



What do patients and caregivers need to know about oral food challenges?

What is a food challenge?

An Oral Food Challenge (OFC), or feeding test, is a medical procedure in which a food is eaten slowly, in gradually increasing amounts, under medical supervision, to accurately diagnose or rule out a true food allergy.

What is the difference between an OFC and Oral Immunotherapy (OIT)?

An OFC is used as a medical test when the food allergy is in question and will either confirm or rule out the presence of the allergy. OIT is a medically supervised therapy in which the patient eats small, gradually increasing amounts of food on a daily basis to which they are known to be allergic, with the goal that over time the patient will become desensitized or tolerant to it. Oral food challenges may occasionally be administered to patients who are being treated with OIT to determine if the therapy is successful.

What are the reasons to perform an OFC?

OFCs are usually done when a careful medical history and allergy tests, such as skin and blood tests, are inconclusive. The OFC is a more definitive test because it will show whether the food ingested produces no symptoms, therefore tolerant to the food tested, or triggers a reaction, and therefore allergic to the food tested.

What are open and blinded (masked) oral food challenges?

In our practice, most OFCs are performed openly, meaning that both the family and the office know what food is being eaten, for example, eating peanut butter.

In blinded challenges, either the patient (single-blind), or both the patient and the medical personnel (double-blind) do not know whether the "real" test food is being eaten or a fake food, known as placebo.

The double-blind OFC is considered the best test since it reduces possible anxiety related reactions. Blinded challenges are often done at our research clinic to validate a new food allergy treatment.

How do I prepare for an Oral Food Challenge?

It is important to be in good health on the day of the test. Chronic allergic conditions, such as asthma, atopic dermatitis (eczema) and allergic rhinitis (hay fever) have to be well controlled SO they do not interfere with the interpretation of any symptoms. If the patient obtaining the Oral Food Challenge is sick on the day of the test, postpone it.

Do any medications need to be stopped before having Oral Food Challenge?

Yes. Antihistamines have to be stopped before the Oral Food Challenge since they might mask mild early symptoms. Ask your doctor for the list of medications to stop. It may be difficult to stop allergy medications during an allergy season or in patients with significant eczema, therefore Oral Food Challenge may need to be timed to avoid the seasons that cause problems.

As an alternative, medications other than antihistamines may be used, such as intranasal steroids, singular (montelukast) or inhaled corticosteroids, in the 1 to 2-week period before the OFC to minimize the discomfort caused by stopping oral antihistamines. If a person needs their asthma rescue medications around the time of the test, the test should be postponed. However, NEVER avoid using a needed emergency treatment such as epinephrine, antihistamines or inhaled asthma rescue medications just because an OFC is scheduled. Treat the problem and postpone the test.

Who provides the food?

Each OFC differs as to the type of food. The staff at Palos Verdes Medical Group will help decide whether you will bring the food, or the food will be prepared at the office. A physical examination and vital signs are done before starting and periodically during the test. The OFC starts with a small serving of the food and after a period of time, usually 15-30 minutes, if no symptoms are present, a slightly larger amount is eaten.

Before each subsequent dose, careful evaluation is performed to look for any symptoms. If symptoms occur, and the medical personnel judge that a reaction is happening, the feeding is stopped, and medications are given as needed. Otherwise, the feeding continues until, typically, a meal sized portion is eaten.

What is the usual treatment in case of an allergic reaction during an OFC?

Most food challenges that result in a reaction trigger skin or stomach symptoms. The symptoms are usually mild because the testing is done gradually with small amounts of food at the start, and feeding is stopped at the onset of symptoms. Most often, antihistamines are given for these mild symptoms. If there are more severe symptoms, treatments can include epinephrine and other medications.

How long do I have to stay after the feeding is over?

If there were no symptoms during an OFC, usually patients are discharged from the office within 1 to 3 hours of completing the feeding. In case of allergic symptoms, the patient is typically watched for at least 2 to 4 hours from the time symptoms go away or improve, with longer observation periods required for patients with more severe reactions.

Are OFCs different for different forms of food allergy?

Most food allergies lead to symptoms soon after the food is ingested. However, some forms of food allergy are delayed. For example, in food Protein-induced enterocolitis (FPIES), symptoms typically do not begin for at least 2 hours and so the feeding is performed faster, and the observation time is longer than for the typical allergies. The dosing and observation time for an OFC can be adjusted to address an individual patient's pattern of reaction.

What are the post-test instructions?

If the OFC did not cause symptoms, the patient is recommended to start regular consumption of the challenge food at home the following day. It is usually advised to make the food a routine part of the diet. Having symptoms after a "passed" OFC is uncommon.

If the OFC resulted in an allergic reaction, then continued avoidance is recommended.

What are the OFC risks?

The risks of OFC include an allergic reaction including anaphylaxis. There is no evidence that having an allergic reaction during an OFC makes future reactions worse or prolongs allergy in children.

What are the benefits?

The benefits include the nutritional and social benefits of being able to expand the diet if the food is successfully eaten without symptoms. However, even if the food triggered a reaction, the benefit is knowing that the food is truly a problem and needs to be avoided to maintain health.