

Center for Allergy and Asthma Care
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Information for Oral Food/Medication Challenge

WHAT IS AN ORAL FOOD/MEDICATION CHALLENGE?

Oral food/medication challenges are done to confirm or rule out an IgE-mediated allergy to a food/medication. They are often done to see if a patient's allergy has resolved.

The oral food/medication challenge involves eating a serving of the food in question or taking a portion of the medication in question in a slow, graded fashion under medical supervision. The food/medication challenge procedure is the most accurate test to determine whether a food/medication needs to be avoided or will no longer need to be avoided.

PREPARING FOR AN ORAL FOOD/MEDICATION CHALLENGE

The food/medication challenge is undertaken when a patient is in good health. If a patient has underlying asthma or eczema, these conditions must be well controlled at the time of the challenge. A challenge cannot be done if a patient has a fever, cough, rash (including eczema flaring), diarrhea, vomiting or any other symptoms on the day of the challenge. Please call our office to cancel the challenge appointment if any of the above symptoms are present. We cannot safely proceed with a challenge with these symptoms present, as they mimic symptoms of an allergic reaction to food or medication.

The following medications must be stopped prior to the challenge:

2 weeks prior:

*oral/IM/IV steroids

5 days prior:

***oral H1 antihistamines** (these include, but are not limited to zyrtec/cetirizine, allegra/fexofenadine, claritin, loratadine, xyzal, bendaryl)

***nasal antihistamines** (these include, but are not limited to: astepro/asteline/azelastine, patanase/olopataine)

* **antihistamine eye drops** (these include, but are not limited to: pataday/patanol/olopatadine, epinastine, zaditor, alaway)

1 day prior:

***leukotriene antagonists** (singulair/montelukast)

12 hours prior:

***oral H2 antihistamines** (these include, but are not limited to: atarax/hydroxyzine, zantac/ranitadine, axid/nizatidine, pepcid/famotidine)

8 hours prior:

***short acting beta agonists** (these include, but are not limited to: (albuterol, proair, ventolin, proventil, xopenex, levalbuterol)

***long acting beta agonists** (these include, but are not limited to:(symbicort,advair,dulera)

For food challenges:

Patients should not eat for at least 4 hours prior to a **food** challenge. Young children and infants may eat a light meal (1/2 of their usual amount up to 2 hours before challenge).

For children undergoing food challenges, it helps to bring cups, plates and utensils from home that they are accustomed to using. We ask that you also bring pudding, ice cream, applesauce, or anything of that consistency that you know your child is not allergic to (to be used to mix the challenge food into to make it more palatable).

For food/medication challenges:

Children are welcomed to bring their favorite blanket, stuffed animal or toys to make them feel more at home during a food/medication challenge.

We have portable DVD players here and encourage you to bring their favorite movies to the appointment (since food challenges take anywhere from 3-6 hours and medication challenges take anywhere from 2-3 hours).

Please bring a change of clothes for children (and parents) in case of a reaction involving vomiting.

Bring your emergency kit to your appointment (which includes EpiPen/Auvi-Q and benadryl). You will need your emergency kit for the ride home in case of a delayed reaction (even if your challenge in the office was negative).

WHAT WILL HAPPEN DURING THE ORAL FOOD MEDICATION CHALLENGE?

During the food/medication challenge, the patient will be given very small amounts of the food/medication being tested. If tolerated, increasing amounts of the challenge food/medication will be given with close observation at each stage.

The patient will be observed for signs/symptoms such as itching, rash, hives, swelling, abdominal pain, vomiting, coughing, wheezing, difficulty breathing, difficulty swallowing, redness of the throat, etc. With the onset of symptoms, the patient will be treated with diphenhydramine or cetirizine, prednisolone, and/or epinephrine to prevent any allergic reaction from progressing/worsening. In studies of food challenges, many patients develop mild symptoms during a food/medication challenge that require these treatments. Very rarely, other medications are needed for more serious reactions.

In some cases, the food challenge is performed by masking the food to hide the taste, and using a food that looks/tastes similar but does not contain the food being tested (placebo). This type of blinded procedure reduces the possibility that we would misjudge a reaction to the food that could occur from fear or distaste of the food in question.

WHAT ARE THE RISKS OF AN ORAL FOOD/MEDICATION CHALLENGE?

The discomforts associated with the food/medication challenge are generally no more than those encountered when eating the food/taking the medication. Symptoms are usually short-lived and may include hives, eczema flaring, swelling, nausea, vomiting, diarrhea, itchy/watery eyes, nasal congestion, runny nose, sneezing, coughing, wheezing, and/or chest tightness.

The major risks involved include severe breathing difficulties, and rarely, a drop in blood pressure. While a severe outcome such as death is theoretically possible, this is extremely rare in a medically supervised oral challenge. This risk of a severe reaction is reduced by starting the challenge with very small amounts of food/medication in gradually increasing amounts over a prolonged time period, stopping the challenge at the first sign of a reaction, and treating immediately with benadryl/diphenhydramine or zyrtec/cetirizine, prednisolone, and/or epinephrine. Medications, personnel and equipment are immediately available to treat allergic reactions should they occur.

WHAT ARE THE ALTERNATIVES TO AN ORAL FOOD/MEDICATION CHALLENGE?

If a patient chooses not to have the oral food/medication challenge, the safest things to do is practice strict avoidance of the food medication in question and maintain an up-to-date emergency kit at all times (in the case of food allergy).