

Oral Immunotherapy FAQ'S

1. What is the goal of this process?
The number one goal is “bite protection.” We know that if we can get someone to tolerate about one peanut, it reduces the risk of an allergic reaction with ingestion of common high-risk packaged foods by 95%.
2. Who is a candidate for oral immunotherapy (OIT)?
People with a history of reacting to peanut with positive allergy tests. If the story is not clear cut, a food challenge may be necessary to confirm an allergy. The minimum age to start OIT at this time is 18 months.
3. How long will the entire process take?
The typical patient can get to the top dose of 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. Asthma, allergies, and eczema must be well controlled during the OIT process.
5. What is the timeline for the OIT protocol?
The first 5 doses (very dilute solution) will be given over one 3-4 hour day in the office. If all doses are well tolerated, you only have 11-13 biweekly buildup doses to go. 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.
6. How often can the dose be increased?
The dose is ONLY increased in the office. Patients typically return every 2 weeks for the next up-dose. 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?
Dose can be given any time of day, although morning dosing is encouraged. There should be at least 9 hours between doses. The dose should be taken with a meal or heavy snack. It should be mixed with 2-3 spoons of cold or room temperature food. The dose should be prepared by an adult. Children should be observed for one hour after dosing, and 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. Refer to anaphylaxis plan. 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. What if I forget a dose at home?
If you missed one day of dosing, resume typical dose the next day. If you have missed 2 days of dosing, call the office for further instructions.
12. 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.
13. 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.
14. What if I have delayed vomiting, abdominal pain, acid reflux, or difficulty swallowing.
Gastrointestinal symptoms are common with OIT. However, eosinophilic esophagitis is rare complication from OIT. Please keep a tract of symptoms in your home diary and discuss with your provider at each visit.
15. Does the food solution need refrigeration?
There are no preservatives in any of the solutions. They MUST be kept cold.
16. What do I do if refrigeration is not maintained or if it smells or tastes different?
If the solution sits out for more than a few hours or if it appears to have spoiled, it must be replaced.
17. What about masking the taste of the food solution?
Liquid doses can be mixed in your favorite beverage. Small crushed doses can be mixed with a semi-solid cold or room temperature food such as apple sauce or mashed potato, but not in too much, because you have to consume the entire amount.
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). Peanut butter or peanut flour may be substituted (see Peanut Dosing Alternatives handout) after reaching your maintenance dose.

19. A scale is needed to make sure you're getting the right amount of food allergen and can be purchased at amazon.com: KEEGH High-Precision Digital Milligram Pocket Scale 50g / 0.001g Reloading, Jewelry scale.
20. When can foods containing the allergenic food be introduced into the regular diet?
Not everyone will be able (or want) to achieve the top maintenance dose. You can add various forms of the allergenic food into your diet only if you have successfully achieved the top maintenance dose and have passed the final, high dose challenge. 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.
22. How much of the allergenic food must my child eat after the OIT is complete?
Peanut: 3-8 peanuts once a day.