

# Psychological Problems During OIT

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# Objectives

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- To Recognize: “food allergy related anxiety is very common in parents and older patients”
- To understand the need for psychological evaluation, Support and anxiety management when indicated
- To recognize, successful OIT can potentially and significantly decrease paternal and patient’s food anxiety

# Understanding Anxiety Around Food Allergy

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- It is natural to have a certain level of anxiety when thinking about potential threat or danger in any situation, including food allergy
- 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

# Understanding Anxiety Around Food Allergy

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- Almost all OIT parents and children 8 years old and older are anxious at the start of OIT and overtime the anxiety level goes down
- The older the child the more anxious they are
- Teenagers may attempt to hide their anxiety and “pretend” they don’t care
- Successful OIT experience significantly decrease the Food Allergy Related Anxiety in both patients and parents

# Parental Food Allergy Related Stress and Anxiety

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- 81% of parents' face 'significant worry' about their child's food allergy
- 42% met the clinical cut-off for post-traumatic stress symptoms (PTSS)
- 39% reported moderate to extremely severe anxiety.
- Parents whose children have had to have an Epinephrine auto-injector administered were seven times more likely to experience PTSS
- Mixed results for the relationship between allergy severity and parent mental health, with PTSS observed in parents of children with both life-threatening and milder allergies.
- [Parental Anxiety and Posttraumatic Stress Symptoms in Pediatric Food Allergy](#); *Journal of Pediatric Psychology* on March 11, 2021.

# What Should You Do Before Starting OIT?

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- Ask each parent and older kids, what their goals for starting OIT?
- Assess the anxiety level in parents and patients (over 7-8 years)
- Discuss the realistic chances of reactions during OIT, this 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 “actual” risk of reactions and fearful of Epi use
- Poor quality of life

**INTERVENTION NEEDED**

Not good OIT  
Candidates, ?? Benefits  
of counseling

**INTERVENTION NEEDED**

Best OIT  
Candidates, generally  
no counselling needed

Good OIT candidates  
After Counselling  
(before starting OIT)

# How to Screen Parents and Patients for Food Related Anxiety?

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- Consider using validated food allergy related questionnaires

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## **Development of the Child- and Parent-Rated Scales of Food Allergy Anxiety (SOFAA)**

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Katherine K. Dahlsgaard, PhD, ABPP<sup>a,\*</sup>, Leah K. Wilkey, BA<sup>b</sup>, Shana D. Stites, PsyD, MS, MA<sup>c</sup>,  
Megan O. Lewis, MSN, CRNP<sup>b</sup>, and Jonathan M. Spergel, MD, PhD<sup>b</sup> *Philadelphia, Pa*

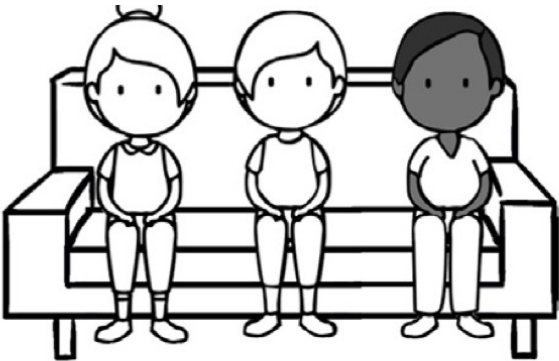
DAHLSGAARD ET AL ; J ALLERGY CLIN IMMUNOL PRACT JANUARY 2022



# Parent Survey Of Food Allergy Anxiety: “Long”

**SOFAA-P** | SURVEY OF FOOD ALLERGY ANXIETY  
**PARENT REPORT**

21 questions



Directions:  
**FOR THE LAST WEEK ONLY**, circle the number next to each statement that best describes your child.

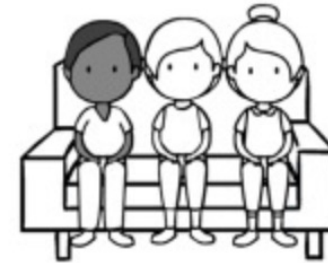
**Even if there are safe foods available, my child...**

	Never	Almost Never	Sometimes	Often	Almost Always
1. Avoids eating the food in NEW restaurants.	0	1	2	3	4
2. Avoids eating the food in FAMILIAR restaurants.	0	1	2	3	4

# Parent Survey Of Food Allergy Anxiety: “Brief”

## SOFAA-P-brief | SURVEY OF FOOD ALLERGY ANXIETY PARENT REPORT

7 questions



Directions:

**FOR THE LAST WEEK ONLY**, circle the number next to each statement that best describes your child.

### Even if there are safe foods available, my child...

	Never	Almost Never	Sometimes	Often	Almost Always
1. Avoids eating the food in FAMILIAR restaurants.	0	1	2	3	4
2. Avoids being touched by others because of fears of having an allergic reaction.	0	1	2	3	4
3. Washes their hands too much in order to avoid food allergens.	0	1	2	3	4
4. Visits the nurse too much due to fears of having an allergic reaction to food.	0	1	2	3	4
5. Frequently checks or asks me to check their mouth or body to make sure that they are not having an allergic reaction to food.	0	1	2	3	4
6. Asks me too many times whether a food is safe for them to eat.	0	1	2	3	4
7. Avoids touching everyday objects like doorknobs, phones, or clean surfaces due to fears of having a food allergy reaction.	0	1	2	3	4

# Child Survey Of Food Allergy Anxiety: “Long”

Food Allergy Bravery Clinic

## **SOFAA-C** | SURVEY OF FOOD ALLERGY ANXIETY **CHILD REPORT**

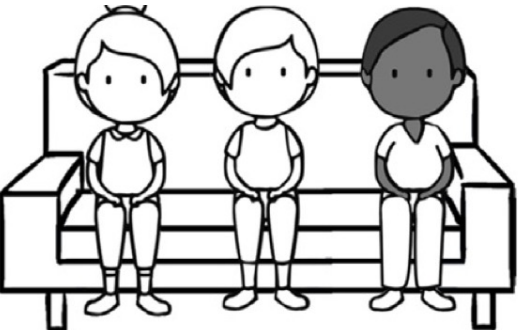
21 questions

Directions:

**FOR THE LAST WEEK ONLY**, circle the number next to each statement that best describes you.

**Even if there are safe foods for me...**

1. I am scared to eat the food from a NEW restaurant.

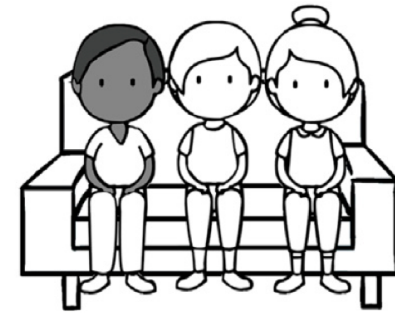


Never	Almost Never	Sometimes	Often	Almost Always
0	1	2	3	4

# Child Survey Of Food Allergy Anxiety: “Brief”

## SOFAA-C-brief | SURVEY OF FOOD ALLERGY ANXIETY CHILD REPORT

14 questions



Directions:

**FOR THE LAST WEEK ONLY**, circle the number next to each statement that best describes you.

**Even if there are safe foods for me...**

1. I am scared to eat the food from a NEW restaurant.

Never

0

Almost Never

1

Sometimes

2

Often

3

Almost Always

4

2. I try NOT to be touched by someone, because I am scared this will give me an allergic reaction.

0

1

2

3

4

# How Do You Approach Parents and Patients Who Need Psychological Intervention?

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- Validate and then discuss the need for psychological management before and during OIT
- Support the families while going through the psychological evaluation and treatment
- You may have to delay or postponed starting OIT

# Psychological Needs for parents and Patients Undergoing Food OIT

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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>

Polloni et al, Clin Tran All, 2022

# Why Patient/Families Ask For Psychological Support in OIT

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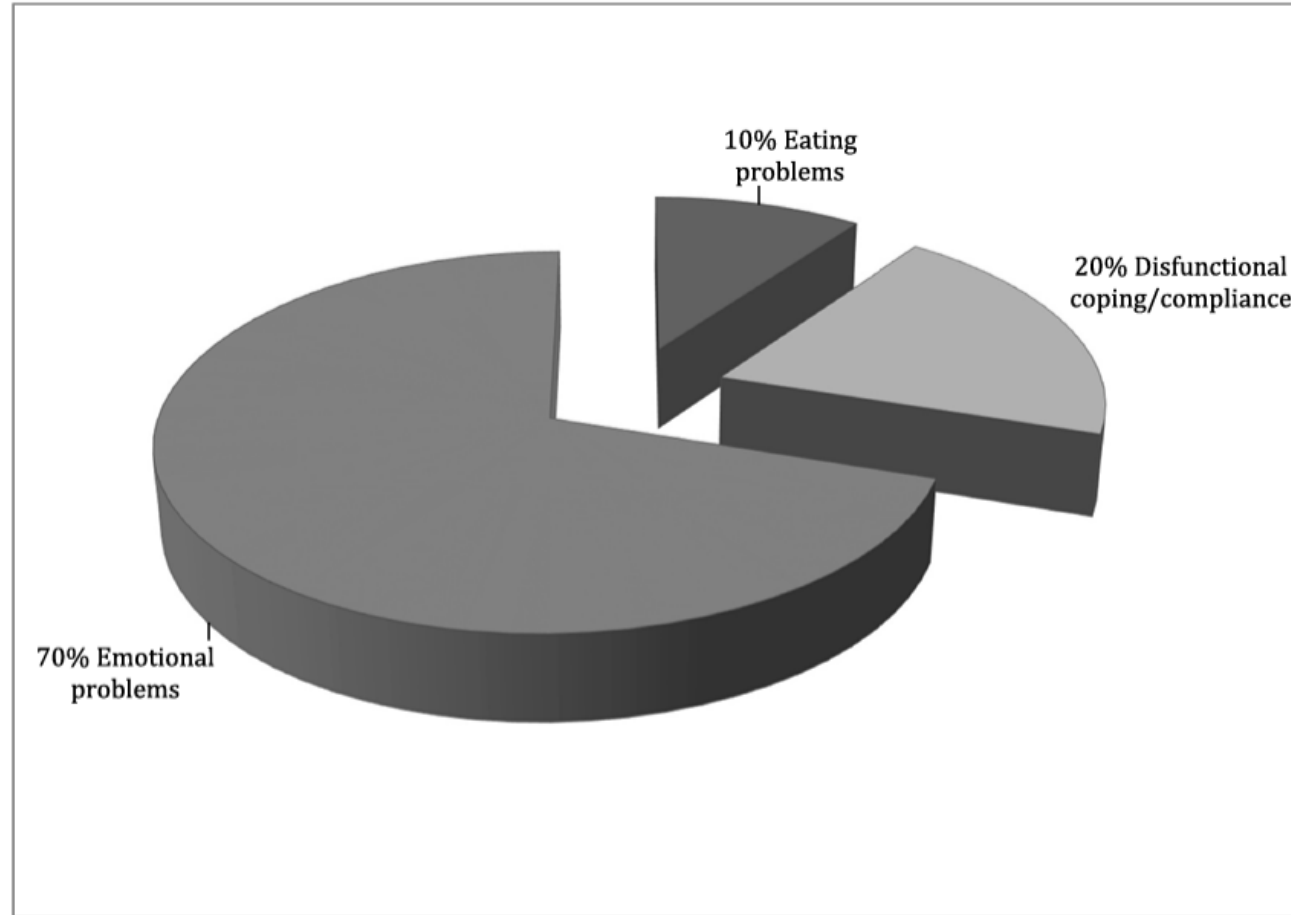


FIGURE 1 Why patients/families asked for psychological support in oral immunotherapy

# OIT Phase in Which Patients/Families Ask For Psychological Support

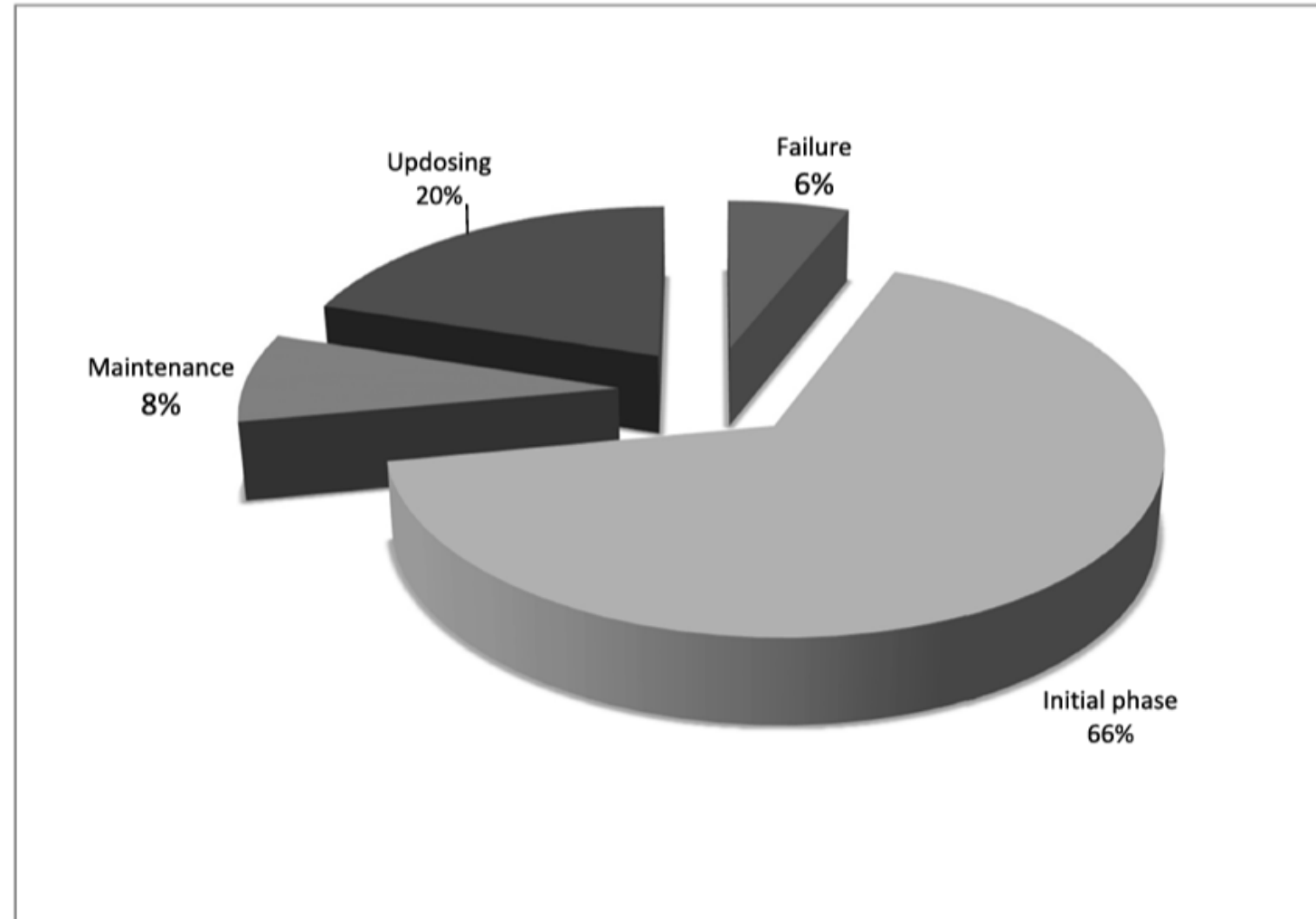


FIGURE 2 Oral immunotherapy phase in which patients/families ask for psychological support



# Psychological Counselling

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- 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

# Cognitive-Behavioral Therapy (CBT)

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- CBT can help the child learn the relationships between anxiety and unhelpful thoughts and behaviors
- The child can be taught ways to think about challenging situations in a more realistic and manageable way
- The child can also be taught strategies to help him/her identify and better cope with the physical symptoms of anxiety