Food Allergy Treatment: Burden of Care

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Learning Objectives

- Discuss the burdens of food allergy and food allergy treatments with families
- Mitigate the burdens of food allergy treatments in their practice setting
- Incorporate individualized burdens of care considerations in the shared decision-making process

Burdens of Disease versus Burdens of Care

- Burdens of Disease

- Reaction risk
- Feeding dysfunction
- Cost of special foods
- Epinephrine devices
- Nutritional deficits
- Social isolation
- Psychosocial problems
- Distortion of family life

- Burdens of Care – AIT or OMA

- Cost of AIT
- Cost of non-AIT management (Biologics)
- Anxiety
- Risk to siblings
- Disruption from safe dosing rules
- Taste Aversion
- Dysfunctional feeding patterns
- Frequent OIT escalation visits
- Minor AEs
- Epinephrine-treated reactions

Costs

- **Oral Immunotherapy**
  - Office visit copays
  - Supplemental program fees
  - OIT food
  - Travel to the office – gas and parking, meals for the family
- **Sublingual Immunotherapy**
  - Office visit copays (fewer than for OIT)
  - SLIT food – prepared retail food or extract
  - Periodic oral food challenges to determine degree of desensitization

Omalizumab – Drug and supply costs

Anxiety

- Parental anxiety
  - Concern about sibling exposure to an allergenic (to the sibling) food
- Parental anxiety
- Patient anxiety

Home Dosing

- Escalation
  - Disruption of the family schedule for dosing
  - Post-dosing activity limitations
  - Taste aversion
  - New or worsening dysfunction feeding behaviors
  - Daily battle for control between the patient and the parent
- Maintenance
  - Scheduling the OIT dose
  - Post-dosing activity limitations
  - Taste aversion

Adverse Events

- Minor Side Effects

- Oral itch
- Dyspepsia and abdominal discomfort
- Diarrhea
- Urticaria
- Rhinitis symptoms
- Cough or wheeze

- Epinephrine-Treated Reactions

- Peanut
  - ~ 1/1,000 escalation doses
  - ~2/10,000 maintenance doses
- Medical support
  - Phone contact with the food allergy treatment center
  - Emergency department visit

Mitigating the Burdens of Care

Optimizing Process Factors

- Encourage **asynchronous communication** (email or text messaging) for non-urgent questions
- Provide organized, accessible information during onboarding
  - **OIT patient manual**
- Schedule updose visits with intention
  - Assign a **specific** appointment slot for all of the patient's visits
  - Designate specific updose days or half days only for OIT appointment
  - Protect updose visits from routine and sick visit patient flow
- **Routinize the updose visit**
  - VS + room patient ⟹ measure the dose ⟹ Physician/APP ⟹ start the dose
  - When dosing is complete move to observation room

Controlling Costs

- **Beware of cost-saving**
  - Some approaches may risk patient safety
  - Practices need to maintain a sustainable margin
- **Reduce office visits**
  - **Telemedicine** observed home updoses
  - Reduce the dosing increment **(e.g., 10%)** and increase the dosing interval allowing unsupervised updoses
  - **Unsupervised** home updosing regimen using microspoons (e.g., Shaker) or measured food products (Bamba, Puffs)
- **Treatment food**
  - Retail food rather than extracts for SLIT
  - Enable home mixing of SLIT
  - Avoid unnecessarily costly pre-made home dosing foods

Family Scheduling Disruptions

- **Non-problem during SLIT**

- **OIT must be customized to each family**
  - Morning – two hours before school
  - Evening – included with dinner or just after
  - After school – works for some patients
  - Athletes – no magical solution

- **Intentionally skipped days or doses**
  - Late night
  - Tournament days
  - Travel

Dosing Problems

- **Taste aversion**
  - Do not dilute the food
  - Minimize quantity/volume
  - Mask with sweet flavors: raspberry or orange extract, mints, cinnamon
  - Mask with savory flavors: salsa, ketchup, curry
  - Flavor reduced peanut, e.g., Nutlife
  - Nuts may be baked into other foods
- **Quantity**
  - Multi-food OIT – mix solid and liquid food forms (e.g., nut flour and nut milk)
  - High protein concentration – Fairlife cow milk, egg white powder

Adverse Events

- **Any AE that is more than minimal**
  - Reduce the dose
  - Prolong the interval between updoses
- Adhere to save dosing rules
- Ensure that the pre-dose snack/meal is adequate and appropriate
- Treat minimal immediate IgE-mediated symptoms with a daily H1 blocker
- Treat dyspepsia with a PPI

Anxiety Management

- Use carefully chosen healing and affirming language
- **Acknowledge/Validate/Normalize**
  - Acknowledge that food allergy carries a psychosocial burden
  - Praise their ability to navigate thus far
  - Normalize initial distress and anxiety AND help is available if unmanageable
- **Assess and Monitor**
  - Ask directly- How are food allergies/OIT impacting your life?
  - Watch for inflexibility
  - Involve the pediatric patient, together with the parent or separately
- **Refer to a therapist knowledgeable about food allergy and OIT**

Anxiety Treatment Through Education

- Caregiver **misinformation** is common
- Shift in conceptualization and treatment
- **Encourage questions** answer as clearly as possible
- Encourage use of certain resources that are **evidence based** and discourage use of others
- Recommend **trusted social media** sources
- Families often have dual educational burden. Themselves and others
- Disseminate as much **written info** as possible everyone. Not everyone has internet access
- Be available for questions
- **Have a portal**, so they have answers in writing

Foster Realistic Expectations

- What happens during an **updose visit**
- What will happen if there is a **reaction in the office**
- What will happen if there is a **reaction at home**
- Provide **data** to support reassurance
- Explain the **rationale** for safe dosing rules
- **Time** to maintenance
- OIT is not **pass/fail**

Worth It


OIT
GRADS
Peanuts
Cashew
Pecans
GABRIEL KRAJCA
PEANUT
BRUTHI BOPPURI PEANUT
PEANUT
BRINLEY LAWRENCE
NOAH CATHEY PEANUT
ISABELLE HERNANDEZ EGG
Caroline Laible: Milk
Jacob O. Kalton Milk
Caleb Ramos: Milk
Jacob Kalton: Egg