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**WHAT IS OIT?**

Oral immunotherapy (OIT) involves giving children with food allergy small amounts of the food to which they are allergic, and then slowly increasing this to a maintenance dose, usually a small amount of the food that is taken every day. OIT is always done under the supervision of an allergist. The goal of OIT is to reduce the risk of a life-threatening reaction due to accidental exposure, and not necessarily to “cure” an allergy.

**IS MY CHILD A CANDIDATE FOR OIT?**

Pre-school aged children with a confirmed peanut allergy show high rates of success with OIT. Currently, OIT has shown to be less promising, with a greater risk of side effects, in school aged children and adults, and is currently considered on a case by case basis for non pre-school aged children. The science around OIT is rapidly evolving and this may change in the future with additional studies and resources. Dr Abrams does offer OIT for other foods as well, including sesame and tree nuts.

**WHAT ARE THE BENEFITS OF OIT?**

The benefit of OIT is your child is less likely to have an allergic reaction with accidental exposure to the food they are allergic to. Families that choose OIT will still need to avoid the allergen, read labels, and have the epinephrine autoinjector available at all times. OIT is not considered a cure, although some children have passed an oral food challenge and developed remission following OIT.

**WHAT ARE THE RISKS OF OIT?**

Because your child will be ingesting the food which they are known to be allergic to there is a risk of an allergic reaction. Allergic reactions can vary from mild skin reactions to severe reactions that would require immediate medical attention. Side effects are very common but the majority, especially in preschool aged children, are mild to moderate. All severe reactions would require use of an epinephrine autoinjector. A small risk of eosinophilic esophagitis (EoE), or inflammation in the esophagus, has been seen in some OIT studies.

**HOW DOES OIT WORK?**

OIT is broadly divided into 2 phases – buildup and maintenance. During buildup dose escalations (between 8 to 13 clinic visits), your child will receive increasing doses of the allergen of concern in the allergy office. Medical monitoring occurs for reactions, and your child would continue on that same dose until the next clinic visit. Precautions are needed on an ongoing daily basis to reduce the risk of reactions to the allergen, and are reviewed prior to starting OIT. The maintenance phase starts once a significant amount of allergen is tolerated. This maintenance dose is felt to replicate for most people the amount of allergen they would encounter accidentally.

**WHAT HAPPENS AT THE OIT OFFICE VISITS?**

If OIT is decided upon as the right therapy, there are visits booked about 2 weeks apart. At each visit, the dose of food protein is administered and your child will be observed for about 60 minutes. The same dose is then given daily at home for about the next two weeks, at which time you would return to clinic for another dose increase. At each clinic visit for dose increases the nurse would review how

therapy has been going at home and whether there has been changes to health. About every 6 months skin testing will be done.