

## Oral Immunotherapy for Food Allergy

Oral immunotherapy (OIT) is also known as desensitisation, and is a potential treatment for food allergy. It involves administering gradually increasing amounts of food allergen under medical supervision.

### Food allergy

- Food allergy occurs in around 5-10% of children, and 2-4% of adults in Australia and New Zealand.
- The most common foods that cause allergic reactions are egg, peanut, cow's milk (dairy), tree nuts, soy, sesame, wheat, fish and other seafood (crustaceans).
- Some food allergies can be severe, resulting in potentially life-threatening allergic reactions known as anaphylaxis.
- Whilst most food allergies in children are not severe and some may be 'outgrown' with time, studies have shown that 5% of children still have their food allergy at five years of age.
- Peanut, tree nut, seed and crustacean allergies are less likely to be 'outgrown' and tend to be lifelong allergies.
- When food allergy develops for the first time in adults, it usually persists.

### Oral immunotherapy (OIT) for food allergy

- **It is important that patients and their families are aware that OIT methods are not currently standardised or approved for routine treatment of food allergy globally.** There are concerns about a high (or unknown), risk of potential harm in patients with severe food allergy, as well as considerable cost implications.
- **There have been recent social media reports about the use of OIT as a potential treatment for food allergy, particularly in the USA.** However, currently there are no OIT methods approved by the Food and Drug Administration (FDA) to treat food allergy in the USA. These methods are still under development and until these are approved, experts do not recommend OIT for use outside of clinical trials.
- **Currently there are several clinical trials on OIT for food allergy underway in Australia and other countries.** The trials aim to develop standardised and proven methods to maximise benefit and reduce the risk of potential harm in patients with severe food allergy. These trials are all hospital based due to high rates of allergic reactions, including anaphylaxis, and other adverse reactions. Until these trials are completed, with methods, safety and effectiveness determined, ASCIA recommends that OIT for food allergy should not be performed outside of clinical trials.
- **The possible benefits from OIT are desensitisation and tolerance.** Published trials show that OIT for food allergy can result in desensitisation in many patients. This is a temporary state of protection that allows an increased amount of food allergen to be eaten without having an allergic reaction. However, it requires regular eating of the food and may still result in allergic reactions, including anaphylaxis, and other adverse reactions.
- **Published trials have shown a limited ability for OIT to result in ongoing tolerance and permanent benefit.** Tolerance is the ability to eat a food allergen without allergic reactions that continue after OIT is stopped, and does not require regular eating of the food.

- **Until OIT for food allergy is proven and standardised for routine use, and shown to be safe to undertake at home, avoidance of confirmed food allergens is essential for the management of food allergy.** It is therefore important for patients with food allergy, and their families to:
  - Know the signs and symptoms of mild to moderate and severe allergic reactions (anaphylaxis).
  - Know what to do when an allergic reaction occurs.
  - Read and understand food labels for food allergy.
  - Inform wait staff that they have food allergy when eating out.
  - Be aware of cross contamination of food allergens when preparing food.
  - Carry their adrenaline (epinephrine) autoinjector (if prescribed), and an ASCIA Action Plan for Anaphylaxis.

#### **Further information and patient support**

Visit the ASCIA website for information about food allergy [www.allergy.org.au/patients/food-allergy](http://www.allergy.org.au/patients/food-allergy) and allergen immunotherapy for environmental allergy [www.allergy.org.au/patients/allergy-treatment](http://www.allergy.org.au/patients/allergy-treatment)

For patient support contact Allergy & Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au) or Allergy New Zealand [www.allergy.org.nz](http://www.allergy.org.nz)

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