

Transcript Details

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<https://reachmd.com/programs/peanutallergies/4-things-to-know-about-oral-immunotherapy-for-food-allergy/10805/>

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4 Things to Know About Oral Immunotherapy for Food Allergy

Announcer: Welcome to Cracking the Code on Peanut Allergies on ReachMD. The following episode is brought to you through an independent educational grant from Aimmune Therapeutics.

On this episode, 4 Things to Know about Oral Immunotherapy for Food Allergy, you will hear from Dr. Jay Lieberman, Associate Professor in the Department of Pediatrics and The University of Tennessee Health Science Center, LeBonheur Children's Hospital.

Dr. Lieberman: So OIT works in the same way that you can think of as allergy shots work for respiratory allergies. Meaning we put patients on allergy shots for rhinitis or sometimes asthma, but we don't do that for food allergy because it leads to too many side effects.

So instead other forms of immunotherapy have been studied, and oral immunotherapy is one in which the patient eats the allergen every day. Typically, there is an up-dosing phase, meaning we start with a very low dose and slowly increase that dose over time, typically every two weeks until they reach the maintenance dose. And that can be any dose for example that can be the amount of allergen in one peanut if it is peanut immunotherapy. Patients then take the maintenance dose every day. If they do this the majority of patients can reach desensitization, meaning they can reach the maintenance dose and tolerate that dose. However, most patients if not all will experience some side effects during the

up-dosing or maintenance phase. Side effects can be as small as itching in the mouth to as bad as severe anaphylaxis. But the most common one that led to patients dropping out of studies was abdominal pain.

And so, once the patient is on maintenance therapy they would continue this for the long-term. And while OIT should not be viewed as a cure for food allergies, there are a small amount of patients in the research studies who stopped the maintenance dose for approximately two months for example, and then were able to tolerate the allergen during a food challenge, suggesting they have what we term “sustained unresponsiveness” which may possibly be a cure, although that is not be the norm for most patients, and it is not something we suggest should be sought after.

What OIT can do if patients can reach maintenance, however, is change a lifestyle of a patient. For example, it can decrease their fear or anxiety about their child of their own food allergies especially in regards to an accidental ingestion. Because they know that the patient will be eating an amount of allergen and it will likely be way over the amount they would ingest during an accidental ingestion as long as they are getting to the maintenance dose.

While OIT can be helpful for a lot of patients, it is definitely not for every patient due to side effects and the amount of adherence that it requires because patients have to eat the food every day. And if they miss a few days they could lose that desensitized state.

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