

Barriers to Allergenic Food Guideline Implementation by Primary Care Providers

By: Dorian Conti, Carleigh Kaufman, Briana Wall
UT Clinical Nutrition and Dietetics Master's Program

Background

The 9 most common allergens are peanuts, eggs, shellfish, fish, wheat, soy, sesame, cow's milk, and tree nuts.¹ In the Learning Early about Peanut Allergies (LEAP) study, infants who were considered high-risk for peanut allergies, and were regularly provided peanut foods between ages 4 and 10 months had an 80% risk reduction for the development of a peanut allergy.³

In 2017, the American Academy of Pediatrics (AAP) provided new guidelines for the early introduction of highly allergenic foods, previous recommendations included strict avoidance.⁵

In 2018, studies have measured high awareness of recent guideline updates but low implementation. There is likely a difference in the prevalence of implementation in the current year; this pilot study is proposed to discover perceived barriers to implementation and highlight possible need for new tools and resources.

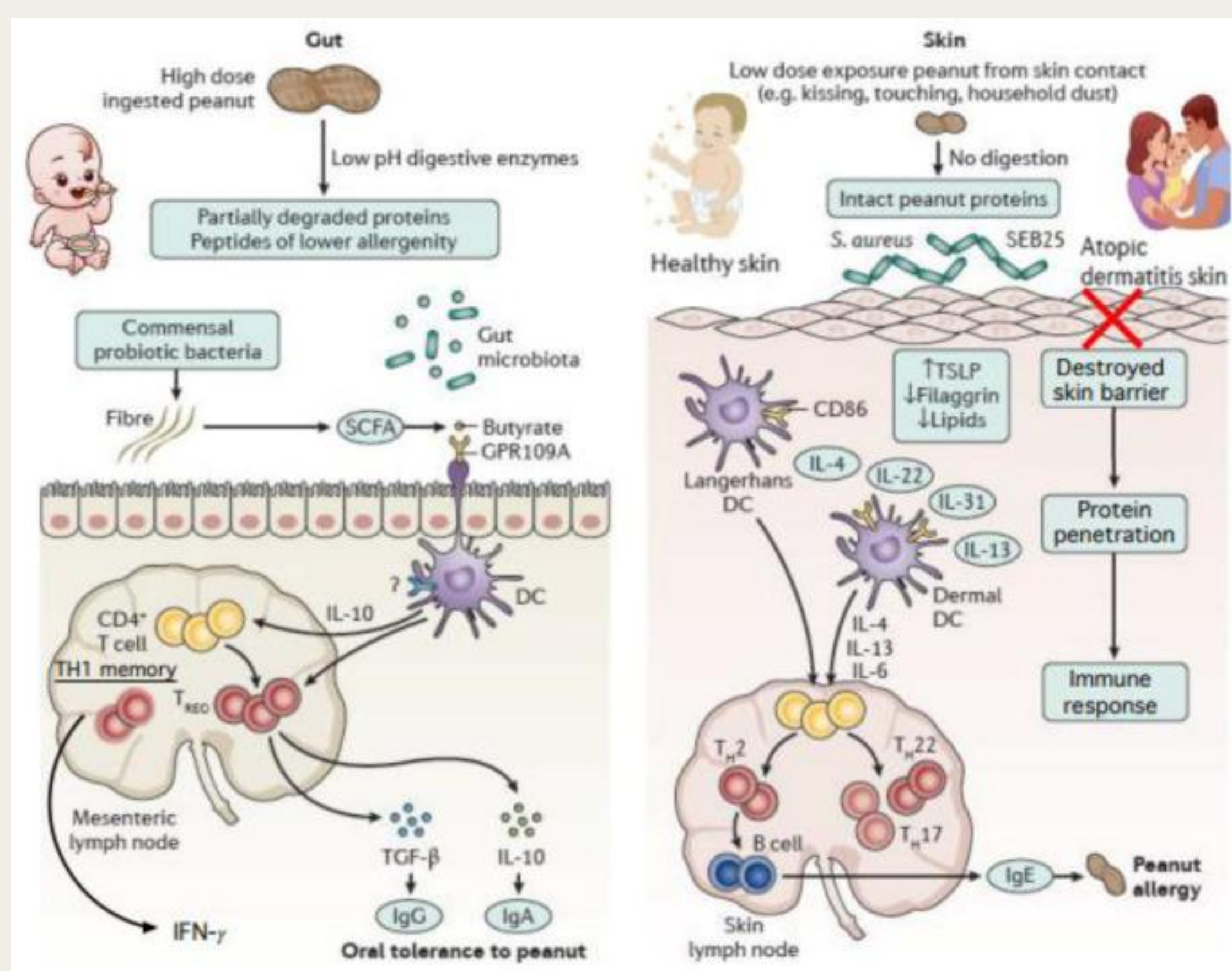


Figure 1: exposure routes and IgE-sensitization.⁶

2019 American Academy of Pediatrics Early Allergen Introduction Guidelines

High-risk infants (presence of severe eczema and/or egg allergy) should be introduced to peanut as early as 4–6 months of age, following successful feeding of other solid food(s) to ensure the infant is developmentally ready. Allergy testing is strongly advised prior to peanut introduction for this group

Infants with mild-to-moderate eczema should be introduced to peanut around 6 months of age, in accordance with family preferences and cultural practices, to reduce the risk of peanut allergy

Infants without eczema or food allergy who are not at increased risk: peanut should be introduced freely into the diet together with other solid foods and in accordance with family preferences and cultural practices

Table 1: Adapted from “Early Introduction of Allergenic Foods and Prevention of Food Allergy,” by Brit Trogen, et al. summarizes the 2019 guideline recommendations for early allergenic food introduction.

Discussion

Some studies have identified potential barriers to implementation of the guidelines including but not limited to: parental concerns, uncertainty in properly following guidelines, need for professional training on updated guidelines, lack of referrals and office time, and parent disinterest in early feedings. Our study aimed to specifically identify barriers that Knox County primary care providers experience.

Evaluation

Our survey did not receive enough information to identify barriers due to limitations. It has established a base for future directions to pursue for research.

Methods & Survey

Advertising

- Flyer
- Cherokee Health Systems

Survey

- Qualtrics
- Online Only
- Content reviewed by: Kathleen Price PhD, RDN, LDN, Jenna Martin MS, RDN, LDN, Madden Wilson RND, LDN, CNSC

Exclusion Criteria

- Not pediatric primary care provider
- Primary Care Providers not familiar with AAP 2017 food allergy introduction guidelines

Figure 2: outlines the advertising and survey methods used for the pilot study.

This project was approved by the University of Tennessee Institutional Review Board.
Project Number
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Limitations

- Challenges securing participation from pediatric offices leading to low survey participation
- Time constraints for survey disbursement

Future Steps

- Conduct a new pilot survey through a different medium, longer time frame, and branching out to other healthcare facilities
- Edit our survey to its final form
- Collect data on perceived barriers to guideline implementation compared to existing barriers that have been identified.

Learn more about AAP Guidelines:

Resources:

1. Common allergens - peanut, egg, and sesame allergies. Food Allergy Research and Education (FARE). Accessed February 7, 2024. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>
2. Learning early about peanut allergy (LEAP). Food Allergy Research and Education (FARE). Published 2024. Accessed February 4, 2024.
3. Gupta RS, Bilaver LA, Johnson JL, et al. Assessment of pediatrician awareness and implementation of the Addendum Guidelines for the prevention of peanut allergy in the United States. *JAMA Netw Open.* 2020;3(7). doi:10.1001/jamanetworkopen.2020.10511
4. Johnson JL, Gupta RS, Bilaver LA, et al. Implementation of the addendum guidelines for peanut allergy prevention by US allergists, a survey conducted by NIAID, in collaboration with the AAAAI. *J Allergy Clin Immunol.* 2020;146(4):875-883. doi.org/10.1016/j.jaci.2020.07.020
5. Boelsma F, Bektas G, Westorp CL, Seidell JC, Dijkstra SC. The perspectives of parents and healthcare professionals towards parental needs and support from healthcare professionals during the first two years of children's lives. *Int J Qual Stud Health Well-being.* 2021;16(1):1966874. doi:10.1080/17482631.2021.1966874
6. Trogen B., Jacobs S. Nowak-Wegrzyn A. Early Introduction of Allergenic Foods and the Prevention of Food Allergy. *Nutrients.* 2022;14(13):2565. Published 2022 June 21. doi:10.3390/nu14132565

