Educational Needs of Allergists in the United Kingdom: Results From a Questionnaire Focused on Physicians Managing Patients With Peanut Allergy

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P061

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INTRODUCTION

The prevalence of food allergy, particularly allergy to peanut, has increased[1-3]

- In the United Kingdom (UK), 14% of fatal food-induced anaphylaxis in children is triggered by peanut[4]
- There is substantial burden of peanut allergy on patients and their families; no robust analyses that compare the diagnostic and management decisions of allergists in different countries exist[5-7]
- Anecdotal data suggest widely varying practices in the diagnosis and management of food allergies; the diversity and relative frequency of these practices have not been documented[6]

OBJECTIVE

We administered a survey to evaluate practices of allergists caring for individuals with peanut allergy in France, Germany, the UK, and the United States

Results from the UK are presented

METHODS

A field-tested, case-based survey was developed to investigate allergists' approaches to diagnosis and management of individuals aged <18 years with peanut allergy

- Involved two case vignettes with 25 questions
- Conducted via an online platform

The survey was distributed to 1,915 UK-based practicing allergists in July 2019

LIMITATIONS

The survey response rate was low and heterogeneity among the practicing allergists surveyed may limit the generalisability to all allergists in the UK

BSACI guidelines for the diagnosis and management of peanut allergy are subject to interpretation by UK allergists and may have led to variability in peanut allergy management, such as with follow-up intervals[8]

- Many factors were involved in the decision to conduct oral food challenges, as a need for clear direction on whom to challenge was identified
- Most patients were educated on peanut avoidance, treatment of allergic reactions, and training with emergency medications such as adrenaline autoinjectors as part of a comprehensive management plan described in the BSACI guidelines

RESULTS

Respondent Demographics

Thirty-five UK-based allergists completed the survey

16 Mean number of patients with peanut allergy seen per month

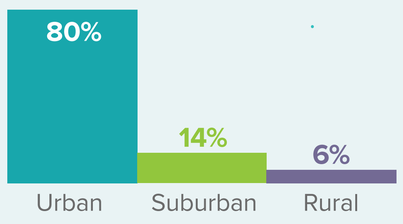
13 Mean number of patients under 18 years with peanut allergy managed per month

66% of respondents have an academic/university primary practice setting

6% of respondents have a minimum age (12+ years) at which they begin managing paediatric patients with peanut allergy

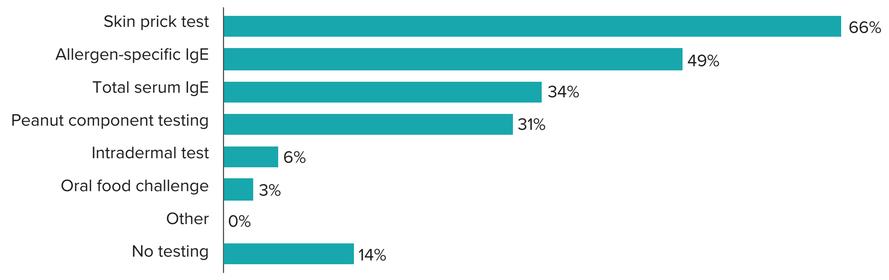
6% of respondents administer unregulated oral immunotherapies to patients with peanut allergy

Practice locations:

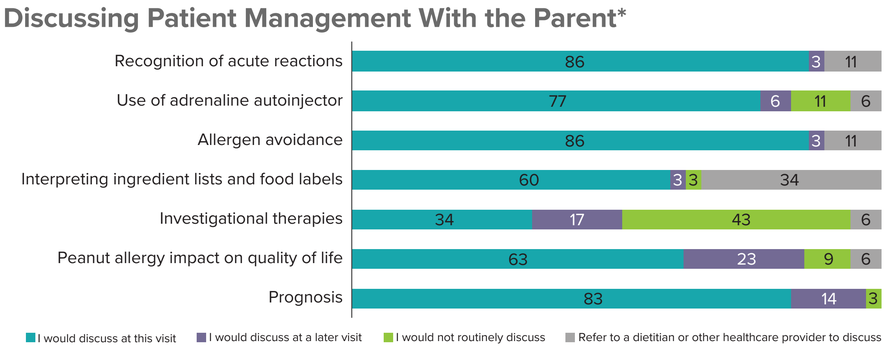


Approaches to Initial Peanut Allergy Diagnosis

Testing Performed at Initial Diagnosis



Discussing Patient Management With the Parent*



N=35. *For a child with a history of developing "hives" and pruritis; numbers in bars indicate percentages.

Approaches to Decision-Making

77% of respondents typically include other healthcare professionals in their management of patients with peanut allergy

Clinicians that respondents (n=27) typically refer patients to:

- **96%** Dietitian or nutritionist
- **74%** Nurse educator
- **11%** Psychologist or therapist
- **7%** Social worker
- **4%** Other

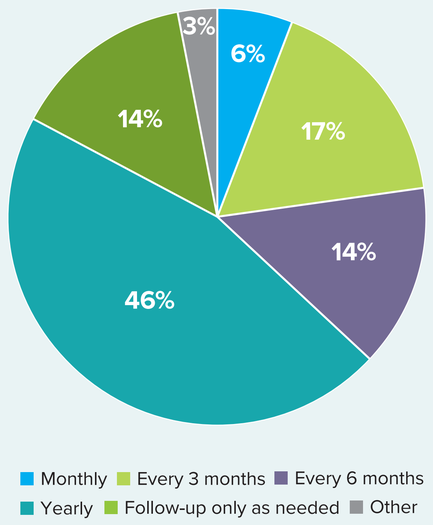
Making Final Treatment Decisions

- **11%** I prefer to make the final decision about which treatment my patients receive
- **34%** I prefer to make the final decision after seriously considering the patient's/parent's opinion
- **46%** I prefer that the patient/parent and I share responsibility for deciding which treatment is best
- **9%** I prefer that the patient/parent make the final decision, but after seriously considering my opinion
- **0%** I prefer to leave all decisions regarding treatment to the patient/parent

N=35, unless otherwise noted.

Approaches After Initial Peanut Allergy Diagnosis

Frequency of Routine Follow-Up



Retesting at a Later Date*

69% of respondents would test for peanut allergy at a later date; 11% would not and 20% were unsure

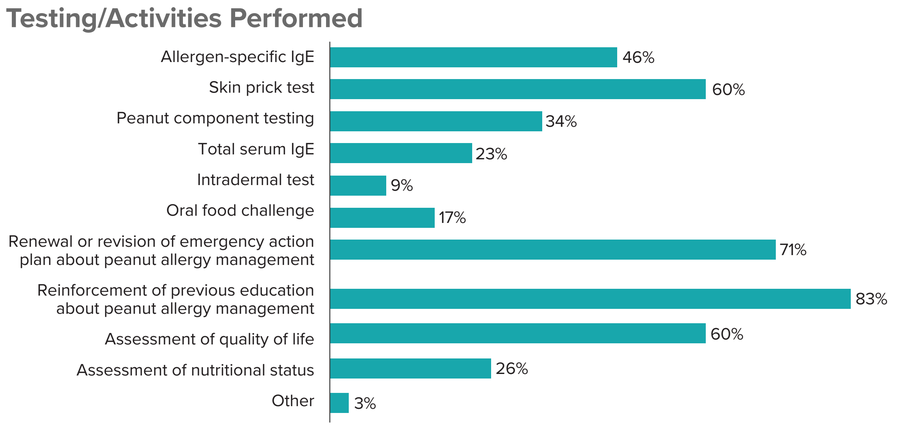
In the 24 respondents that would retest, if the peanut allergy resolved at a later date, respondents would make the following recommendations:

- **54%** Ingest a normal serving of peanut regularly
- **25%** Continue to avoid any peanut exposure to the extent possible
- **13%** Eat only small servings of peanut on rare occasion
- **8%** Other

N=35, unless otherwise noted. *Based on a patient aged ≤2 years with peanut allergy.

Approaches to Long-Standing Peanut Allergy Diagnosis*

Testing/Activities Performed



Significance of Goals in Managing the Patient

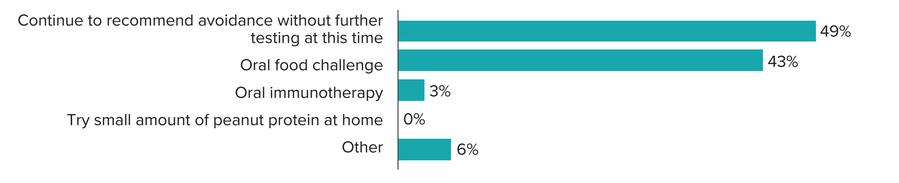
On a scale of 1 (not at all significant) to 5 (extremely significant), preventing serious reactions was felt to be the most significant goal of peanut allergy management

- **4.5** Prevent serious reactions
- **4.3** Maximising the patient's quality of life
- **3.9** Relieving the parent's anxiety

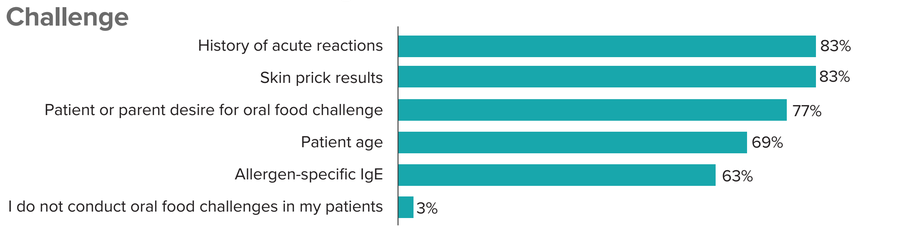
N=35. *Based on a patient with poor adherence to asthma medications and exacerbations requiring systemic corticosteroids.

Subsequent Peanut Allergy Testing

Actions With Peanut Allergy Testing Yielding Indeterminate Results



Factors Used in Determining Whether to Conduct an Oral Food Challenge



N=35.

Survey results provided insights into British allergists' clinical experience with peanut allergy treatment and point toward areas that might benefit from focused education, particularly patient/family education and follow-up visits.

References

1. Lieberman JA, et al. *Allergy*. 2021;76:1367-1384. 2. Sicherer SH, et al. *J Allergy Clin Immunol*. 2018;141:41-58. 3. Loh W, et al. *Int J Environ Res Public Health*. 2018;15:2043. 4. Conrado AB, et al. *BMJ*. 2021;372:n251. 5. Couratier P, et al. *Allergy Asthma Clin Immunol*. 2020;16:86. 6. Blumchen K, et al. *Allergy*. 2020;75:2920-2935. 7. DunnGalvin A, et al. *Clin Exp Allergy*. 2020;50:1238-1248. 8. Stiefel G, et al. *Clin Exp Allergy*. 2017;47:719-739.

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