

Transcript Details

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<https://reachmd.com/programs/peanutallergies/defining-2-types-of-oral-food-challenges/10804/>

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Defining 2 Types of Oral Food Challenges

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, Defining 2 Types of Oral Food Challenges, 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, the food challenge is done in a few different ways and the two most classic ways are a double-blind placebo-controlled food challenge in which the provider and the patient neither one of them know what they are getting or the open food challenge classically done more in the clinical setting in which the provider and the patient know what they are going to be eating during the challenge. Obviously, the open challenge may lead to some false positives as the patient may have some anxiety if they know they are eating the possible allergen.

So, in a research setting typically they will be using a double-blind placebo-controlled challenge, and this can be done for several reasons. Obviously to just diagnose whether or not the patient has a food allergy maybe, perhaps in treatment studies if a patient is being treated for an allergy most studies will have a baseline food challenge and a post treatment food challenge which will allow the researchers to know whether the therapy worked (i.e., the patient was able to eat more of the allergen after the therapy.) And finally, perhaps to determine an eliciting dose. This is more useful in a population setting, in which you are determining perhaps the eliciting dose at which five percent of the patient population

will react which may help policy in labeling laws.

In the open food challenges, which is classically done in the clinical setting, that is going to be done with less stringent criteria. The goal is that the patient eats a total amount that would be a typical serving size and typically that is six to eight grams of protein. So for peanut, for example, that may be approximately two tablespoons of peanut butter, and feeding this in small amounts initially and increasing the amount over time until the patient has eaten the full serving of food without reaction or finding that dose at which they react at and saying “yes indeed you are truly allergic,” and therefore that guides the treatment.

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