

# Treatment Options for Food Allergy: A Decision Guide for Caregivers

Choosing to start a food allergy therapy like oral immunotherapy (OIT) for your child is a big decision. This overview should help you to talk with your allergist about the best options for your child.

It may also help you to talk about these options with family and friends. Showing them this guide may help you reach a decision. Your family will be aware of your own situations and concerns that will help you make a decision. The best choice will be the one you feel most comfortable with and your child will stay with long-term. Choosing not to start therapy at this time is also a choice. You may be able to start this therapy in the future.

When you are ready to decide, make an appointment with your allergist. Please ask any questions and share any concerns you may have about these choices with your allergist. Your allergist will go over the therapy schedule and how they will measure your child's progress.

## This decision aid is for you if:

- Your allergist or primary care doctor diagnosed your child with a food allergy.
- Your child with the diagnosed food allergy is aged 6 months to 17 years.
- Your child has had a severe allergic reaction to food.
- You are curious about food allergy therapy choices for your child.
- You are concerned about the risk of an accidental allergic reaction to food for your child.
- Your child is willing to do a therapy that involves eating the food allergen on a regular basis.

## What are the options for managing food allergy in children?

Avoidance	Food Oral Immunotherapy (OIT)
<ul style="list-style-type: none"><li>• The child strictly avoids eating the food allergen.</li><li>• The child must carry epinephrine at all times.</li><li>• Children and their caregivers may worry about eating the food allergen by accident.</li><li>• Only some children outgrow their food allergy. The chance this happens depends on the food allergen.</li></ul>	<ul style="list-style-type: none"><li>• The child eats small amounts of their food allergen every day.</li><li>• The child must still carry epinephrine at all times.</li><li>• The allergist will increase the dose every few weeks to a top target dose.</li><li>• The child must eat the dose every day or they will lose protection.</li><li>• There is a risk the child may react to the therapy, needing epinephrine. This risk gets lower the longer the child is on therapy, but does not go away.</li><li>• Quality of life improves for some but not all children and families.</li><li>• The child may still have to avoid eating any extra of their food allergen besides the dose.</li></ul>

## Comparison of Options for Managing Food Allergy

	Avoidance	OIT
What the therapy is and how often it is taken	The child continues to strictly avoid eating any amount of their food allergen every day	Every day, the child will eat small, increasing amounts of their food allergen up to a certain target level, under the direction of their allergist
Time it takes for therapy to work	Right away	Around six to 12 months for most children
Target foods	Avoid the food(s) causing an allergy	Can be done with any food causing an allergy
Eligible ages	Any age	Any age, but works very well in infants and toddlers. Less data on how well this works in children ages 17 or older
Number of allergist visits on therapy	Most often, yearly allergist visits for follow-up and testing	Allergist visits every one to four weeks to increase the dose until the top dose is reached (takes about 6-12 months for most) Routine follow-up visits with allergist to chart progress
Risks	Poor quality of life Anxiety Accidental reactions, which could be severe 7% risk of anaphylaxis (baseline risk) Not a treatment or a cure The child has to avoid all sources of the food allergen and carry epinephrine at all times	Dose-related reactions such as stomach aches, nausea, and vomiting (about 80% chance) Eosinophilic esophagitis (about 3% chance) Anaphylaxis from the dose (about 15% chance) Higher chance of side effects with doses if taken on an empty stomach, when sick, on your period, when tired, or too close to exercise or a hot shower (chances vary) For most, OIT is not a cure – the child may have to still avoid non-therapy sources of the food and carry epinephrine May be hard for some families to fit into their daily life
Benefits	No risk of side effects related to therapy Some children and families will hardly be bothered by a food allergy compared to others	Increases how much food your child can eat before they have a reaction May make reactions less severe and prevent accidental reactions May improve quality of life and reduce anxiety by end of therapy
Duration of therapy	Probably long-term	Unknown if therapy can be stopped
Chances of mild side effects	No direct side effects	High but improves with time
Chances of moderate side effects	No direct side effects	Most can be treated and therapy continued
Chances of severe side effects	No direct side effects	Potentially likely
Side effect duration	No direct side effects	May need epinephrine and be a reason to stop therapy
Cost	No extra costs over normal food allergy care	Insurance may not pay for all costs. This may include doctor visit fees and food and medicine costs. You may be able to get payment assistance
What happens if you stop treatment	The child may react every time they eat any bit of the food allergen	Missing a dose or two each week likely has no effect Protection may drop if the child misses several doses in a row, based on how long they have been on therapy

### Out of approximately 100 children who start OIT:

**98%** may have a reaction caused by the OIT dose (skin, lungs, stomach, heart)

**80%** will be able to eat more food before a reaction occurs

**80%** of these symptoms will be mild or moderate severity

**18%** may stop OIT because of side effects

**20%** may have a reaction from OIT and use epinephrine, depending on the child's age

**30%** may grow out of their allergy from OIT, depending on the child's age

### Review your wants and needs

There are several factors to consider before starting OIT. Place a checkmark in the second column on how much each reason matters **to you** on a scale from 0 to 5. **'0' means it is not important. '5' is very important.**

### How important are these features of therapy for you and/or your child?

- Lower risk of a severe allergic reaction to eating the food allergen
- Being safe from accidental exposures
- Avoiding the use of epinephrine
- Not having to carry epinephrine
- Avoiding eating the food allergen
- Not having to take therapy daily
- Not having common skin reactions due to therapy
- Not having common stomach reactions due to therapy
- Avoiding many doctor visits to increase the therapy dose
- Not having severe allergic reactions caused by the therapy
- Having no rules around when to take the dose
- Not having to avoid certain activities before/after therapy
- Not having to pay extra money for therapy insurance does not cover
- Not having to avoid extra amounts of the food allergen besides the dose

### What additional concerns below affect your choice to start therapy? Check all that apply.

Discuss these with your allergist.

- Other medical conditions this therapy may affect
- Avoiding side effects from therapy that may need treatment
- Long-term risks and benefits with this therapy
- How quickly the therapy will start to work
- How long your child has to stay on therapy

**After reading the information about your choices between OIT or continuing to avoid the food allergen, answer the questions below.**

**Quality of Life**

Are you clear about which option best fits your lifestyle?	Yes	No
Do you have enough information to determine which option has the highest chance to make your quality of life better?	Yes	No
Do you know enough about the benefits and side effects of each option?	Yes	No

**Values**

Are you clear about which benefits and side effects matter most to you/your child?	Yes	No
--	-----	----

**Support**

Do you have enough support and advice from other people to make a choice?	Yes	No
---	-----	----

**Certainty**

Do you feel sure about the best choice for you/your child?	Yes	No
Do you wish there were other choices besides OIT and avoidance?	Yes	No

**Goals**

What are your goals?

What benefits do you think you/your child will gain?

What risks do you think you/your child are willing to take?

How do you hope your/your child's life will change?

What are your/your child's questions and concerns?

**My decision:**    **Start OIT**        **Do not start OIT at this time and continue avoidance.**

