural to be anxious regarding food allergies, how are you dealing with the anxiety?)
  - Divorced and blended families; may differ greatly in the level of understanding food allergies as well as food allergy related anxiety level
  - Severe parental anxiety is likely to hinder the success of OIT, perceived reactions, persistent questioning of the child about reactions to the level the child believes he/she has a reaction.

# Before Starting OIT

---

- Ask each parent and older kids, what is the goal or goals for starting OIT?
- Discussing the realistic chances of reactions during OIT will help in controlling the anxiety around reactions
- Address needle phobia (Epinephrine devices), it is a major contributing factor to the food allergy-related anxiety. (Discuss, demonstrate and assure)

# The Need for Psychological Intervention

---

- Not enough worry
- No assessment of risk
- No carriage of Epi
- Lack of understanding
- High risk of accidental reaction

- Good self-efficacy
- Carriage of Epi
- Knowledge and understanding of risk and use of Epi
- Good quality of life

- High stress, anxiety and worry
- Hypervigilance regarding risk
- Lack of understanding
- Poor quality of life



**INTERVENTION NEEDED**

Not good OIT  
candidates

Best OIT  
candidates

**INTERVENTION NEEDED**

Good OIT candidates  
After Counselling



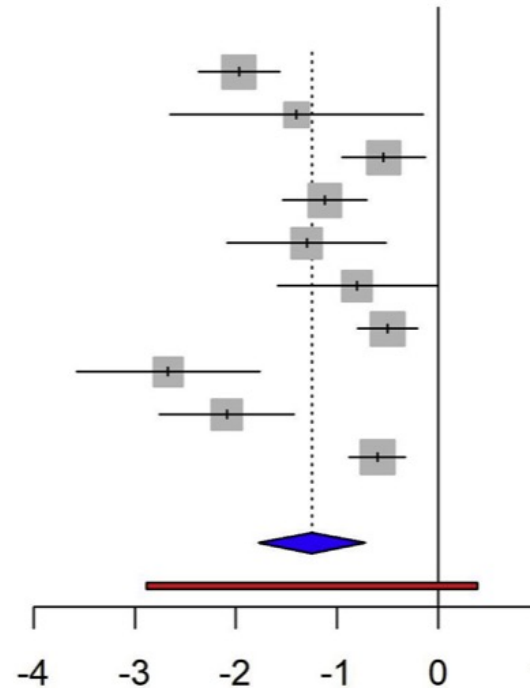
**Study**

Anagnostou, PF, 6mo  
 Blumchen, CF, 1mo  
 Blumchen, PF, 1mo  
 Carraro, PF, 2mo  
 Dunn Galvin, PF, 12mo  
 Dunn Galvin, PF, 3mo  
 Epstein-Rigbi, PF, 6mo  
 Otani, PB, 18mo  
 Otani, PB, 6mo  
 Reier-Nilsen, PB, 24mo

**Overall effect**

**Prediction interval**

Heterogeneity:  $I^2 = 87\%$ ,  $p < 0.001$   
 Overall effect:  $t_9 = -5.34$  ( $p < 0.001$ )

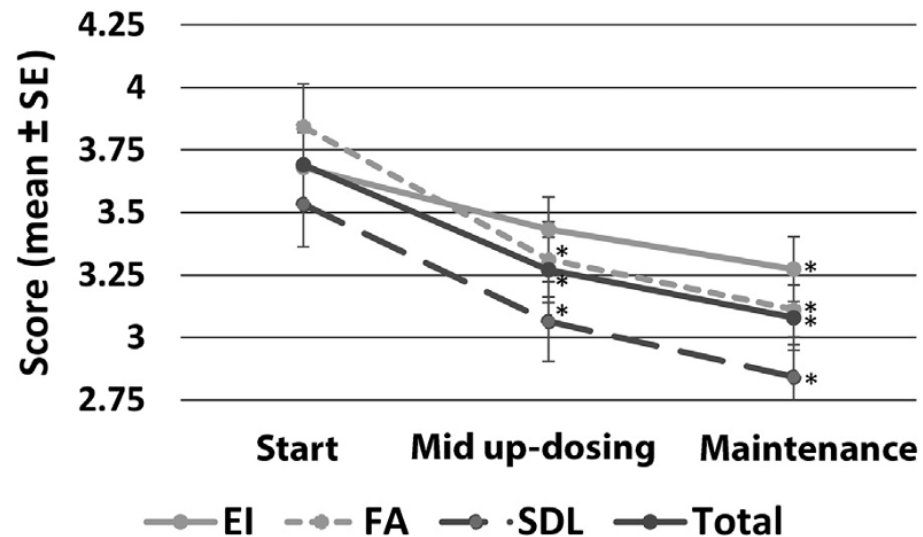


**FIGURE 2.** Forest plot of meta-analysis for studies focused on oral immunotherapy. The study label includes the first author's last name, questionnaire forms, and follow-up in months. *CF*, Child Form; *CI*, confidence interval; *PB*, Parental Burden Form; *PF*, Parental Form.

## Quality of Life of Food-Allergic Patients Before, During, and After Oral Immunotherapy



Na'ama Epstein-Rigbi, MD<sup>a</sup>, Michael R. Goldberg, MD<sup>a</sup>, Michael B. Levy, MD<sup>a</sup>, Liat Nachshon, MD<sup>a</sup>, and Arnon Elizur, MD<sup>a,b</sup> *Zerifin and Tel Aviv, Israel*



- Patients who found that QOL deteriorated at mid up-dosing, a significant improvement was noted upon reaching maintenance

**FIGURE 3.** Changes in the FAQLQ-PF scores in OIT-treated patients from start to mid up-dosing and then to maintenance in the EI, FA, SDL, and total score. \*Represents a significant difference from the start of OIT.

ORIGINAL ARTICLE

# Psychological needs and support among patients and families undergoing food oral immunotherapy

Laura Polloni<sup>1,2</sup>  | Antonella Muraro<sup>1</sup>  | Roberta Bonaguro<sup>1</sup> | Alice Toniolo<sup>1</sup> |  
Anna Ballin<sup>1</sup> | Alberto Guarnaccia<sup>3</sup> | Francesca Lazzarotto<sup>1</sup>

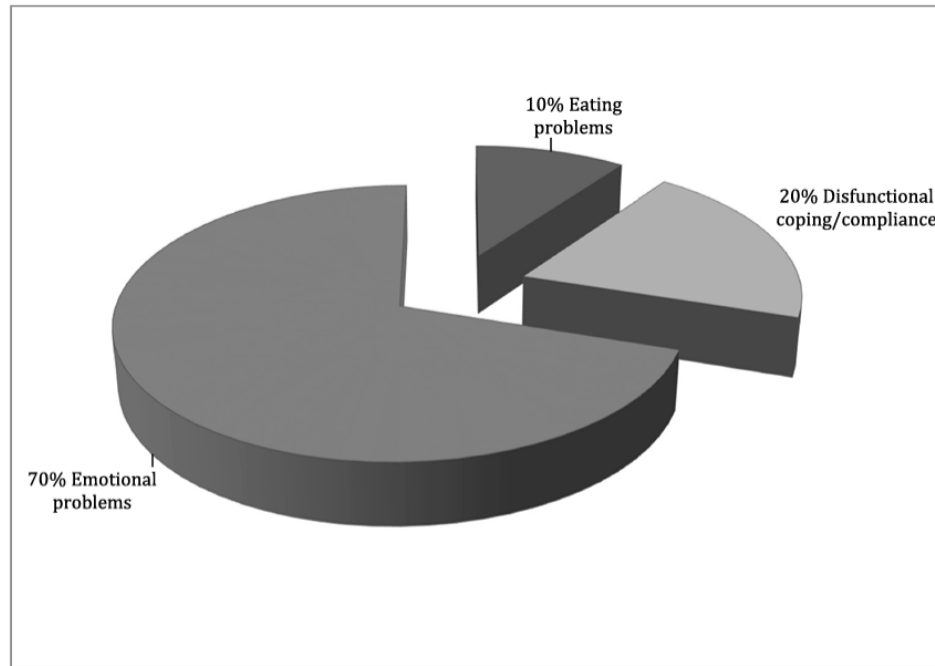


FIGURE 1 Why patients/families asked for psychological support in oral immunotherapy

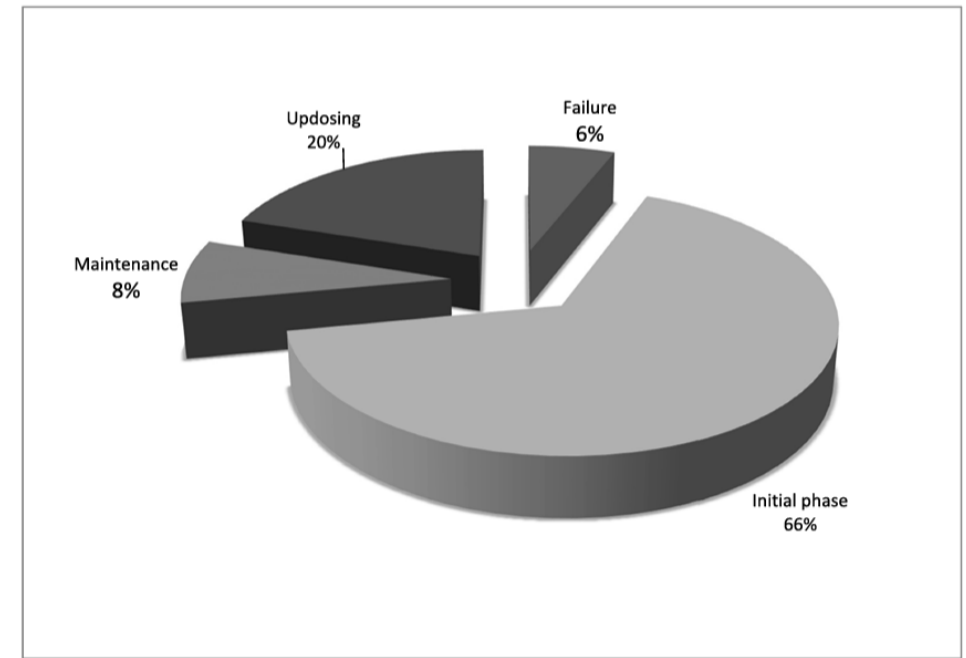


FIGURE 2 Oral immunotherapy phase in which patients/families ask for psychological support

- All patients reported improvement
- Mothers and teenagers most common

## Psychological needs and support among patients and families undergoing food oral immunotherapy

Laura Polloni<sup>1,2</sup>  | Antonella Muraro<sup>1</sup>  | Roberta Bonaguro<sup>1</sup> | Alice Toniolo<sup>1</sup> |  
Anna Ballin<sup>1</sup> | Alberto Guarnaccia<sup>3</sup> | Francesca Lazzarotto<sup>1</sup>

- In 2 cases, after the psychological consultation it was agreed not to start the OIT
- 7 patients who were hesitant decided to start OIT after psychological consultation
- 5 patients, who were considering dropping out, decided to continue after psychological intervention

# Psychological Counselling

---

- Ideally, psychological evaluation and counselling should be initiated before starting OIT
- Communicate with 1-2 psychologist/counselors to explain to the OIT procedure and the role of the parents
- Ideally, pediatric psychologists/counselors are preferred
- CBT/ERP, Relaxation techniques, Guided Affective Imagery

# For taste aversion and boredom

---

- Dietary challenges can contribute to the psychological burden
- Be aware of struggles (you may see in office!)
- Consider dietitian assessment
- Patients struggling with taste aversion and boredom were significantly more likely to be referred to a dietitian
  - Nearly 2/3 found this support to be very or extremely helpful

# Approaches

---

- Flavour Masking
  - Chocolate
  - Yogourt/Applesauce
  - Cold
  - Spicy/Savoury
  - Mint
  - Baked into products
  
- Rewards (aka bribes)
  
- Nose plugs



# Conclusion

---

- Choose your patients wisely
- Family dynamics will impact your patients' success
- Understanding family's goals with treatment
- Practical psychological and dietetic support can improve outcomes



NORTH AMERICAN

PEDIATRIC

ALLERGY & ASTHMA

CONGRESS

SEPT 21-22 '22

PRESENTED BY THE CSACI & ACAAI

**Mark your calendars for the inaugural  
NAPAAC meeting next year in Quebec City!**