

Allergic Diseases SIG

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Looking forward to Virtual SPPAC 2021!

We look forward to seeing all of you at Virtual SPPAC 2021 from April 8th-9th. Our Allergic Diseases SIG Meeting is scheduled for **Thursday, April 8th at 6:30PM CST/7:30PM EST**. We hope to see you there!

Check out the following presentations related to Allergic Diseases:

Thursday, April 8th (all posters)

Presentation Title: The Impact of Pediatric Food Allergy on Children's Feeding
Presenter Name: Kaitlin B. Proctor

Presentation Title: Anxiety and Quality of Life in Youth with Food Allergy and Their Parents: An APIM Approach
Presenter: Alix McLaughlin

Presentation Title: Intergenerational Impacts of Maternal Stress on Offspring Atopy in Black Americans: Risk and Protective Factors
Presenter: Melissa Engel

Presentation Title: Associations Between Perceived Disease Severity and Parent Anxiety in Gastrointestinal Food Allergies During the COVID-19 Pandemic
Presenter: Kelsey Hill

Friday, April 9th

Presentation Title: Child-Reported Food Allergy Bullying Differs Depending on Assessment Method
Presenter: Frances Cooke

Presentation Title: Assessing Food Allergy Self-Management among Youth Using a 24-Hr Recall Interview
Presenter: Linda Herbert, PhD

Presenter Name: Melissa Engel
Presentation Title: Impacts of Maternal Stress on Early Childhood Atopic Diseases in Black Americans: Risk and Protective Factors as (oral presentation) as part of larger symposium titled "From the Person to the Provider: Highlighting Student Research in Diversity and Health Disparities"

Call for contributions to newsletter:

We would like to use our newsletters to highlight the important work of all of our SIG members. Please reach out to us if you have a clinical or completed research project you would like to have spotlighted, or anything you would like to share with our membership!

Member Spotlight: Ashley Ramos, PhD

The Food Allergy Parent Mentoring Program

Ramos, A., Cooke, F., Miller, E., & Herbert, L. (2021). The Food Allergy Parent Mentoring Program: A Pilot Intervention. *Journal of Pediatric Psychology*.

The Food Allergy Parent Mentoring Program is a novel, pilot intervention run by the Allergy Psychology team at Children's National Health System in Washington, DC. The intervention was developed in response to clinical need and established research that suggests families would benefit from additional psychosocial support during the new diagnosis phase.

The psychology team recruited peer mentors, parents of older children who were diagnosed with IgE-mediated food allergies for at least one year. Mentors received intensive training on mentorship skills, ethics, and were provided guidance for food allergy-specific topics that might arise during their interactions with mentees. Mentees, whose children were diagnosed with a food allergy within the last year, were recruited and asked to complete a baseline set of questionnaires. Then, mentors and mentees were matched and given instructions to interact at least twice monthly for 6 months. Dyads were given permission to interact at the time and in the manner (e.g., text, email, phone call) that worked best for them, but they were encouraged to meet in-person for the first interaction. They were also allowed to choose the topics of their interaction, aimed to accommodate the vast needs of families navigating a new food allergy diagnosis. Mentors checked-in with the study team via REDCap survey to describe their interactions with mentees. At the end of their participation, mentees completed a follow-up survey and brief interview with the study team while mentors completed focus groups.

Results from 8 mentors and 10 mentees suggested that the Food Allergy Parent Mentoring Program was feasible and acceptable to both mentors and mentees. Mentees reported high satisfaction with the program, improved social support, positive changes to their food allergy management practices and food allergy parenting behaviors, and decreased stress related to food allergy. Mentors also reported positive experiences with the program with the majority noting that their ability to give back to food allergy families created a sense of confidence in their own food allergy management.

The Food Allergy Parent Mentoring Program was a successful pilot intervention and provided the psychology team with an opportunity to learn more about how to generalize such an intervention to a larger population. While the program is highly desired among families, there are many considerations to address including how best to match mentors/mentees, the time intensive training of mentors, the need for ongoing monitoring of interactions, and how to disseminate the program to more diverse populations. One consideration is to utilize a peer mentoring program as part of a tiered system of psychosocial interventions, which has been utilized in other chronic illness populations (e.g., (Hilliard, Tully, Monaghan, Wang, & Streisand, 2017)). This type of system would help patient accessibility to an array of psychosocial services aimed at meeting the needs of that individual or family.

The Food allergy Parent Mentoring Program is one of the few interventions established for parents of children with newly diagnosed food allergies and the study team looks forward to growing the program to continue supporting the psychosocial needs of this population!

Allergic Diseases SIG Webinar Series:

The Allergic Diseases SIG hosted its first in a planned series of webinars on March 9th. We were thrilled to welcome Katherine Dahlsgaard, PhD, ABPP and Megan Lewis, MSN, CRNP to discuss the development of the interdisciplinary Food Allergy Bravery Clinic at the Children's Hospital of Philadelphia and share patient outcomes. Thank you to our presenters and all who attended!

Stay tuned for details about upcoming webinars, as well as about informal "conversation hours" for networking opportunities on topics related to research, clinical work, and program development. We welcome your ideas for programs you would like to host or see offered!

MEET THE NEW MEMBERS OF THE SIG LEADERSHIP COMMITTEE

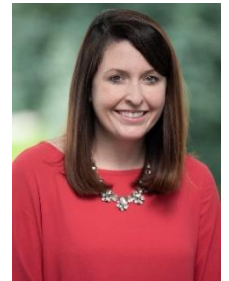


Communications Chair:

Kaitlin Proctor,
PhD

Dr. Proctor currently serves as a pediatric psychologist at Children's Healthcare of Atlanta in the Food Allergy Center at Emory+Children's and the Children's Multidisciplinary Feeding Program. She earned her doctorate in clinical psychology from Auburn University. She completed her predoctoral internship at the University of Oklahoma Health Sciences Center and her postdoctoral residency at Children's Healthcare of Atlanta, in partnership with Emory University School of Medicine. Her training focused on the application of behavioral interventions for an array of pediatric concerns, such as disruptive behaviors, anxiety, pain coping and medication adherence, as well as caregiver training to support the generalization of interventions beyond clinic settings. Dr. Proctor is interested in the intersection of food allergies and comorbid feeding concerns and is passionate about program development. She is excited for the opportunity to connect with other Division 54 members working in the area of food allergies and allergic diseases and looks forward to joining in the SIG's efforts to advance access to high quality pediatric psychology services for patients and families.

Dr. Ramos is a pediatric psychologist in the Division of Allergy and Immunology at Children's National Health System in Washington, D.C. She provides outpatient therapy services to patients with allergic conditions and consultation services in the oral food challenge and eosinophilic esophagitis clinics. Dr. Ramos provides clinical supervision and training to externs and interns who are interested in allergic conditions. She is involved in multiple clinical research projects on the psychosocial adjustment of children with food allergies and their families. Her particular research interests focus on parents' adjustment to their young child's food allergy diagnosis and use of cognitive behavioral and exposure interventions to treat food allergy related anxiety and phobias. Dr. Ramos previously served as the Training Representative and Communications Chair on the Allergic Diseases SIG and is looking forward to continuing her contributions!



Clinical Chair: Ashley Ramos, PhD

Amy Hahn, PhD is a pediatric psychologist in the Department of Pediatric Psychology and Neuropsychology at Nationwide Children's Hospital (NCH), and Assistant Clinical Professor at The Ohio State University. She is involved with several medical teams, including Allergy, Pulmonary, Pain, and Dermatology. Dr. Hahn works collaboratively with pediatric allergists to promote the benefits of psychology in serving children and families with allergies. Her clinical work has focused specifically on managing anxiety in the context of food allergies, and helping children and families focus on improved quality of life and overall daily functioning. Her work with pediatric food allergies started in graduate school at UMBC, and she continues to engage in research efforts related to food allergy knowledge and parenting. She has also focused clinical efforts on programmatic development in the complex asthma clinic at NCH. She most recently served as the Clinical Chair of the Allergic Diseases SIG and is excited to step into the role of Co-chair!



Co-Chair: Amy Hahn, PhD

Perry Catlin is a second-year doctoral student in the Clinical Psychology program at Marquette University. Before starting graduate school he worked as a clinical research coordinator at Cincinnati Children's Hospital, where he helped to evaluate novel biological treatments for food allergies and identify disparities in patients' clinical and psychosocial outcomes. Broadly speaking, Perry's research interests focus on understanding the psychosocial aspects of chronic illness and identifying factors that influence pediatric medical decision-making. In this vein, he has developed specific interests related to health risk communication and informed consent/assent to voluntary medical treatment (i.e., clinical trials). Currently, Perry is completing his master's thesis which aims to evaluate biopsychosocial factors that influence interest in clinical trial participation for the treatment of pediatric food allergy. Ultimately, Perry hopes that his research will have translational benefits that inform clinical practice, and improve health management and outcomes.



Student Rep: Perry Catlin



My patient with atopic dermatitis is starting treatment with dupilumab: What do I need to know?

Ask the Expert: Lynda Schneider, MD

Dr. Jennifer LeBovidge, SIG Co-chair sat down with Lynda Schneider, allergist and director of the interdisciplinary Atopic Dermatitis Center at Boston Children's Hospital to answer to common questions about dupilumab, a biologic medication for the treatment of atopic dermatitis.

Dr. LeBovidge: What is dupilumab/Dupixent® and how does it work?

Dr. Schneider: Dupilumab is a monoclonal antibody (immune system protein created in the lab) which is used to treat allergic diseases including atopic dermatitis, asthma and chronic sinusitis with nasal polyps. For people with atopic dermatitis (AD), the immune system overreacts and triggers the release of certain interleukins (protein chemical messengers that usually help the body fight off viruses and bacteria), resulting in inflammation. Dupilumab works by blocking specific interleukins (IL4 and IL13) that drive the allergic response, induce skin barrier defects, and contribute to itching from binding to their cell surface receptors. This leads to less inflammation and fewer symptoms of AD.

Dr. LeBovidge: How is dupilumab different from other approved medications used to treat AD?

Dr. Schneider: Dupilumab is different than other treatments in that it is an injection (many AD treatments are topical, such as topical steroids). Dupilumab is also different from other more global immunosuppressive medications such as cyclosporine, because it selectively targets the allergic cytokines IL-4 and IL-13.

Dr. LeBovidge: Which patients with AD is dupilumab used for?

Dr. Schneider: Dupilumab is approved for patients ages 6 and older with moderate-to-severe atopic dermatitis not adequately controlled with topical prescription therapies or when those therapies not advisable. Clinical trials for children with AD ages 6 months to 5 years are ongoing.

Dr. LeBovidge: What does the treatment entail?

Dr. Schneider: All patients receive a loading dose with two subcutaneous injections, and then receive injections every 2-4 weeks based on patient weight and age. Injections are given at home, typically by the patient or caregiver. For adolescents, I suggest that the injection be given under parental supervision. For patients 12 and over, there is a pre-filled pen available. For those who don't use the pen the drug is supplied in a syringe with a needle shield; just seeing the needle may frighten some children. Dupilumab is generally thought to be a long term treatment since the skin disease will return in most patients after it is stopped.

Dr. LeBovidge: What have you seen in terms of patient outcomes?

Dr. Schneider: In clinical trials, most patients experienced improvement in itching, skin disease, and quality of life. There was also improvement in anxiety and depression in adults, with trends towards similar findings in adolescents, which is important given increased risk for anxiety and depression in patients with moderate to severe AD. My clinical experience is that children are much less itchy and sleeping better. For some, the medication can be life-changing, largely due to improvement in the unrelenting itch. Families often comment that atopic dermatitis is still there, but is much more easily managed, as opposed to impacting their entire life.

Dr. LeBovidge: What are the biggest challenges for patients/families using this medication?

Dr. Schneider: My experience is that needle phobia is a significant challenge for many patients. Additionally, the fact that this is a new medication is a concern for some families. Many caregivers feel comforted in knowing that it has been approved for adults with atopic dermatitis since March 2017 and has been given to tens of thousands of patients.

Dr. LeBovidge: What role can pediatric psychologists play when supporting patients and families starting dupilumab?

Dr. Schneider: Psychologists can play an important role helping children prepare for the injections and manage needle phobia and injection pain. It is tempting for families to be less consistent with skin care once the disease is improved, but they can still have flares, especially if they stop daily skincare. Support for continued adherence to skincare routines may be helpful. Some families may benefit from behavioral interventions if trouble falling asleep and staying asleep continue after itch is decreased. It's also important to know that dupilumab helps most but not all patients with AD, so it is very disappointing if the patient does not improve or develops a side effect and needs to stop.

Dr. Merin Kalangara at Emory: COVID-19 Vaccine In Patients With Allergies

Psychologists who work with allergic disease populations may be receiving questions about the COVID-19 vaccine, due to heightened concerns about allergic reactions to vaccines. To get the facts behind these concerns, SIG student rep. Melissa Engel spoke with Dr. Merin Kalangara, Assistant Professor at Emory University, who is working on an NIH trial of the Pfizer and Moderna vaccines to evaluate whether allergic patients are at higher risk of reacting to the vaccine.

So far, there is **NO evidence** that having a history of anaphylaxis increases risk of reaction to the COVID-19 vaccine. In the words of Dr. Kalangara, “to our knowledge thus far, a history of allergic reactions to inhalants, medications, venom, and foods does not seem to confer a greater risk for COVID-19 vaccine than amongst the general population. Specific data regarding the risk of allergic reactions to the COVID19 vaccines in atopic or allergic individuals is limited and continues to evolve. To our knowledge thus far, atopic children are at no greater risk for anaphylaxis as compared with other pediatric patients and should receive the vaccine when approved for this indication. Any concerns about receiving the vaccine should be discussed with their allergist or other provider with a discussion of the risks and benefits of vaccine administration.”

Dr. Kalangara stated that vaccines should not be administered in context of a known history of allergy or anaphylaxis to vaccine ingredients (which the vast majority of allergic disease patients do not have). Specifically, “Polyethylene glycol (PEG) is an ingredient in the mRNA vaccines that is suspected to be the culprit in allergic reactions although this has yet to be confirmed. Polysorbate-80 is a component of the Johnson & Johnson vaccine which has been reported to cause anaphylaxis. It is structurally related to PEG and may cross react with it.” In terms of precautions, Dr. Kalangara stated “COVID-19 vaccines should always be administered in monitored healthcare settings that has the capability of recognizing and treating anaphylaxis can be treated. All vaccine recipients should be observed for 15-30 minutes post-injection in the unlikely event of an allergic reaction.”

For more information on the vaccine for patients with allergic diseases, please see [FARE's COVID-19 Vaccine Q&A](#). Melissa, who herself has allergic diseases, also wrote guest posts on the FARE blog about her experiences with [dose number one](#) and [dose number two](#), all through the lens of psychology. You can also check out a [video from Allergic Living](#), in which three leading allergists-immunologists (Dr. Kimberly Blumenthal, Dr. James Baker, Dr. Brian Vickery) discuss COVID-19 vaccines and allergy concerns.

Diversity, Equity and Inclusion in Allergic Disease Populations

The Allergic Diseases SIG is committed to diversity, equity, and inclusion in both clinical care and research within allergic disease populations. Cultural humility is essential in Pediatric Psychology and our organization is committed to providing increased access to comprehensive educational and action-oriented resources to support clinicians and researchers. Below are some resources that were identified as helpful tools. We welcome your feedback and additional resources.

Relevant Resources:

- **Allergic Living Article-** <https://www.allergicliving.com/2020/06/15/food-allergy-and-asthma-the-burden-on-the-black-community/>
- **FARE DEIA Blueprint:** <https://www.foodallergy.org/our-initiatives/awareness-campaigns/fares-commitment-diversity-equity-and-inclusion>
- **Rashad Jennings Podcasts on Diversity Issues in FA research:** <https://www.foodallergy.org/our-initiatives/awareness-campaigns/living-teal/living-tealm-channel/big-idea-rashad-jennings>
- **Ruchi Gupta Webinar on Racial, Ethnic, and Socioeconomic differences in FA prevalence and outcomes:** <https://allergyasthmanetwork.org/news/disparities-in-food-allergy-racial-ethnic-socioeconomic-considerations-webinar/>

Recent Articles:

- Brown, E., Das, R., Brewer, A. G., Martinez, E., Bilaver, L. A., & Gupta, R. S. (2020). Food insecure and allergic in a pandemic: a vulnerable population. *The Journal of Allergy and Clinical Immunology: In Practice*, 8(7), 2149-2151.
- Warren, C. M., Turner, P. J., Chinthrajah, R. S., & Gupta, R. S. (2021). Advancing food allergy through epidemiology: understanding and addressing disparities in food allergy management and outcomes. *The Journal of Allergy and Clinical Immunology: In Practice*, 9(1), 110-118.