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Oral Immunotherapy FAQ'S

1. What is the goal of this process?
The number one goal is safety; to allow you to eat or drink food without thinking about it.
2. Who is a candidate for oral immunotherapy (OIT)?
People with a history of reacting to food ingestion and having positive allergy tests. If the story is not clear cut, a food challenge may be necessary to confirm an allergy. Peanut and tree nut OIT is being offered as young as one year old. Egg and milk allergy can often resolve naturally by age 8, so OIT is often put off until that age for these foods.
3. How long will the entire process take?
The typical patient can finish OIT in 5-6 months. It could take longer if we have to slow down due to food reactions, infections, or scheduling conflicts on your end.
4. Should routine allergy medications be stopped before the first day procedure?
No.
5. What is the timeline for the OIT protocol?
The first 6-7 doses (very dilute solution) will be given over one 4 hour day in the office. If all doses are well tolerated, you only have 12-16 weekly/biweekly buildup doses to go. On the other hand, if you do react to one of the Day 1 doses, you will back up one dose and then finish the remaining Day 1 doses as part of the buildup phase. Once completed, you will be eating a full serving of the food you were previously allergic to on a daily basis.
6. How often can the dose be increased?
The dose is only increased in the office. Patients typically return every 1-2 weeks for the next updose. There is no maximum time between visits, as long as you stay on the home dosing of food once a day.
7. What time of day should home dosing be given?
Dosing can be any time of day, though we prefer to avoid nighttime dosing past 8 pm.
Dosing should always be with food. Children should be observed for one hour after dosing, then it is fine to fall asleep.
8. What about home dosing on the day of the office visit?
Do not take your home dose on office visit days. NEVER increase the dose at home.
9. If there is a reaction at home, what should I do?
Treat the reaction the same way you would any food reaction: antihistamine if there is just a rash, epinephrine if there are other symptoms of anaphylaxis. If there is just one hive or a few, DO NOT give an antihistamine for the first hour so we can see if the reaction

progresses. If there are more hives, definitely give the antihistamine. Call us after the appropriate immediate intervention. We will give instructions on further dosing.

10. What if we are flying when the dose is due?

Do not administer the dose less than two hours before boarding and do not administer the dose while flying. A letter for the Transportation Safety Authority explaining the procedure and need for food solutions to be carried on the plane is available upon request.

11. Does the food solution need refrigeration?

There are no preservatives in any of the solutions. They **MUST** be kept cold.

12. What about masking the taste of the food solution?

Taste is personal; experiment. Liquid doses can be mixed in your favorite beverage. Small volumes and the capsule powder doses can be mixed with a semi-solid food such as apple sauce or mashed potato, but not in too much, because you have to consume the entire amount.

13. What do I do if refrigeration is not maintained or if it smells or tastes different?

If the solution sits out for more than an hour or if it appears to have spoiled, it must be replaced. See Q. 17 below for details on refills.

14. Do I need to avoid exercise during the OIT process?

Exercise should be avoided for at least **TWO** hours after dosing. Exercise following dosing increases the chance of a reaction. You should cool down for at least 15 minutes before dosing. These rules continue to apply even when you are on maintenance.

15. What if I am sick or my asthma is flaring?

You need to be **VERY** careful when you are sick as you may be more susceptible to reacting to the food. If you are having vomiting, 'cold' symptoms, worsening nasal allergies, or an asthma flare requiring your rescue inhaler more than once a day, call the office for dosing directions.

16. What if I forget a dose at home?

If less than 72 hours has passed since your last dose, just take the dose immediately, then resume your schedule. If 3-5 days has passed since last dose, cut the dose in half, and then resume your schedule the next day. If more than 5 days has passed between doses, call the office for instructions.

17. What if I my liquid vial expires before I can return for an updose?

At most, there are 4-5 liquid doses before we go to capsules or the food itself. If you run out of solution or it expires (solutions are stable for 3 weeks), come by the office for more or we can send the solution via FedEx. If replacement must be made at night or on a weekend or holiday there will be a charge an additional charge.

18. At what point can we buy our own food?

When dosing with whole peanut you will buy your own roasted peanuts (in the shell if you're tree nut allergic). A scale is needed to make sure you're getting the right amount of peanut (American Weigh Scales GEMINI-20 Portable MilliGram Scale, <\$25 Amazon). Peanut butter or peanut flour may be substituted (see *Peanut Dosing Alternatives* handout).

With egg you will buy egg white liquid at the grocery or egg white powder (Barry Farm, www.barryfarm.com). You will be asked to bring in whole milk starting on Day One of milk OIT. You can use any whole milk from a local supermarket. Wheat OIT uses Nature's Own 100% Whole Wheat bread. Tree nuts can be bought at a local grocery or online at www.nuts.com or www.bobsredmill.com.

19. Can whole eggs be substituted for egg white powder?
Egg white powder or liquid should be used for all buildup dosing. When on maintenance of 2 tbsp of egg white liquid or 1 tbsp of egg white powder per day, you can substitute a whole egg when desired.
20. When can foods containing the allergenic food be introduced into the regular diet?
After you reach the top, or maintenance, dose of food and have passed the final, high dose challenge, you can add various forms of the allergenic food to your diet. You should still be careful not to exercise after eating large quantities of the food.
21. What is the follow up schedule after the OIT is complete?
When the top dose has been reached, we would like to see you in three months, six months and then annually. We will do blood and skin tests each year to see if you're losing your allergy. After a few years, some patients can cut back to dosing 2-3 days a week. We ask that you continue to keep epinephrine on hand until your tests turn normal, if they ever do.
22. How much of the allergenic food must my child eat after the OIT is complete?
Milk: 240 ml (8 ounces) of milk once a day.
Egg: Two tbsp. egg white liquid or one tbsp. of egg white powder once a day.
Peanut: 3-8 peanuts once a day, the higher amount if they want to free-eat peanuts.
Wheat: One slice of 100% whole wheat bread.
Tree nuts: 3-5 nuts a day.
23. How soon after completion of the OIT process may a second food OIT be performed?
You may begin a second OIT after being on a stable maintenance dose for one week. We are combining foods in one OIT course on a case by case basis.
24. How is food OIT billed and what does it cost?
There is an initial equipment charge to cover up to two months of liquid dilutions that is not reimbursable by your insurance. In the rare case that you are still on liquid doses beyond 2 months, you will have an additional charge/vial. Flour capsules are used in some protocols and will be purchased directly from a local pharmacy. All visits will be billed to your insurance: the multiple dose initial phase is billed as desensitization, while subsequent single dose visits are billed as an office visit (significantly lower cost). Your insurance plan may or may not cover these charges.