

#9 Abstract

Oral immunotherapy in young children with food allergy, a parental perspective.

Allergen immunotherapy / Immunotherapy: clinical / vaccines

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Background

Low-dose oral immunotherapy (OIT) is a food allergy treatment that has shown an immunomodulatory effect in young peanut allergic children associated with the development of long term tolerance. Implementation of the therapy into daily practice is limited, barriers to implementation are not studied yet. For that reason, a study was performed to investigate the parental perspective on low-dose OIT in young children with a proven food allergy.

Method

In the Deventer Paediatric Allergy Treatment Centre, parents of children aged 9–24 months with a proven food allergy, based on sensitization and a positive food challenge, are asked to participate in a study on low-dose OIT. Both parents from participating and non-participating children were interviewed about their perspective on OIT. Verbatim transcripts were analysed with standard qualitative research methods. Feasibility was assessed by a 12-items 5-point Likert scale questionnaire, filled out by participating parents after one month of OIT (highest score of 60 indicates high-level feasibility).

Results

Parents of 98 children with a suspected food allergy received information about the OIT study. Parents of eight children (8.2%) declined participation and 42 children were not suitable for inclusion because of a negative food challenge. The allergic reaction as provoked during the food challenge, including an anaphylactic reaction in 6 children or a very low threshold level of 10 mg food protein in 2 children, did not change the parental wish to participate. Parents of 11 children were interviewed. The interviews showed a strong parental motivation to offer their child a chance on long term tolerance. Concerns about possible side-effects such as allergic reactions, played a minor role in the parental considerations about participation. After one month of therapy, parents assessed the OIT as feasible with a median score of 52. The number of hospital visits during the built up phase was a burden for some parents. In some children, the daily administration was a problem because of a child's aversion to the specific food.

Conclusion

Most parents of young children with a food allergy have a strong wish to offer their child a treatment that may be associated with long-term tolerance induction. For most parents, this strong wish outweighs concerns about allergic reactions and the burden of hospital visits.