



عدد خاص من مجلة "بحوث في العلوم والفنون النوعية"  
العدد الحادي عشر / المجلد الثالث يونيو ٢٠١٩  
والخاص بنشر بحوث المؤتمر الدولي الثالث "التعليم النوعي ودوره في  
تحقيق رؤية مصر ٢٠٣٠" كلية التربية النوعية – جامعة الاسكندرية



## The Impact of Food Allergy on the Quality of Life in Adolescents

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كلية معتمدة بقرار رقم  
٢٠١٨/٧/٣٠-(١٨٠)

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## Abstract

**Background:** The impact of food allergy on health-related quality of life (HRQL) amongst adolescents is incompletely understood. The aims of this study were to make use of the specific food allergy quality of life questionnaire-teenager form and to investigate the association between objectively-diagnosed staple food allergy and HRQL amongst adolescents.

**Methods:** In this cross-sectional study, ١٤٤ adolescents aged ١٢–١٨ years [n = ٩٩ (٦٩ %) boys] with objectively-diagnosed food allergy living in Ismailia, Egypt were included. Adolescents completed the specific food allergy quality of life questionnaire-teenager form, which has a corresponding scale of ١ = best HRQL, and ٧ = worst HRQL. Over- all HRQL and domain-specific HRQL were established. Adolescents also reported symptoms, prescription and presence of other food allergies. Inability to stand/collapse, and/or loss of consciousness. Clinically different HRQL was set at a mean difference of  $\geq 0.1$ .

**Results:** Shows that, the average score of the food allergies scale are (١٦٧.٩٣), which is in the high range by (٩٣.٩٩ %). The average quality of life measure for adolescents is ١٠٥.٤٢ degrees (٣٧.٠٤%), which is considered a low level. There is a negative correlation between the statistically significant food allergies in adolescents and the quality of life dimensions at the level of significance ٠.٠١, which highlights the importance of the current study.

**Conclusions:** The study found that food allergies significantly affected the quality of life in adolescents. As well as low-income and educational level of the parents enhanced this effect to occur

**Keywords:** Adolescents, Food allergy, Quality of life, Health-related quality of life

## Introduction

Food is an essential element in our lives; it is essential for staying alive and it is an important part of our cultural identity. For patients with a food allergy some sources of food may be fatal. Consequently, the lives of these patients may be seriously disrupted. Food allergy is an adverse immunological reaction that may be due to IgE- or non-IgE-mediated immune mechanisms. Although any food may provoke a reaction, relatively few foods are responsible for the vast majority of food allergic reactions:



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milk, egg, peanuts, tree nuts, fish, shellfish and some fruits and vegetables [١]. While food allergies and eczema are among the most common chronic non-communicable diseases in children in many countries worldwide, quality data on the burden of these diseases is lacking, particularly in developing [٢]. Research in paediatric suggests that food allergy can affect several aspects of health-related quality of life (HRQoL) for children, adolescents, and their families because the risk of allergic reaction limits children in their autonomous social activities [٣]. Food-hypersensitive adolescents are absent from school more often and less self-confident [٤]. Food allergy (FA) has increased in developed countries and can have a dramatic effect on quality of life, so as to provoke fatal reactions [٥-٨]. The way such allergy-associated condition is manifested varies extensively depending on the specific foods and the type of reactions and symptoms that the child has. Adverse reactions to food can result in either immediate or delayed problems depending on the mechanism underlying the reaction. Food reactions can range from mild (e.g. mild itching or redness around the mouth), unpleasant and scary (e.g. intense stomach pains or asthma) to systemic reactions severe enough to be fatal (i.e. anaphylaxis) [٩]. An increase in the prevalence of asthma and atopic during the last two decades is documented for both children [١٠] and adults [١١]. The International Study of Asthma and Allergies in Childhood (ISAAC) has demonstrated a large variation in the prevalence of asthma symptoms in children throughout the world [١٢]. It is well known that there are more individuals with perceived hypersensitivity than individuals with verified/doctor-diagnosed allergy. [١٣, ١٤]. Research has demonstrated that allergic diseases have a negative impact on individuals' health-related quality of life (HRQL) and a number of studies describe HRQL-deteriorations in children and adults with asthma [١٥, ١٦], eczema [١٧, ١٨] and rhinitis [١٩, ٢٠]. Studies have also shown that allergy-associated physical and organ-related measures and tests do not always correlate with HRQL scores [٢١, ٢٣]. Adverse reactions to food constitute an important part of allergy-associated problems, especially among children. Still, studies on food allergy and HRQL are scarce. However, parental perception of physical and psychosocial functioning, measured with the Children's Health Questionnaire (CHQ-PF٥٠), has shown that childhood food allergy has a significant emotional impact on the parent



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and limits the family activities [٢٤]. Individuals with food allergy develop symptoms after eating foods that for the vast majority of the population are part of a healthy diet. The only way for the allergic individual to manage food allergy is to avoid eating the food that causes the allergic reaction. The quality of life of the food allergic individual may be seriously impaired. The impact also extend to the family and friends of the allergic individual, as all have to be vigilant to protect the allergic individual from the foods to which he or she is (or believes to be) allergic. Approximately ٤-٦% of children and ١-٣% of adults are diagnosed with food allergy. However, up to ٢٢% of the adult populations believe that they are allergic towards one or more foods. Whether they are truly allergic or not they will have dietary restrictions, which may have an impact on their quality of life [٢٥]. For that reason, the quality of life of a large part of the population may be affected by food allergy [٢٦]. Quality of life (QOL) is defined by the World Health Organization (WHO) as "an individual's perception of his/her position of life in the context of the culture and value systems in which he/she lives and in relation to his/her goals, expectations, standards, and concerns" . HRQL refers to a person's or group's perception of the effect of an illness and its therapy on their QOL and daily functioning. HRQL has three components: social, psychological, and physical [٢٧].

## Methods

### The present study aimed to identify

١. Determine the types of food that cause food allergies among adolescents.
٢. Identify the differences in food allergies among adolescents and the quality of life according to the different (housing - parents' education - family income)

**Setting:** primary (six grade), preparatory and secondary schools of El Kassasen city. Faculty of nursing and education (first year) Suez Canal university.

**Subjects:** Adolescents from ١٢-١٨ years who had food allergy

**Sampling and sample size:** This study was conducted on ١٤٤ students in Ismailia Governorate in Egypt, ١٠٠ students in primary, preparatory and secondary schools and ٤٤ students in university education



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**Inclusion criteria:** Adolescents who already diagnosed with food allergy to one or more type of food From both gender

**Tools of data collection:**

**Tool (١):** Data were gathered through a structured questionnaire sheet, that was designed by the researchers after extensive review of literature and written in Arabic language to suit the understanding level of the participants. It consisted of six parts: the first part including the personal data of adolescents as age, grade of school, income, family numbers, education, consanguinity and jobs of father and mother. The second part including questions about type of food that causes allergy, signs and symptoms, complications and effect of allergy on academic performance and family.

**Tool (٢):** Food Allergy Quality of Life Questionnaire for adolescents by FLOKSTRA-DE BLOK ET AL, ٢٠٠٨. It consisted of ٢٩ questions about influence of allergy on quality of life.

**Tool (٣):** Questionnaire on health condition. It concerned with the influence of allergy on health condition (as a whole). It was a general questionnaire that covers different aspects of mental and physical health.

**Operational Design:** The operational design included preparatory phase, pilot study, field work and limitation of the study.

**A-Preparatory phase:** It includes reviewing of literature, different studies and theoretical knowledge of various aspects of the problems using books, articles, internet, periodicals and magazines.

**B- Pilot Study:** A pilot study was carried out after the development of the tool and before embarking on the actual study (data collection). It was conducted in order to test applicability & feasibility of the tool of data collection. It was carried out on ١٠٪ of the study subjects, to evaluate the content of tool and to determine whether or not the items were understood by adolescents and they was excluded from the entire sample of research



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work. Needed modification was done based on pilot results, making an assurance that the tool as a whole achieved the aim of the study.

**C- Field work;** The data collections were done during second semester of year ٢٠١٨. Data collection was governed by the availability time for both the investigator and the study respondents. After explaining the aim of study and taking approval from adolescents, the researchers complete the questionnaires (three forms).

### **Ethical consideration**

Primary approval was obtained from the research ethical committee in the Faculty of Nursing, University. The researcher explained the aim and nature of the study to adolescents for gaining their cooperation. Oral affirmative consent was obtained from adolescents to participate in the study. The topic of this study doesn't touch religious, ethical, moral and cultural issues among participants, adolescents were assured that all gathered information will be confidential and will be used only for the purpose of the study.

### **Limitations of the study**

This study was conducted on ١٤٤ students in Ismailia Governorate in Egypt, ١٠٠ students in primary, preparatory and secondary schools and ٤٤ students in university education, Food allergies and quality of life questionnaire was distributed to school students by researchers, with assistance of school nurses and researchers, the students filled out the forms with the help and guidance of the researchers. The researchers distributed the Food allergies and quality of life questionnaire to the students of the Faculty of Education and the Faculty of Nursing at Suez Canal University (first year) where the students filled out the forms with the help and guidance of the researchers.

### **Statistical**

Statistical analyzes were performed using the Spss.x program, the SAS program to determine the arithmetic mean, the standard deviation, the frequencies, the percentages, the Pearson correlation coefficient, the differences between the averages using the T.Test test, the one-way analysis using F.Test, and LSD.

### **treatments:**



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## Results:

The results of the current study were presented in the following sequence:

**Table (١): Distribution of the studied sample as regards their socio-demographic characteristics (n=١٤٤)**

Socio-demographic characteristics	Number	Percentage %
<b>Age (in years)</b>		
١٢-١٥	١٠٢	٨٢
١٦-١٨	٤٢	١٨
<b>Gender</b>		
Boys	٤٥	٣١.٠
Girls	٩٩	٦٩.٠
<b>Level of education (father)</b>		
Low (primary or lower)	١٠١	٧٠.١
Middle ( secondary)	١٨	١٢.٥
High ( university and above)	٥	٣.٤
<b>Level of education (mother)</b>		
Low (primary or lower)	١١٠	٧٦.٤
Middle ( secondary)	٢٧	١٨.٨
High ( university and above)	٧	٤.٨
<b>Housing condition</b>		
Popular	٩٢	٦٣.٩
Medium	٣٦	٢٥
Up scale	١٦	١١.١
<b>Family Size</b>		
Small (٣-٤)	٤٢	٢٩.٢
Medium (٥-٦)	٨٨	٦١.١
Big (٧ and more)	١٤	٩.٧
<b>Family income</b>		
Low ( less than ١٢٠٠ EP)	٩٢	٦٣.٩
Medium (١٢٠٠ to less than ٢٤٠٠ EP)	٣٥	٢٤.٣
High ( ٢٤٠٠ and more )	١٧	١١.٨

Table (١) illustrates that, ٦٩% of the study sample were girls, and the majority of adolescents their ages ranged between ١٢ and ١٥ years ٨٢%. Most of the sample had low level of father education, mother education, housing condition and family income (٧٠.١%, ٧٦.٤%, ٦٣.٩% and ٦٣.٩% respectively). While less than two thirds of them (٦١.١%) had medium family size.

**Table (٢): Distribution of the studied sample according to number, type and complications of allergic foods (n=١٤٤)**

Items	Number	Percentage%
<b>Number of allergic foods</b>		
١	٨٩	٦٢.٠
٢	٤٥	٣١.٠
٣	١٠	٧.٠
<b>Types of allergic foods</b>		
Strawberry	١١٤	٧٩.٣
Milk	٧٢	٥٠
Wheat	١٢	٨.٦
Mango	٨٧	٦٠.٣
Fish	٢٢	١٥.٥
Beans	١٥	١٠.٣
<b>Complications of food allergy</b>		
Gastrointestinal	٩٨	٦٨.٣
Dermatological	١٣٠	٩٠.٢
Oral cavity	٥٦	٣٩.٠
Respiratory	١٤٤	١٠٠
Cardiovascular	٣٩	٢٦.٨
Anaphylaxis	٨١	٥٦.١

As shown in table (٢) near two thirds of study sample ٦٢% were allergic to only one food. While ٧ % were allergic to three foods. The majority of the sample (٧٩.٣ %) was allergic to strawberry. While the minority of them (٨.٦%) were allergic to wheat. All adolescents (١٠٠%) had respiratory complications due to allergy, followed by dermatological, gastrointestinal and anaphylaxis (٩٠.٢%, ٦٨.٣% and ٥٦.١%) respectively.



**Table (٣) Descriptive statistics for food allergy in adolescents n=١٤٤**

Aspects of food allergies	Range (Degrees)	Mean ± SD
<b>The impact of food allergies on the family</b> (٢١ items)	low level (٢١:٣٥ Degree)	٥٣.٤٦ ± ٦.٣٤
	Middle level (٣٦:٤٩ Degree)	
	High level (٥٠: ٦٣ Degree)	
<b>The problems faced by adolescents because of food allergies</b> ( ٢٦ items)	low level (٢٦: ٤٣ Degree)	٦٥.٣٧ ± ٥.٥٦
	Middle level (٤٤:٦١ Degree)	
	High level (٦٢:٧٨ Degree)	
<b>Adolescent fears of food allergies</b> ( ١٧ items)	low level (١٧:٢٨ Degree)	٤٩.١ ± ٥.٣٨
	Middle level (٢٩:٤٠ Degree)	
	High level (٤١:٥١ Degree)	
<b>Food allergies in general</b> (٦٤ items )	low level (٦٤:١٠٦ Degree)	١٦٧.٩٣ ± ١٣.٧١
	Middle level (١٠٧:١٤٩ Degree)	
	High level (١٥٠:١٩٢ Degree)	

Table (٣) shows that, The average score of the food allergies scale are (١٦٧.٩٣), which is in the high range by (٩٣.٩٩ %). Adolescent's food allergy affects highly on the family ٥٣.٤٦ presented by (٨٩.٧٧%). Moreover adolescents had high effect level regarding the problems faced by adolescents because of food allergies ٦٥.٣٧ represented by ١٠٩.٧٧%. Regarding adolescent's fear of food allergy, they affected highly by mean of ٤٩.١ and percentage of ٨٢.٤٥.

**Table (٤) Descriptive statistics that describe the level of the quality of life for adolescents:**

The quality of life for adolescents	Range (Degrees)	Mean ± SD
physical aspect (٢٢ items)	low level (٢٢:٣٦ Degree)	٢١.٥٩±٤.٤١
	middle level (٣٧:٥١ Degree)	
	High level (٥٢:٦٦ Degree)	
Health aspect (٢٢ items)	low level (٢٣:٣٨ Degree)	٢٢.١٦±٤.٥٨
	middle level (٣٩:٥٤ Degree)	
	High level (٥٥:٦٩ Degree)	
Social relations (١٩ items)	low level (١٩:٣١ Degree)	٢٠.٦٧±٤.٣٣
	middle level (٣٢:٤٤ Degree)	
	High level (٤٥:٥٧ Degree)	
Quality of life as a whole (٦٤ items)	low level (٦٤:١٠٦ Degree)	٦٤.٤٢±١٠.٠١
	middle level (١٠٧:١٤٩ Degree)	
	High level) (١٥٠:١٩٢ Degree)	

Table (٤) shows that the average quality of life measure for adolescents is ١٠٥.٤٢ degrees (٣٧.٠٤%), which is considered a low level. The quality aspects of life were as follows: Health, Physical and Social Relations (٣٩.١٧%, ٣٦.٤٦% and ٣٥.٤٩%) respectively. The table also shows the difference in the standard deviation of the sample grades from the scale axes.

**Table (٥) Correlation between food allergies among adolescents and the quality of life dimensions.**

Food allergy Quality of life	Physical aspect	Health	Social	Quality of life
The impact of food allergies on the family	-٠.١٥**	٠.٢٦**	٠.٢٧**	٠.٢٨**
The difficulties faced by adolescents because of food allergies	-٠.١٣**	٠.٣٧**	٠.٤١**	٠.٣٨**
Adolescent fears of food allergies	-٠.١٤**	٠.٥٣**	٠.٤٠**	٠.٤٤**
Food allergies in general	-٠.١٩**	٠.٥٢**	٠.٤٨**	-٠.٤٨*

\*\* Significance at level ٠.٠١

Seen from the table (٥) there is a negative correlation between the statistically significant food allergies in adolescents and the quality of life dimensions at the level of significance ٠.٠١, which highlights the importance of the current study.

## Discussion:

In this cross-sectional study we used a food allergy-specific questionnaire that is robust for adolescents with food allergies that provided insights into associations between food allergy and HRQL that could not have been gleaned via a generic questionnaire [١٣]. Our study population included ١٤٤ adolescents, of whom ٩٩ (٦٩ %) were boys (Table ١). Most (٦٢ %) of participants were allergic to only one food, although ٧ % were allergic to all three foods. The most common food allergy was to Strawberries (٧٩ %). Other participant-reported allergies to other foods, particularly to mango (٦٠ %) and milk (٥٠ %), were also common. Allergies to fruits and vegetables



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are more common in adulthood. On the other hand, nuts and sea foods may cause severe allergic reactions [٢٨]. Nearly all adolescents reported lower respiratory (٩٥ %) and dermatological (٩٠ %) symptoms. Gastrointestinal symptoms were also common (٦٨ %). Although symptoms involving the cardiovascular/neurological system were the least common, they were nonetheless reported by ٢٧ % of adolescents. Adolescents with food allergy describe themselves as being very mature for their age, yet dependent on others in the event of a reaction [٢٩]. One can speculate that these opposing characteristics may result in worse food allergy-specific HRQL. Unlike other chronic conditions which adolescents may neglect or be non-compliant [٣٠], food allergy can-not be ignored for longer than an interval between meals or snacks. But given that food is an integral part of social events, feelings of exclusion and 'being different' may ensue [١١]. This may begin to explain why food allergy is strongly associated with worse HRQL. This may also explain why neither the number of allergies or symptoms, nor AAI prescription is a predictor of clinically worse HRQL. Further, adolescents often base their food choices primarily on enjoyment and secondarily on content [٣١], thereby engaging in risk taking behaviors [٣٢] that may potentially lead to severe reactions. Yet, like others [٣٣], we found no difference in HRQL between those with vs. without a history of anaphylaxis. The financial burden of food allergy on healthcare systems [٣٤] and on households [٣٥] is high, and allergy-related hospitalizations are increasing [٣٦]. Worse HRQL also predicts greater healthcare costs [٣٧]. Thus, addressing HRQL amongst adolescents, as well as children [٣٨] and adults [٣٩] with e food allergy warrants considerable attention. The presence of poor social, mental or somatic health may increase the perception of allergy-like conditions. Still, irrespective of what the underlying causes are, it is evident that adolescents who experience allergy-like conditions also experience HRQL-deterioration [٤٠]. A significant number of teens with food allergy admit to risk taking that varies by social circumstances and perceived risks. The results imply that education of teenagers and, importantly, those around them during social activities might reduce risk taking and its consequences [٤١]. Food allergy has a significant effect on activities of families of food allergic children. Further study is needed to



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determine more detailed effects of food allergy on parent-child interactions and development [٤٢]. Childhood food allergy has a significant impact on general health perception (GH), emotional impact on the parent (PE), and limitation on family activities (FA).. Factors that influence reductions in these scales include associated atopic disease and the number of foods being avoided [٤٣]. Quality of life studies have highlighted the subjective nature of living with an illness, where emotional, social and cognitive factors, in addition to expectations and coping style, influence personal perception [٤٤, ٤٥]. Health-related QoL considers the effects of an illness and its treatment upon the patient, as perceived by the patient, looking at social, psychological and physical states. In a healthcare system where a patient centered approach is now favored, QoL research in patients with allergy can provide means for improving the management, care and experiences of patients and families. Ostblom et al [٤٦]. found that parents of ٩-year-old children with food hypersensitivity reported that their child had significantly worse physical functioning, more social limitations and poorer general health than children with nonfood-related allergic diseases and children with no allergic diseases. Those with high levels of food-specific IgE-antibodies also had poorer mental health and general health. It was also noted that the larger the number of previous reactions to foods, the lower the parental reported physical functioning of the child, and the higher the impact upon family social activities [٤٧]. HRQL in adults is age-dependent and it has been found that HRQL as measured with the scales Physical functioning (PF), Role functioning-physical (RP), Bodily pain (BP) and General Health (GH) decreases with food allergy [٤٨]. A number of studies have reported that activities undertaken as a family unit are limited by having a food allergic child [٤٩].

## Conclusions

The results indicate a need to consider not merely physical consequences but also the psychosocial quality of life impact of allergy-like conditions among



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both females and males. Further research is needed to elucidate the reasons behind the gender differences in this area. It is evident that food allergy has a profound psychosocial impact on children, adolescents and their families. In particular, the constant vigilance needed to avoid allergens and the daily management of food allergy impacts on daily family activities and social events. Food allergy also appears to have a considerable detrimental effect on certain aspects of QoL such as emotional QoL, physical functioning and quality of school life. Certain subgroups of patients and care-givers seem to be most affected. The number of studies looking at the impact of food allergy has increased within the last few years, and this recent development of validated, food allergy-specific tools for studying QoL in children and adolescents should facilitate further research.



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كلية معتمدة بقرار رقم  
٢٠١٨/٣٠-(١٨٠)

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## الملخص العربي

### تأثير الحساسية الغذائية على جودة الحياة لدى المراهقين

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اجريت هذه الدراسة بهدف توضيح تأثير الحساسية الغذائية على جودة الحياة لدى المراهقين ، وذلك باستخدام استبيان عن الحساسية الغذائية وجودة الحياة تم تصميمه بواسطة الباحثين ، تم تطبيق الاستبيان على ١٤٤ مراهق مصاب بالفعل بالحساسية الغذائية وفقا لتشخيص طبي، كلهم من محافظة الاسماعيلية ، تتراوح اعمارهم ما بين ١٢ و ١٨ عام ، منهم ١٠٠ طالب من المدارس الثانوية ، و ٤٤ طالب في الفرقة الاولى بكلية التربية بالاسماعيلية ، واشتمل الاستبيان على استمارة البيانات العامة ومقياس الحساسية الغذائية و مقياس جودة الحياة لقياس تأثير الحساسية الغذائية على جودة الحياة لهؤلاء المراهقين المصابين بالحساسية الغذائية ، وتبين من خلال النتائج مدى تأثير الحساسية الغذائية على جودة الحياة لدى المراهقين حيث اشارت النتائج الى وجود ارتباط عكسي بين الحساسية الغذائية وجودة الحياة لدى المراهقين والذي تمثل في انخفاض جودة الحياة بكل جوانبها الاقتصادية والتعليمي والصحي لدى المراهقين المصابين بالحساسية الغذائية .

الكلمات المفتاحية: المراهقون ، حساسية الطعام ، جودة الحياة ، جودة الحياة المرتبطة بالصحة