Lay summary

EAACI GUIDELINES ON ALLERGEN IMMUNOTHERAPY: IgE-MEDIATED FOOD ALLERGY

Food allergy (FA) is a potentially life-threatening condition, often impairing quality of life and healthcare expenditure. The current approach to managing FA focuses on avoidance of trigger food(s) and the use of rescue medication in the event of an allergic reaction. Food allergen immunotherapy (FA-AIT) is an alternative potentially curative strategy, targeting the underlying immunological mechanisms of FA. Two routes are typically used: oral (OIT) or sublingual (SLIT).

The Guideline prepared by the European Academy of Allergy and Clinical Immunology (EAACI) Task Force on Allergen Immunotherapy for IgE-mediated Food Allergy aims to provide evidence-based recommendations for treatment of IgE-mediated food allergy with FA-AIT. FA-AIT relies on the delivery of gradually increasing doses of specific trigger food to increase the amount of food that the patient can tolerate. This can prevent allergic symptoms and reduce the risk of potentially life-threatening allergic reactions. The benefit may continue after discontinuing FA-AIT. OIT is usually more effective than SLIT. However, allergic side effects are more likely to be seen with OIT compared with SLIT. These allergic side effects may occur during the initial phase with increasing doses of food or during the maintenance phase when the maximal dose is taken. Most of these reactions are mild and not severe. Because of these side effects, FA-AIT should only be performed in research centers or in clinical centers with an extensive experience in FA-AIT.
Patients and their families should be provided with information about FA-AIT to allow them to make an informed decision about whether or not they wish to access the therapy. For example, during FA-AIT, each patient must take a daily dose; should not take a dose on an empty stomach; should not go to the bed in the hour following a dose; should not do any exercise in the 2-3 hours following a dose; and should reduce or withhold the dose during infections, asthma exacerbations, gastrointestinal diseases or menses. The risk of reactions caused by FA-AIT should be clear to the patient and his/her caregiver before starting FA-AIT. Due to the length of the protocol, patients and their families need to be able to comply with the schedule and be committed to treatment. The patient must carry an emergency kit with copy of their emergency action plan and adrenaline auto-injector to treat an episodes of anaphylaxis.

Although more evidence is needed before FA-AIT can be used in routine clinical practice, current evidence supports FA-AIT as the only current active treatment for patients with FA. This therapy represents an emerging new therapy for patients with IgE mediated food allergy.

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