

Food reintroduction and food challenges

Dietary exclusion needs to be followed by re-introduction of the food either during a food challenge or a reintroduction plan at home. Deciding which method to use provides another grey area in dealing with FHS. Generally speaking, all patients with either a history of immediate symptoms or a positive SPT/specific IgE tests, should be invited to a controlled setting for a food challenge. However, HCPs should take into account that eczema could initially present with delayed symptoms¹, but may turn into a presentation of immediate, more severe symptoms. This does prove difficult in large areas of the UK, where food challenge facilities at hospital/allergy centres are not readily available and some patients may have to wait some time for a food challenge to be performed. However, paramount in all of this is patient safety.

All other patients could either undergo a food challenge at home or a food reintroduction plan depending on the facilities and staff available.

No internationally accepted guidelines exist regarding the total dose of food that should be used for a food challenge. Some researchers use a total of 8-10g of the dried food for challenge purposes^{2,3} whereas others⁴⁻⁸ used 8g as the final dose, thus giving about 18g dried food in total. The latest position paper by EAACI recommends that the top dose should be "the normal daily intake in a serving of the food in question, adjusted for the age of the patient"⁹. When using real food as opposed to dried food, it is recommended that 60 – 100 g of wet food should be used for challenge purposes. In principle, the food challenge should provide a sufficient amount of the allergenic food to either prove or rule out a food allergy. In some cases however, subsequent reactions may still be experienced at home, even after consumption of a normal portion of food on the challenge day¹⁰

Dealing with delayed symptoms/non-IgE mediated food allergy

or food intolerance: Apart from the amount reported by the history, there are no specific recommendations regarding the dose used when performing food challenges to diagnose delayed symptoms such as eczema or constipation¹¹

- The required challenge duration should be discussed.
- Sufficient after care should be provided to the patient once the challenge is completed in terms of further elimination or re-introduction of the food.
- Always take informed consent prior to the food challenge.

At the moment, HCPs need to be able to obtain a good clinical history, primarily to find out if symptoms are immediate or delayed in nature, how reproducible they are and how much food (if known) is needed to elicit a reaction. Suitable tests should be performed where possible to assist in finding out if the reaction is immune mediated and if so, is it IgE-(potentially severe), non-IgE mediated or a combination of both – or is it simply an intolerance. However, in clinical practice, it very often happens that HCPs have to deal with patients in whom the exact mechanism of the reaction is not known or could not be established. A diagnostic test diet can then be decided on, which include the choice of a diagnostic test formula. In brief, if symptoms improve, a food challenge or re-introduction of the food(s) should be carried out. Based on the outcome, food should either be excluded or re-introduced. If no improvement is seen on the diagnostic test diet (or chosen formula), other foods should be considered or the formula should be changed.

References

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