




Tips for practically managing feeding disorders in the food allergic population

Nutricia's Food Allergy University
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1

Conflicts of Interest

Research Funding

- Canadian Institutes of Health Research
- Manitoba Medical Services Foundation
- Research Manitoba
- University of Manitoba
- Children's Hospital Research Institute of Manitoba
- Health Sciences Centre Foundation

Honoraria

- Novartis
- Nutricia

Positions of Trust

- Steering Committee, Canada's National Food Allergy Action Plan
- Section Head, and Member of the Board; Canadian Society of Allergy and Clinical Immunology

The opinions reflected in this presentation are those of the speaker and independent of Nutricia North America

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2

Learning Objectives

By the end of this presentation, the audience will be able to:

1. Describe three feeding disorders associated with food allergy;
2. Explain the need for multidisciplinary care teams;
3. Articulate practical management strategies

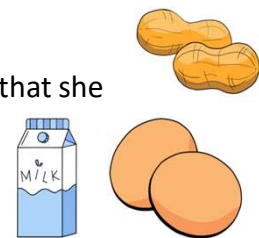


3

Case Study #1: Marina and her mother



- 5 yo girl about to start school; no preschool experience
- Allergic to peanuts, eggs, cow's milk
- Carries EAI
- Understands in an age-appropriate way, that she is allergic
- Not yet a confident reader



Both Marina and her mother are "anxious" about Marina's start to school.

Both indicate that Marina will not eat at school.

EAI epinephrine autoinjector



4

Case Study #1: Marina and her mother

HRQL Health-related quality of life

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013
Leal et al. 2017
American Psychiatric Association, 2022

5

Poll 1. What kind of anxiety is this likely to be?

- a. State anxiety
- b. Trait anxiety
- c. Generalised anxiety
- d. Anxiety as part of HRQL
- e. Food allergy anxiety**


Results

HRQL Health-related quality of life


6

Case Study #1: Marina and her mother


Food allergy anxiety



Appropriate levels may prompt behaviours that support food allergy management



Excess levels may inhibit the ability of the affected person or family to engage in a way that would be otherwise acceptable to the



7


Case Study #1: Marina and her mother

To S, Westwell-Roper C, Soller L, et al. Development of IMPAACT (Impairment Measure for Parental Food Allergy-Associated Anxiety and Coping Tool), a validated tool to screen for food allergy-associated parental anxiety. Ann Allergy Asthma Immunol. 2022;129:451-60.

Food allergy anxiety

Dahlsgaard KK, Wilkey LK, Stites SD, et al. Development of the Child- and Parent-Rates Scales of Food Allergy Anxiety (SOFFA). J Allergy Clin Immunol Pract. 2022;10(1):161-169.e6

Poehacker S, McLaughlin A, Humiston T, Peterson C. Assessing parental anxiety in pediatric food allergy: Development of the Worry About Food Allergy questionnaire. J Clin Psychol Med Settings. 2022;28:447-56.



8

Case Study #1: Marina and her mother


Marina's mom scores high on measures of food allergy anxiety

What is the end goal?

- To address excess burden so Marina will eat at school.

How can this end goal be achieved?

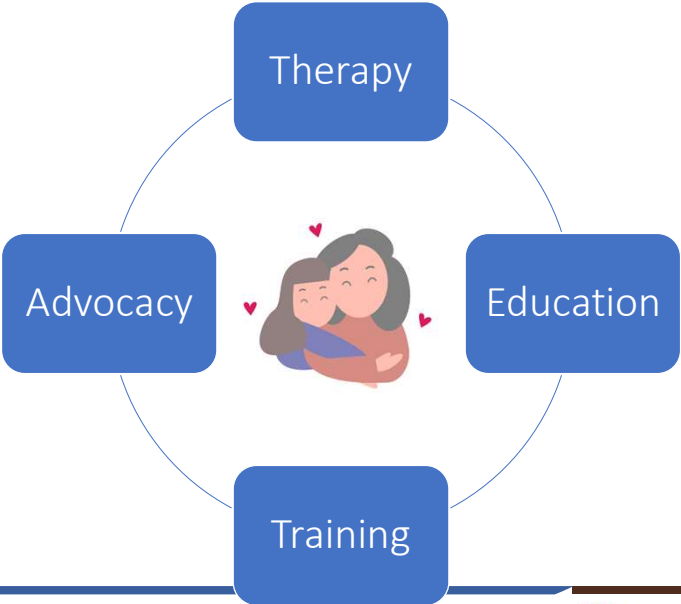
- Therapy, education, training, advocacy




9

Case Study #1: Marina and her mother


Who is involved in helping Marina and her mom achieve the end goal?






10

Case Study #1: Marina and her mother




How so?

Appropriate levels may prompt behaviours that support food allergy management

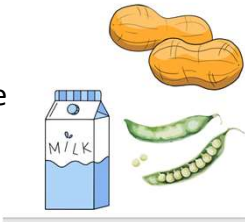


11

Case Study #2: Petra and her parents




- 13 yo girl doing well in school; highly disciplined; high achiever
- As a tween, Petra was highly social
- Always lean, Petra's clothes are now very loose
- Petra's skin and hair are unusually dull
- No underlying condition
- Allergic to cow's milk, peanut and peas
- Carries EAI



Since turning 13, Petra declines invitations to "hang out" with friends

Petra's parents concerned about her weight loss, and reluctance to socialise, but report no indication that Petra is overly concerned about her body image."

EAI epinephrine autoinjector



12

Case Study #2: Petra and her parents

Significant weight loss

ARFID


>2 food allergies

Marked interference with social activities

Significant nutritional deficiency

ARFID Avoidant Restrictive Food Intake Disorder

National Eating Disorders, 2022
Diagnostic and Statistical Manual of Mental Disorders 5
Petrawla et al, J Allergy Clin Immunol, 2022



13

Case Study #2: Petra and her parents

Poll 2. Is ARFID synonymous with anorexia nervosa?


a. No

b. Yes

c. Unsure

Results

ARFID Avoidant Restrictive Food Intake Disorder



14

Case Study #2: Petra and her parents

Both are eating disorders

- Lack of interest in food
- Not explained by lack of food
- Disturbed psychosocial functioning


No excess concern with body image

ARFID

Excess concern with body image

Anorexia nervosa

ARFID Avoidant Restrictive Food Intake Disorder

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15


Case Study #2: Petra and her parents

Estreem HH, Pados BF, Park J, Thoyre S. The Impact of Feeding on the Parent and Family Scales (Feeding Impact Scales): Development of Psychometric Testing. J Nursing Meas. 2022 Mar 1;30(1):5-20

ARFID

Patrawala MM, Vickery BP, Proctor KB, Scahill L, Stubbs KH, Sharp WG. Avoidant-restrictive food intake disorder (ARFID): a treatable complication of food allergy. J Allergy Clin Immunol Pract. 2-22;10(1): 326-8.

ARFID Avoidant Restrictive Food Intake Disorder

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16

Case Study #2: Petra and her parents


Petra’s parents scored her high on criteria associated with ARFID

What are the end goals?

- To increase intake of non-allergenic food and improve psychosocial functioning

How can these end goals be achieved?

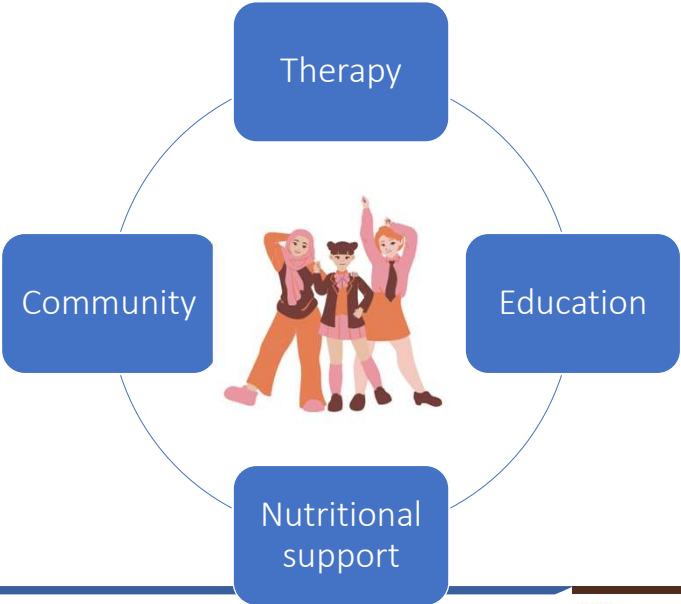
- Therapy, education, nutritional interventions, peer support




17

Case Study #1: Marina and her mother


Who is involved in helping Petra and her parents achieve the end goal?



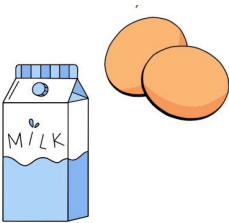


18

Case Study #3: Frank and his family




- 5 yo boy who recently passed an OFC to milk
- Still allergic to egg
- Appropriate weight and height for age
- Recently started kindergarten
- Grandparents assist parents with childcare
- Has comorbid atopic dermatitis



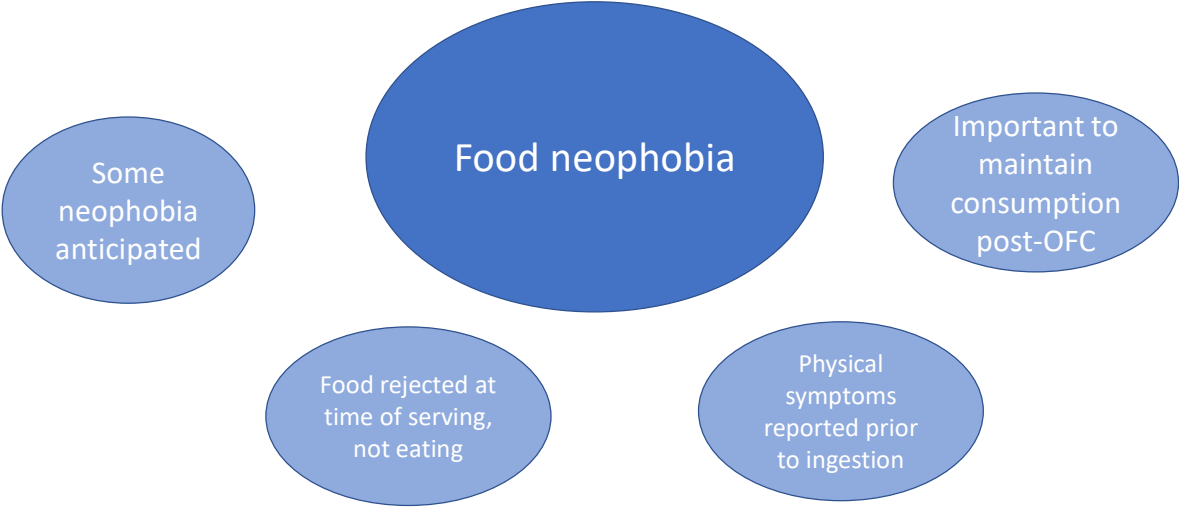
Despite successfully passing an OFC, Frank refuses to consume milk or yoghurt.

Frank's family understands the importance of reintroducing dairy products into Frank's diet, but reports substantial distress and "fighting" when trying to do so

OFC Oral food challenge


 **University of Manitoba**

Case Study #3: Frank and his family



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graph TD; A([Food neophobia]) --- B([Some neophobia anticipated]); A --- C([Important to maintain consumption post-OFC]); A --- D([Physical symptoms reported prior to ingestion]); A --- E([Food rejected at time of serving, not eating]);
```

Alimentarium.org
OFC Oral food challenge

 **University of Manitoba**

Case Study #3: Frank and his family

Poll 3. What is the primary concern with Frank's food (cow's milk) neophobia?

- a. Maintain tolerance to cow's milk
- b. Expand dietary options
- c. Demonstrate family control
- d. Improve nutritional status
- e. A + B

Results



21

Case Study #3: Frank and his family

Poll 4. What are some practical ways to support the reintroduction of cow's milk?

- a. Encourage Frank to assist in the preparation of his food
- b. Enlist support of grandparents
- c. Hide milk in "accepted" foods
- d. A + B + C
- e. None – wait until neophobia remits

Results



22

Case Study #3: Frank and his family

Meyer R. Nutritional disorders resulting from food allergy in children. *Pediatr Allergy Immunol*. 2018; 29(7):689-704.

Food
neophobia

Maslin K, Grimshaw K, Oliver E, et al. Taste preference, food neophobia and nutritional intake in children consuming a cows' milk exclusion diet: a prospective study. *J Health Nutr Diet*. 2016;29(6):786-796



23

Case Study #3: Frank and his family

Frank's family is concerned about their ability to reintroduce cow's milk, and about the "fighting."

What are the end goals?

- To reintroduce cow's milk such that Frank willingly takes it

How can these end goals be achieved?

- Education, nutritional support, regular follow-up, counselling



24

Case Study #3: Frank and his family

Who is involved in helping Frank and his family achieve the end goal?

Allergy nurse

Pediatrician

Dietitian

Psychologist

Pediatric allergist

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25

Case Study #4: Declan and his dad

- 2 yo boy who was born at 39 weeks
- Appropriate weight and length gain through 12 months, following a consistent growth curve
- Allergic to cow's milk, eggs and wheat
- Has comorbid atopic dermatitis

In the past year, Declan's weight gain have slowed, deviating from his previous growth curve.

Declan's dad reports that it is challenging to manage 3 allergies to common foods.

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26

Case Study #4: Declan and his dad

Deviations
previous
growth
curve

Growth
faltering*


Milk allergy

Vitamin D &
calcium levels
on low end of
normal

Picky eating

*Previously failure-to-thrive

Meyer et al. Pediatr Food Allergy, 2018.

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27

Case Study #4: Declan and his dad

Poll 5. What is the primary concern in Declan’s management?


a. Deviations from previous growth curve

b. Low Vitamin D and calcium levels

c. Picky eating

d. Milk allergy

Results

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28

Case Study #4: Declan and his dad


Declan’s dad is concerned about his son’s ability to return to his previous weight gain trajectory.

What are the end goals?

- To increase intake of non-allergenic food and promote weight gain

How can these end goals be achieved?

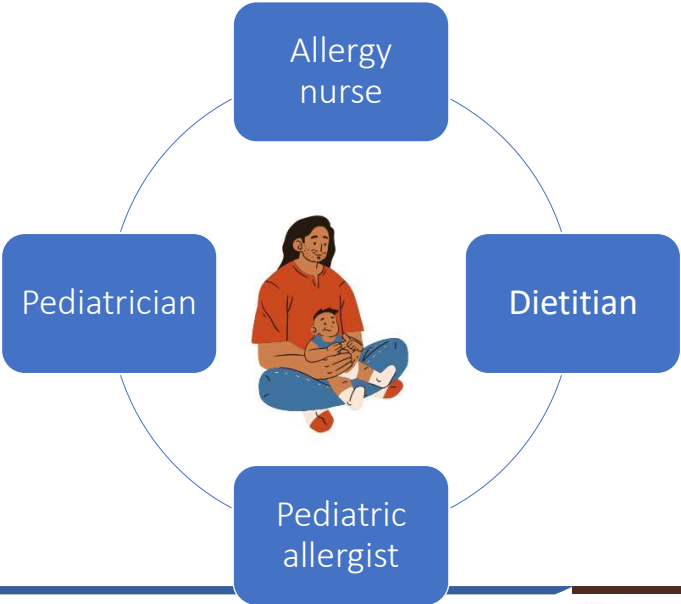
- Education, nutritional interventions, regular follow-up




31

Case Study #4: Declan and his dad

Who is involved in helping Declan and his dad achieve the end goal?





32

Conclusions

1. Many feeding disorders have been associated with food allergy, and with differing nutritional and psychosocial impacts
2. A multidisciplinary team is essential to support the resolution of the feeding disorders
3. Practical management strategies must be personalised

