APS Australian Psychological Society

Allergy & Anaphylaxis Australia®
Your trusted charity for allergy support

PROFESSIONAL RESOURCE

Best practice management of the psychosocial impacts of anaphylaxis and food allergies

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Introduction

Australia has the highest rate of allergies and anaphylaxis in the world, particularly when it comes to childhood food allergies. Hospital admissions for food-related anaphylaxis are increasing substantially (Mullins et al., 2022).

Many people at risk of anaphylaxis are vulnerable to anxiety, depression, and trauma - especially those who have experienced or witnessed a reaction.

Historically, they have experienced limited or no psychological support, despite this condition requiring daily vigilance and representing high stress and trauma for many. Food allergies, for example, can be fatal. Yet we must eat, and food is an integral part of family and broader social connection.

People living with the risk of anaphylaxis present with a greater incidence of:

- Anxiety
- Depression
- Trauma
- Obsessive-compulsive disorder
- Disordered eating.

What is allergy?

An allergic reaction is when the immune system reacts to a substance (allergen) which is usually harmless, such as a food, drug (medication) or insect sting.

This results in the immune system producing allergy antibodies, also known as immunoglobulin E (IgE) that are specifically directed against that allergen. The IgE antibodies bind to the allergens and the body's immune system responds with inflammation.

Allergic reactions can be mild, moderate or severe (anaphylaxis). Allergic reaction may or may not be indicated by inflammation, breathing symptoms, and/or problems with circulation that can lead to dizziness or loss of consciousness.

Mild to moderate allergic reactions are as follows: swelling of lips, face, eyes; hives or welts, tingling mouth, abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).

Signs of a severe reaction (anaphylaxis) may include any of the following:

- Difficult or noisy breathing; swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse throat
- Persistent dizziness or collapse
- Pale and floppy (young children).

Allergic symptoms may vary from one reaction to the next.

Environmental allergies such as allergies to dust mite, pollens or animal dander do not cause anaphylaxis but may trigger allergic rhinitis (hayfever) or asthma.

What is anaphylaxis?

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. It involves the airways and/or heart: responding quickly can save a person's life.

Anaphylaxis requires immediate treatment with adrenaline.

It is highly distressing for the individual and witnesses, such as parents, partners, teachers or colleagues. It can result in anxiety, symptoms of trauma and/or Post Traumatic Stress Disorder for some people.

Once diagnosed, a person with a food allergy should be given education and an Action Plan in order to know what to do should another allergic reaction occur. Some people may be prescribed an adrenaline device.

The risk of future anaphylaxis is higher in those who have experienced anaphylaxis and may vary with the type and quantity of food consumed. Other risk factors like concurrent illness, exercise or alcohol may increase the chance of anaphylaxis if an allergenic food is eaten.

ASCIA Action Plan for Anaphylaxis

Diagnosis of a food allergy should involve the person's GP and an allergy specialist.

Every person who is prescribed an adrenaline device should have an ASCIA Action Plan for Anaphylaxis (an emergency response plan) completed and signed by their doctor.

This Plan must be stored with the adrenaline device and used to guide individuals or their carers if signs and symptoms of a potential anaphylaxis occur.

The adrenaline device and ASCIA Action Plan must always be easily accessible to the person at risk and those caring for them.

Tips for psychoeducation: What does 'good management' look like?

- Recognise any strengths and good management shown so far.
- Practice with an adrenaline device trainer for confidence in an emergency.
- Always have emergency medication and ASCIA Action Plan on hand.
- If allergic to insects, always wear closed shoes outdoors and use DEET-containing insect repellent.
- Learn to prepare food/drinks that do not contain the food you are allergic to.
- Read food labels: every food, every time it is purchased.
- Clearly communicate food allergy to waitstaff, even if you have eaten the same item at the same restaurant previously.
- Always communicate a food allergy to extended family, friends, workplaces etc. when invited to a gathering/event.
- Have trusted adults (for children) or friends/ colleagues (for teens and adults) who can help with allergy management and emergency treatment as needed.
- Know signs of an allergic reaction and what to do (follow ASCIA Action Plan advice: "if in doubt, give adrenaline").
- Have lots of strategies in place, so if one thing goes wrong/is missed, there are other strategies to keep you safe.
- Follow the ASCIA Action Plan if you have any signs of an allergic reaction. Having a plan in place and following it leads to positive outcomes.
- A reminder, where required, that the allergy is real, as we can become complacent (not read food labels, not carry medication, etc.).

Key questions to ask clients

Psychosocial functioning

How are you managing the challenges of living with food allergy/risk of anaphylaxis?

Post-anaphylaxis

Have you received any emotional/psychological *support* after *your experience of anaphylaxis?*

Refer early

It's a good idea to access support with a psychologist as soon as possible.

Lifespan differences

Child: *How is your child's transition to kindergarten/ school going?*

Adolescent: *How do you think your management of your allergy is going? Do your friends understand? Do you feel your teachers are aware? Do you feel supported by them? In a good way or is it embarrassing?*

Young adult: *Where do you feel you are at with managing your food allergy? Tell me about what you do to prevent anaphylaxis.*

Adult: *Were you diagnosed as an adult, or recently diagnosed? Are there issues with your allergy management in the workplace? Do you feel on top of your allergies, or is some complacency setting in?*

Signs and symptoms of food allergy - and anaphylaxis-related distress

In addition to typical signs and symptoms of anxiety, depression and/or trauma, psychologists might observe the following in those who experience/manage food allergies/anaphylaxis:

Health anxiety?

Vigilance beyond the necessary safety strategies. While good management requires some vigilance, maladaptive anxiety might be expressed through (e.g.); excessive checking behaviours; constant worry about safety; avoidance/social withdrawal tht interferes with daily functioning.

Trauma/PTSD?

Untreated psychological distress, such as when a parent witnesses their child's anaphylaxis, then must 'get on with it' without treatment for the impact.

Re-experiencing anaphylaxis through flashbacks, nightmares.

Avoidance/isolation?

Limiting daily activities (school excursions, work, outdoor activities, holidays/travel etc.) even though safety strategies are available.

Restricted eating?

Eating problems not related to allergy triggers, such as limiting non-allergen food intake.

Risk-taking?

Deliberate risk taking, or difficulty implementing strategies to ensure allergy safety, increasing risk of anaphylaxis.

Social conflict?

Tension with family, friends or community arising from misunderstandings, lack of support, and dismissiveness.

Children and adolescents

- Separation anxiety
- Decreased self-esteem
- Difficulty shifting towards independent allergy management
- Rejection of/non-compliance with allergy management responsibilities

Note for referrals to a psychologist:

- For children under 5 years of age, a referral for the parents/caregivers is required.
- For children over 5 and adolescents, both child and parent may benefit from a referral.
- Parent/carer support will be a vital part of psychological intervention for children and adolescents living with allergies and anaphylaxis.

Key takeaways for psychologists

1.
When you meet any new client, know to ask about allergies,and where they are present, screen for food allergy anxiety.

2.
Recognise and acknowledge the psychosocial challenges – early recognition ameliorates the potential cascade of allergy-related anxiety psychopathology.

3.
Validate the daily stress of managing allergies, as well as the acute anxiety associated with life threatening allergic reactions.

4.
Assess for symptoms of anxiety, trauma & PTSD. Recognise that standard tools do not typically identify allergy-related anxiety.

5.
Support clients to recognise the difference between 'good management' – an optimal level of vigilance – and maladaptive anxiety.

6.
Implementation of patient-centred CBT, medical coping, and motivational interviewing strategies may promote healthy allergy management and adjustment (Herbert & DunnGalvin, 2021).

Eating disorders and food allergies

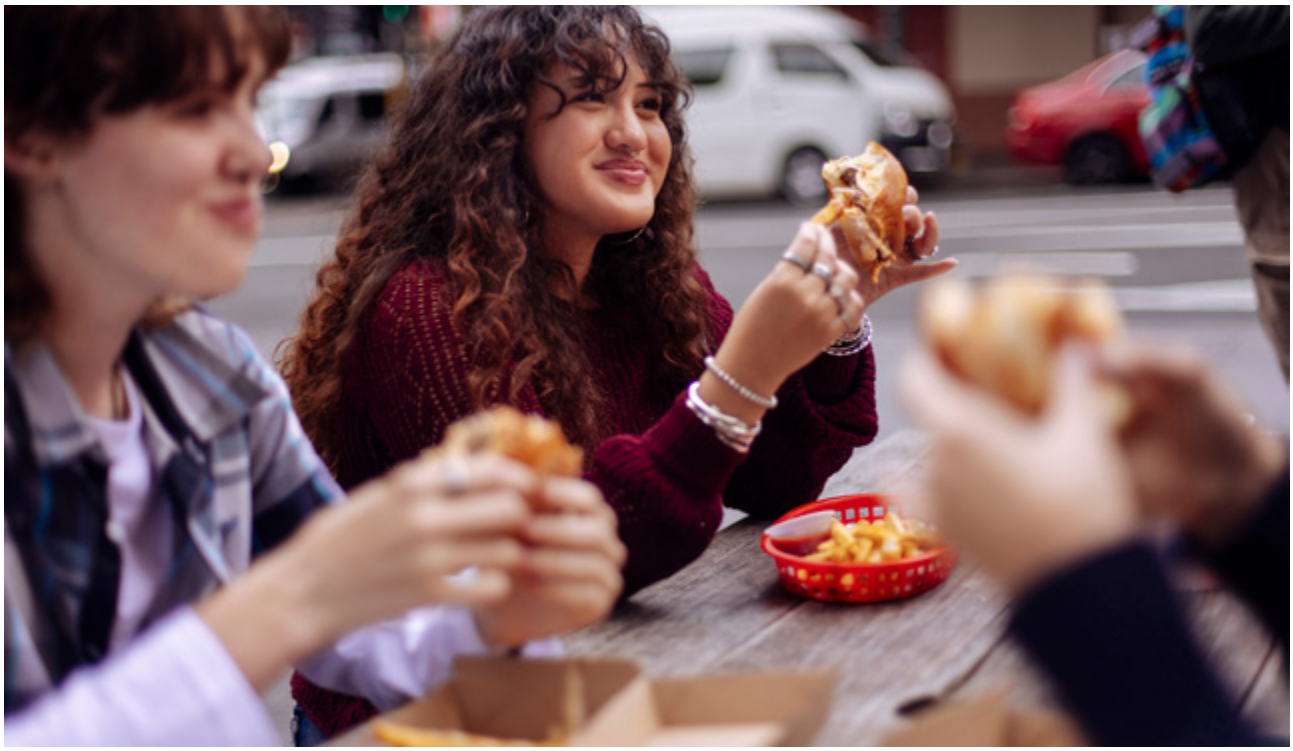
The negative impact of food allergen avoidance on nutrition, growth, quality of life and parental anxiety have been well described. Food allergy has also been associated with a range of disordered eating behaviours, including excessively limited diets, feeding aversions and limited psychosocial functioning around food and meals (Ciciulla et al., 2023).

Feeding difficulties are fairly common among children with food allergies, especially those with multiple allergies. Of note is that some children continue to have feeding issues years after food allergies improve (Hill et al., 2024).

It is never advised to 'watch and wait' when an eating disorder is suspected. Accessing support and treatment at the earliest opportunity is key to improved health and quality of life outcomes (National Eating Disorders Collaboration).

Currently, there are no guidelines or specific, validated tools for the screening and diagnosing of eating disorders among those with food allergies. Clinicians should be familiar with the signs of eating disorders and prepared to make an early referral to a credentialed eating disorder multidisciplinary team for assessment and management (Murdoch Children's Research Institute, 2023).

Tools



General measures of quality of life and anxiety do not accurately assess food allergy anxiety (Joshi & Clarkson, n.d.). While there is an urgent need for measures of anxiety and other mental health disorders that capture allergy-specific symptoms, the following tools are valid and reliable for this purpose. Please follow the links and request copies as required for your practice.

Form	Target Group	Age Range	Respondent	Description
FAQLQ-CF Child Form	Children	8-12 years	Child (self-report)	Measures how food allergy affects a child's life, including social limitations, risk, and emotional impact.
FAQLQ-TF Teenager Form	Teenagers	13-17 years	Teen (self-report)	Includes domains relevant to adolescents, such as social life and risk-taking behaviour.
FAQLQ-AF Adult Form	Adults	18+ years	Adult (self-report)	Assesses daily limitations, emotional impact, and allergen avoidance in adults.
FAQLQ-PF Parent Form	Parents of children with FA	0-12 years	Parent (proxy-report)	Assess the parent's perspective on how FA affects their child's life.

Checklist

At first contact

- ☐ Inquire about allergy/anaphylaxis information as standard practice.
- ☐ Record client allergy information effectively.
- ☐ Place general ASCIA First Aid Plans in various clinic areas.

Your practice

- ☐ Screen for mental health concerns where relevant.
- ☐ Use allergy-specific tools.
- ☐ Communicate with all other treating health care professionals.
- ☐ Check for safety: Is there an ASCIA Action Plan and adrenaline device at school/work?
- ☐ Do you offer food of any kind in the waiting room or during sessions? If food is offered as part of therapy, label needs to be read and psychologist needs to ensure client has their adrenaline device and ASCIA Action Plan with them. If client is under 18 years, parent needs to be informed of proposed activity involving food prior to it happening.
- ☐ Provide psychoeducation that defines 'good management'.
- ☐ Treat (or refer) for anxiety, depression, trauma and suicidality.
- ☐ Research shows the importance of connecting with other families of children with allergies, for reducing isolation. What connection opportunities are available for your clients?
- ☐ Provide information on helpful resources (see 'Further Information').

Making referrals

- ☐ Familiarise yourself with the resources at Allergy & Anaphylaxis Australia and Allergy 250k.
- ☐ Source psychologists with relevant expertise, for referral and/or supervision.

Further information

Peak professional body

- **The Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak professional body for allergy and clinical immunology in Australia and New Zealand allergy.org.au

Trusted websites

- Allergy & Anaphylaxis Australia allergyfacts.org.au
- ASCIA allergy.org.au
- National Allergy Council nationalallergycouncil.org.au
- For teens and young adults who are at greatest risk of fatal anaphylaxis allergy250k.org.au
- Food Allergy Aware foodallergyaware.org.au
- School/childcare management allergyaware.org.au

Resources

- Free paediatric resource:
  Managing food allergy & anxiety workbook
  (University of Surrey, 2022)
  https://surreyfahs.eu.qualtrics.com/jfe/form/SV_5dut2b6KT2mK73g

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