

Food Oral Immunotherapy (OIT)

FAQs

1) Who is a candidate for OIT at Dr. Tsai's Clinic?

Children ≤ 5 Years Old (Pre-schoolers) with a Food Allergy

Not For a Food Intolerance or Sensitivity

Why?

- Safer in Younger Children: ~4% pre-schoolers require epinephrine during food OIT, 1% Severe
- Better Efficacy: After being on maintenance food OIT for 1 year ~80% pre-schoolers pass their oral food challenge of 4gm (i.e. ~16 peanuts) and can go on to eat that food ad lib but regularly 3x/week thereafter.

Versus

Older Children

- Riskier in Older Children: ~14% required epinephrine during food OIT, 5% Severe
- Much Less Efficacious: Food OIT may increase the food threshold (able to eat more of suspect food) but usually they are still unable to "lose" the food allergy and they need to continue on the maintenance dose DAILY lifelong or else will they will lose their tolerance to the food.
- For Example in a Peanut Study: 73% can tolerate 320 mg peanut (~1.5 peanuts) BUT they can still get a reaction even if they achieve this maintenance dose and they are taking it daily, especially with co-factors such as exercise, fever, asthma exacerbations, etc
- After reaching maintenance dose peanut OIT and taking it daily, 10% still required epinephrine when challenged to peanut.

2) Who should not get OIT?

- Children with previous very severe life-threatening anaphylactic reaction to foods (involving such things as low oxygen levels, low blood pressure, altered level of consciousness)
- Poorly controlled asthma or asthma that requires higher doses of inhaled steroid medications for control.
- Other Considerations: Difficulty in communicating in English, chaotic households, or inability of parents to administer an epinephrine injector when indicated.

3) How is it done?

- Your child will need to eat small amounts of the food on a daily basis.
- It is important to not miss doses. Missing doses increases risks of reactions.
- Start with a very small dose, with the 1st dose monitored in clinic. Your child will then need to eat that dose daily and return to clinic every 2-4 weeks for the next increase in dose.
- Each dose increase will be done in your allergist's office (about every 2-4 weeks) and then your child must wait for 1 hour afterwards, longer if there is a reaction.
- Usually takes about 6-12 months (about 8 up-doses)

4) How are the doses given at home?

- Same time daily, with a snack (not an empty stomach). This decreases allergic reactions.
- Be able to monitor your child for 1 hour afterwards and be prepared to use epinephrine if necessary
- Your child should not do vigorous exercise for 2 hours afterwards. Exercise increases allergic reactions.

5) Does OIT cost money?

Yes. The food oral immunotherapy will be done using **food capsules or suspension which is purchased via the allergist.**

