

Anthroposophic parents, frequency of medical visits, and choice of physicians

To the Editor:

Flöistrup et al¹ explain their finding of differential allergic outcomes in Steiner and reference school children with certain features of the anthroposophic lifestyle such as restrictive use of antibiotics, antipyretics, and vaccinations. However, this effect might be explained by factors related to outcome assessment that have not been addressed in the article. Outcome assessment occurred by parental self-report of medical symptoms as well as physician diagnoses reported by parents. The Prevention of Allergy—Risk Factors for Sensitization Related to Farming and Anthroposophic Lifestyle (PARSIFAL) study group has shown recently that there is no significant misclassification bias by differential reporting of allergic symptoms by Steiner compared with reference school parents.² However, have the authors considered the possibility that Steiner school children might be characterized by fewer physician visits? Parents who choose the anthroposophic lifestyle might be more reluctant to medicalize their children's cold and allergic symptoms and therefore treat minor cold symptoms at home with traditional and homeopathic remedies. Thus, they might have a higher threshold to consult a physician compared with reference school parents. If this is true, Steiner school children will be less likely to receive a physician's diagnosis of a common disease.

In addition, anthroposophic parents might be more likely to choose traditional healers (Heilpraktiker) and homeopaths rather than physicians for the care of their children. Furthermore, physicians chosen by anthroposophic parents might differ from physicians chosen by reference school parents. The former might be less likely to prescribe certain medications including antibiotics and have higher thresholds to define cold and allergic symptoms as specific diseases. This could also be an explanation for the differing correlations of physician's diagnosis of asthma and bronchial hyperresponsiveness reported in the PARSIFAL study.²

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Reply

To the Editor:

Freitag¹ raises an important issue, that the difference in prevalence of allergic diseases observed between Steiner school children and reference children in our study² can be explained by differences in factors related to outcome assessment—for example, frequency of visits to the physician. Because we did not include such questions in our questionnaire, we could not determine whether Steiner school children in our study visit the physician less often than reference children.

The Steiner school children in our study showed a lower prevalence not only of both parent-reported symptoms of allergic diseases and doctor's diagnoses of allergic diseases but also of atopic sensitization. The definition of atopic sensitization was based on an objective measure: the presence of allergen specific IgE to common inhalant and/or food allergens in serum.² Moreover, a lower prevalence of allergic diseases and sensitization in Steiner school children was also observed in a study by Alm et al³ in which classification of allergic disease was based on medical examinations by 2 physicians who worked in parallel in each school and alternated between the 2 types of schools.

The observation that Steiner school children have a lower prevalence of doctor's diagnosis of asthma but not of current wheezing is puzzling. However, when the definitions of asthma and wheeze used in the Prevention of Allergy—Risk Factors for Sensitization Related to Farming and Anthroposophic Lifestyle (PARSIFAL) study were validated against bronchial response to hypertonic saline (4.5%) in a subsample of the PARSIFAL study, we observed no significant difference between Steiner school children and their references.⁴ This suggests that the information of the questionnaire is comparable between the populations in our study.

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