

INFORMATION FOR HEALTH PROFESSIONALS

Supporting individuals with food allergy and anaphylaxis: When a psychologist can help

Food allergy-related distress

Research suggests a clear connection between food allergies and anxiety. Sources of anxiety may include the real possibility of a life-threatening allergic reaction, the constant need to be aware of potential triggers and symptoms, and the ongoing need to have medication readily available. Patients experiencing anxiety in relation to food allergy and/or potential anaphylaxis may need to be referred to a psychologist for psychological support. Caregivers and family members of patients (including children) with a food allergy and/or anaphylaxis may also require a referral to a psychologist to help them manage their own experiences of anxiety.¹ This information sheet highlights the signs of food allergy-related anxiety and discusses when support from a psychologist may be beneficial.

Currently, there are a number of strategies used to manage food allergies. Most individuals with food allergies will be asked to avoid foods that cause their allergic reactions but some may be able to include small amounts of that food either in a cooked form (e.g., egg or milk in baked products) or as part of a highly specialised program of oral immunotherapy.

New drugs are emerging that may also be used as adjunct therapies. In all of these strategies, the possibility of an allergic reaction, including anaphylaxis, is still present. In cases of accidental exposure, treatment relies on the prompt administration of rescue medications such as adrenaline.

Although fatalities from food-related allergic reactions are rare, accidental exposures and resulting allergic reactions are common. Therefore, some anxiety is a normal response to fear-inducing stimuli and can even serve as a helpful motivator to follow safety protocols.² For example, behaviours such as reading food labels multiple times or contacting restaurants ahead of time when eating out, can be considered appropriate behaviours for patients with a food allergy (or their parents). However, if anxiety remains heightened and persists, it can lead to unnecessary and unhelpful behaviours. For example, heightened anxiety may be associated with stricter avoidance than is recommended and prevent patients from engaging in everyday activities, even if safety strategies to help reduce risk are put in place.³



Signs of possible food allergy-related distress/anxiety

Uncharacteristic or sudden increases in:

- anxiousness beyond recommended allergy-related safety strategies;
- unmanageable concern about an allergic reaction, for example, fear of a severe reaction because of smelling or touching an allergen;
- limiting daily activities due to fear;
- low mood;
- social withdrawal;
- sleep difficulties;
- eating problems not related to allergy triggers;
- defiance, anger, or aggression;
- relationship difficulties;
- problems with education or workplace behaviours, relationships, participation and/or attendance;
- difficulties completing daily tasks such as showering, brushing teeth and getting dressed;

- difficulty implementing non-negotiable strategies/plans to ensure allergy safety including carrying an adrenaline device at all times, reading food labels and telling food service staff about a food allergy before ordering food.

Patients who have experienced a traumatic event such as anaphylaxis related to their own or their child's allergy, may also experience trauma-related symptoms including:

- re-experiencing the event through flashbacks or nightmares;
- avoidance of many situations that could trigger anaphylaxis (such as family gatherings) or that remind them of the event; and/or
- hyperarousal which may include difficulty sleeping, poor concentration and irritability.

Symptoms such as these may be indicative of post-traumatic stress disorder and it is important that the patient receives mental health support to help process the traumatic experience, manage their anxiety, and develop coping strategies to improve their overall wellbeing.

Signs of possible food allergy-related distress/anxiety in children

In addition to those listed above, signs of possible food allergy-related distress/anxiety in children, including adolescents, may involve:

- decreased self-esteem;
- difficulties in daily functioning (e.g., packing school bag, school refusal);
- changes in children's play and playing behaviours/socialising activities; and/or
- difficulty participating in shared responsibility planning where the child struggles to move towards independence and assume greater responsibility in the self-management of their food allergy and risk of anaphylaxis.

Children around the age of eight years are particularly vulnerable to food allergy-related anxiety, as they are becoming more socially aware and autonomous.⁴ Entering adolescent years is also a vulnerable stage for developing anxiety, given the additional challenges associated with adolescence, including social exclusion and bullying.⁵⁻⁹ Prior experience of anaphylaxis is also associated with psychological distress and may be a risk factor for anxiety.⁸⁻¹⁰

If children are presenting with these concerns, consider referring them to a psychologist for support. If the child is younger than five years old, a referral for the parents will be required but for children older than five years, both the child and parent(s) may benefit from a referral.

Considering a referral to a psychologist?

- **Ask questions about psychosocial functioning:** Ask the patient how they are managing the challenges of living with a food allergy and the risk of anaphylaxis.
- **Post-allergy reaction:** It may be beneficial for those who have experienced an allergic reaction (and/or their parents) to see a psychologist, given the possibility of experiencing anxiety and trauma as a result.

- **Refer early:** To help lessen the duration of psychological distress symptoms, it is recommended to refer to a psychologist as soon as possible. The patient may also be eligible for a mental health care plan.

Screening Measures

In addition to common tools used to assess mental distress (e.g., K-10, DASS-21, DASS-Y), there are a number of measures available to assess potential psychological distress associated with food-related allergies. These include:

- **Child and Parent related Scales of Food Allergy Anxiety (SOFAA):**¹¹ Measures anxiety related to FA in children and adolescents.
- **Impairment Measure for Parental Food Allergy-Associated Anxiety and Coping Tool (IMPAACT):**¹² Measures parental/caregiver anxiety related to their child's FA.
- **Scale of psychosocial factors in Food Allergy (SPS-FA):**¹³ This 9-item scale can be used to assess distress in parents/caregivers related to their child's FA. The scale correlates significantly with measurements of anxiety and depression.

Additional resources

- [Allergy & Anaphylaxis Australia](#) (A&AA)
- APS [Find a Psychologist](#) service
- People can call the National Allergy Helpline on 1300 728 000 to speak with an Allergy Educator (allergy trained health professional)
- [Anxiety and allergies information](#)
- [ASCIA](#)
- National Allergy Council:
 - For teens and young adults who are at greatest risk of fatal anaphylaxis allergy250k.org.au
 - [Food Allergy Aware](#)
 - [School/childcare management](#)

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