ORIGINAL ARTICLE

Iberian consensus on cow’s milk allergy: The CIBAL Study

E. Alonso-Lebrero a,*, L. Bento b, A. Martorell-Aragonés c, L. Ribeiro b, on behalf of Expert CIBAL Panel

a Hospital Materno Infantil Gregorio Marañón, Madrid, Spain
b Centro Hospitalar Lisboa Norte, Hospital de Santa Maria, Lisboa, Portugal
c Department of Allergology, University General Hospital, Valencia, Spain

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Abstract
Background: The present study explores the professional opinion of a wide range of experts from the Iberian Peninsula (Spain and Portugal) and their degree of consensus about CMPA's prevention, diagnosis, treatment and progression.
Material and methods: A 57-item survey divided in four blocks: Prevention (14 items), Diagnosis (10 items), Treatment (19 items) and Progression (14 items) was completed by 160 panelists, experts in CPMA management (116 Spain, 44 Portugal). Each one answered the questionnaire, formulated in Portuguese and Spanish, by individually accessing an online platform in two consecutive rounds. Five possible answers were possible: ''completely agree'', ''agree'', ''neither agree nor disagree'', ''disagree'' and ''completely disagree''. A modified Delphi method was used.
Results: Consensus (more than 66% agree) was reached in 39 items (68.4%) and Discrepancy (less than 50% agree) in nine items (15.7%). Block separated analysis offers valuable differences regarding consensus. The Prevention block only reached 50%; the Diagnosis block 90%; the Treatment block 73.68%, showing a high degree of agreement on dietary treatment (15/16 items), and discrepancy or less agreement on immunotherapy treatments. The Progression block reached 71.4% consensus with discrepancy with regard to the time to perform oral food challenge and negatives prognosis consequences of accidental milk ingestion.
Conclusions: This study displays the current opinions of a wide group of experts on CMPA from the Iberian Peninsula and evidence discussion lines in CMPA management. The questions on which there were situations of discrepancy, provide us with very useful information for promoting new, rigorous research enabling us to draw conclusions on these controversial aspects.
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* Corresponding author.
E-mail address: ealonsolebrero@gmail.com (E. Alonso-Lebrero).

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Introduction

IgE-mediated cow’s milk protein allergy (CMPA) is the most common allergy in infants and small children. Prevalence in the first year of life was estimated in our environment, using strict criteria, with results below 1%.1,2

In recent years, updated guidelines have been published for the diagnosis and management of CMPA in infants.3-8

Indications for diagnosis and substitution treatment are considered well defined, but there is greater contention about prevention and progression. Additionally, clinical practice does not always follow the recommendations of the guidelines.9 Therefore, new prevention and treatment strategies focusing on promoting tolerance, which are not clearly reflected in these documents, are currently being drawn up.

This study (CIBAL Consenso Iberico sobre Alergia a Leche) aims to explore the opinions of a wide range of experts from the Iberian Peninsula (Spain and Portugal), two countries which share a racial and cultural identity, to assess the degree of consensus on the prevention, diagnosis, treatment and progression CMPA.

Material and methods

The study was undertaken as a joint initiative of the Spanish Society of Pediatric Allergy, Asthma and Clinical Immunology (SEICAP) and the Portuguese Society of Pediatric Allergy (SPAP). There were 160 panelists with expertise in CMPA management: 116 from Spain and 44 from Portugal. Danone Nutricia and OH Strategy & Digital Communication provided technical support in the study.

After a literature review by the four authors of the study, a series of statements were prepared, some of these are accepted in CMPA guidelines and some issues are more controversial or have insufficient scientific evidence. The result was re-examined and reduced by the authors. The final version of the questionnaire included 57 items categorised under four blocks: Prevention (14 items), Diagnosis (10 items), Treatment (19 items) and Progression (14 items). Experts’ opinions were gathered using a modified Delphi method10 with two rounds of consultation. Results were expressed using one of five possible answers:

- "completely agree"
- "agree"
- "neither agree nor disagree"
- "disagree"
- "completely disagree"

Each expert answered the questionnaire, formulated in Portuguese and Spanish, by individually accessing an online platform in two consecutive rounds. The results of the first round were analysed and sent back to the specialists to reconsider. Answers were collected between April 2014 and January 2015 (see Fig. 1).

There was considered to be consensus when at least 66% of panelists gave the same answer to a question. When this consensus was not initially reached, trends were evaluated by comparing the number of "agree" and "completely agree" responses to the number of "disagree" and "completely disagree" responses. Responses were grouped according to the following criteria defined a priori:

- **Unanimity**: the panel of experts gave the same answer (86–100%).
- **Qualified majority**: a large majority gave the same answer (66–85%).
- **Simple majority**: a majority gave the same answer (50–65%).
- **Discrepancy**: same answer was not given by at least 50% of panelists.

Results

Tables 1, 2, 3 and 4 express jointly and as percentages the results from Portugal and Spain, divided into four blocks: Prevention, Diagnosis, Treatment and Progression. Differences greater than 20% between the two countries are identified separately in the discussion text.

Discussion

In the Delphi method employed in the completion of the questionnaire, the identities of the panel of experts consulted are kept secret until the study is completed to avoid leadership bias. Responses therefore correspond solely to the opinions and personal practice of each participant.

Overall, consensus (over 66%) is reached in only 39 items (68.4%). This figure, together with the fact that nine items (15.7%) have discrepancies, evidence that there are points
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