

# Patient Selection and Treatment Goals in Oral Immunotherapy (OIT)

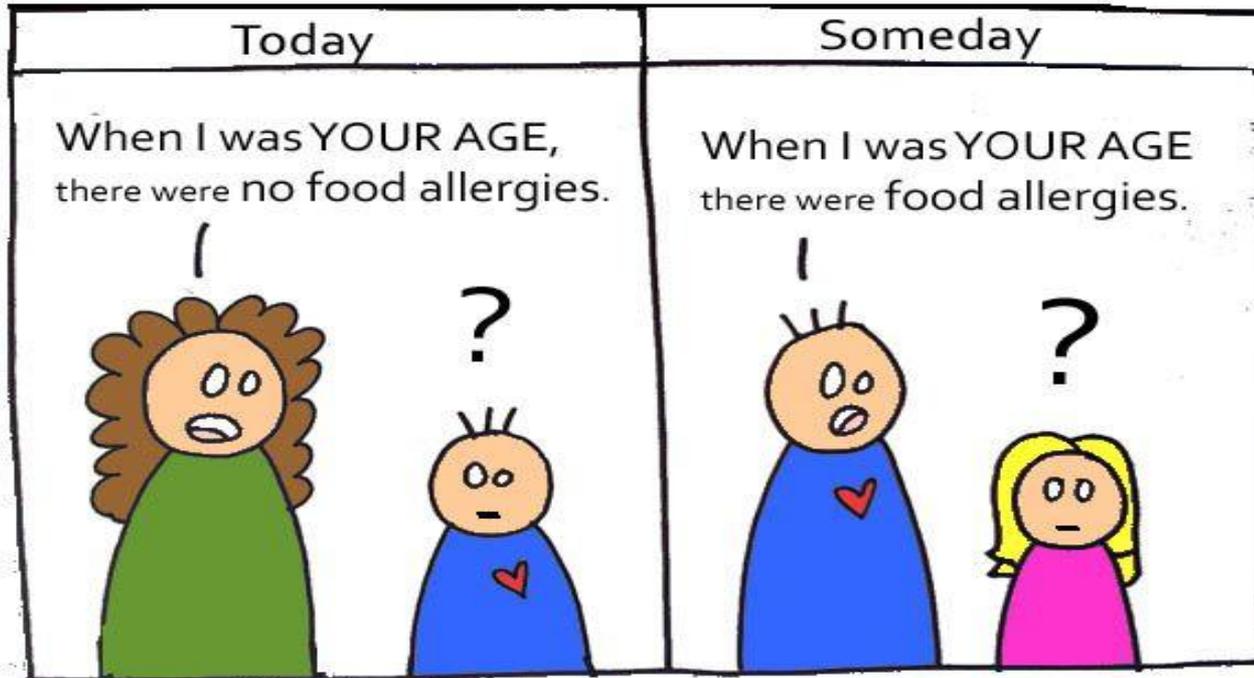


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# Food Allergy Fun



[www.foodallergyfun.com](http://www.foodallergyfun.com)

TGF 2001

# POLL: How many OIT patients do you currently have in your practice?

- A. Not yet offered OIT, currently considering
- B. <10 patients
- C. 10-20 patients
- D. 20-100 patients
- E. >100 patients

# Objectives

1. Patient Selection
2. Assess Readiness
3. Food Considerations
4. Goals of OIT
5. Defining Cross Contamination
6. Free Eating

# Considerations to Patient Selection

- Diagnosis
- Age
- Comorbidities
- Other factors

Diagnosis: “The three most important things in medicine are diagnosis, diagnosis and diagnosis”

Presumed allergic

- Ingestion hx, confirmed with positive ST/IC

Allergic diagnosed by ST/IC (no hx ingestion or topical only)

- ST, IC with components, ratio to total IgE

Allergy not confirmed?

- OFC

# Age: recognize the risks and benefits of OIT across the lifespan

- < 5 yrs: Difficulty assessing symptoms of reaction?
  - Change in demeanor (Vickery, 2021)
  - Immune system more malleable (faster decline in IgE)
- > 5 yrs: Less likely to reach finish line compared with prior year (17% less likely per year per Wasserman, 2019)
- Teens: exploring independence, testing limits, OIT fatigue, high burnout rate
- Adults: self-selected and highly motivated, though immune system less likely to change

# Comorbidities (medical): optimize control to improve safety and prevent confusion

- Asthma
- Allergic rhinitis
- Spontaneous urticaria
- Atopic dermatitis
- Pregnancy
- Frequent URI, daycare
- GERD, IBS, lactose intol
- EoE
- FPIES
- Cardiac, beta blocker
- Anxiety, psychiatric illness

# Other factors to consider

- Prognosis
  - High IC
  - Morning routine
  - Sustain multi-food OIT?
- Safety
  - Adherence to asthma, rhinitis, hive meds
  - Adherence to AAP
  - Fear of epinephrine
  - Language barrier



So you're both  
allergic? I get  
that a lot.

# Assess Readiness: Set them up for Success

- Impact on Quality of Life
  - Choice of food
  - Food anxiety
- Taste/texture aversion
  - Able to do OFCs?
  - LEAP?
- Schedule inflexibility
- Family not in agreement
- Multiple caregivers

Implement mock OIT to  
identify barriers

# Food Considerations: not all foods are created equal

- Single food vs multi-food
  - Staggered Day Ones vs Multi-food Day One
- Higher risk foods
- Prioritizing order of desensitization
  - Co-desensitization (i.e. sister nut, butters, nutcracker)
- Goals can vary for each food

# OIT goals vary by patient and practice

- Low dose maintenance ( $\leq 1$ g protein)
- High dose maintenance (2g protein)
- High dose maintenance with 6g protein challenge for free eating

# Defining Cross Contamination

- Palforzia studies suggest 1 peanut (~250mg protein) protective against most peanut accidents
- 1g protein offers the most protection against accidental ingestions across all allergens
  - 1 oz milk
  - ¼ egg
  - 4 cashews, 4 peanuts, 2 walnuts, 5 hazelnuts
  - 1tsp tahini

# Discuss Goals Early and Often

- Goals may change throughout OIT
- When to re-discuss goals
  - Maximize safety
  - Improve quality of life
  - Food/taste aversion
  - Socioeconomic changes

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