

For the Patient

The full reports are titled “Weighing the benefits and risks of OIT in clinical practice” by Aikaterini Anagnostou, and “Novel diagnostic techniques and therapeutic strategies for IgE-mediated food allergy” by Stefano Passanisi, Fortunato Lombardo, Giuseppe Crisafulli, Giuseppina Salzano, Tommaso Aversa, and Giovanni B. Pajno. Both reports appear in the March 2021 issue of *Allergy Asthma Proceedings* (Volume 42, pages 118–123 and volume 42, pages 124–130)

For the Patient is provided to physicians so that the patients can better understand the language of modern medicine.

For the Patient is written by the editors (Bellanti, JA and Settignano, RA) and provided to practitioners so that patients can better understand the usefulness of new information resulting from medical research.

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NEW DIAGNOSTIC AND TREATMENT TECHNIQUES FOR IgE-MEDIATED FOOD ALLERGY (FA)

Food allergy (FA) affects about 10% of children and represents a heavy burden for patients and their families as it is sometimes associated with a potentially life-threatening allergic condition referred to as anaphylaxis. Although mortality from food anaphylaxis is low, fear of this adverse condition has a profound adverse impact on quality of life. For decades the treatment of FA has been limited to avoidance of the allergenic food and the use of epinephrine in the event of severe allergic reactions; however, an avoidance diet is not only difficult and frustrating for patients, but is also burdened with the risk of accidental exposure to the triggering food. Several recent studies have shown that oral immunotherapy (OIT), a form of medically supervised feeding of increasing amount of a food allergen to an allergic individual with the goal of increasing the threshold of food that triggers a reaction, has emerged as a form of active and potentially disease-modifying treatment for common food allergies encountered in childhood. The majority of oral immunotherapy participants achieve partial desensitization and, as a result, protection from trace exposures and improved quality of life. In two reports in this issue of the *Proceedings*, one by Passanisi and coworkers from the Department of Human Pathology in Adult and Developmental Age “Gaetano Barresi”, Allergy Unit, University of Messina, Messina, Italy, and the other by Anagnostou from Baylor College of Medicine, Section of Pediatric Immunology, Allergy and Rheumatology, Houston, TX, the subject of food allergy receives a timely updated literature review that focuses on novel diagnostic techniques and new alternative therapeutic applications for patients with FA.

Why Did the Researchers Do These Particular Studies?

The primary goal of these studies were to identify where current research contributions in the field of FA may have potential diagnostic and therapeutic application for better management of FA patients.

Who or What Was Studied?

The studies were performed utilizing a comprehensive analysis of published literature and the authors’ own personal expertise in both studies.

How Were the Studies Done?

The reports focus on recent studies that included evidence-based guidelines and inclusion of high-quality studies that contained clinical trials, observational studies, reviews, and meta-analyses.

What Were the Limitations of These Studies?

The reports emanated from single centers and were retrospective in design.

What Are the Implications of These Studies?

The studies reveal that diagnostic advances are being made that are allergen and antibody specific, and include basophil activation tests, and component specific assays that are currently available to facilitate novel application to the diagnosis and therapy of patients with FA. Following decades of “passive clinical management” limited to avoidance of the allergenic food and emergency preparedness in the event of anaphylaxis, there has been a transformative epiphany in the management of FA to active treatment with the introduction of OIT, performed in carefully selected patients managed in specialized clinical settings, by highly trained personnel. □