



Food Allergy Affects Children and, at the Same Time, Influences many Aspects of the Parents or Caregivers' Lives

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Food allergy (FA) is a specific abnormal clinical immune reaction to food proteins that falls under the broad umbrella of adverse food reactions. FA is a major global health problem, and its geographic distribution may be linked to genetic, environmental, lifestyle, and dietary habits [1,2]. Although more than 160 foods can cause allergic reactions, in industrialized Western countries, eight foods are considered significant allergens (cow's milk, soy, egg, wheat, fish, shellfish, peanuts, and tree nuts) [3]. These food allergens are responsible for 90% of allergic reactions, mainly in the first year of children's life. Optimistically, in more than 80% of cases, these allergies spontaneously recover within the first three years of life. Infants have the highest prevalence, and in children under three years of age, it is estimated at around 3 to 6% [4,5].

Paediatricians are the first physicians to be sought by relatives of children with suspected FA. Therefore, they must be trained in the principles of diagnosis and make appropriate referrals when necessary. Some additional tools to the clinical history, physical examination, and basic laboratory tests can help diagnose. The CoMiSS (Cow's Milk-related Symptom Score) is a valuable tool for clinical evaluation that aims to distinguish infants with the possibility of having Cow's Milk Allergy. It is simple, quick, and easy to use and assesses the most common symptoms of cow's milk protein allergy. Also, it helps quantify symptoms' evolution during a therapeutic intervention [6].

Given the increased prevalence of FA among infants, a greater awareness of the impact on families' emotional, social, and financial issues has risen. Proctor, *et al.* [7] highlight a need to assess the psychosocial effects parents and families may experience from children with FA. Children's FA negatively affects family activities at younger ages and may cause stress, fear, anxiety, and a heavy burden on parents, significantly impacting physical and psychological health. These manifestations often peak at certain

stages in their children's lives, such as when they join the nursery or school [8–10]. For many families, food allergen elimination can result in emotional overload, adding anxiety and stress to seemingly simple daily tasks. There may be endless fear of anaphylaxis, interpreted as "neurosis" by others. Still, there is a need to communicate the risks to others involved in the child's care associated with additional financial costs. So, constant vigilance is needed to avoid accidental exposure to allergens, which can be stressful and affect parents' or caregivers' Health-Related Quality of Life (HRQoL) [11,12]. A systematic review of ninety-eight studies documented that mothers were the main participants, and anxiety was the most burdensome form of FA-specific emotional distress [13]. Thus, parents, particularly mothers carrying this burden, may have impaired HRQoL [14,15].

Conclusion

In conclusion, FA in the first three years of life could negatively impact the HRQoL of parents/caregivers. Then, HRQoL assessment in clinical practice can facilitate communication, discover information about the problems that affect these patients, and help relieve the patient's symptoms and rehabilitation. Thus, instruments that assess the HRQoL of parents/caregivers can be applied just before the consultation in the waiting room. Such practice will inevitably help to understand many aspects related to the difficulties faced by parents/caregivers in treating their children.

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