

Oral food challenge at home in low risk patients with food allergy doesnot increa...

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Food Challenge at home in low risk patients with food allergy does not increase the risk of allergic reaction For the diagnosis of food allergy to be successful, a consideration of individual's test results and history is particularly crucial. When these elements do not warrant the presence of an allergy, a clinical specialist may carry out an oral food challenge. This is a method used in the determination of suspected allergy in cases where there is the lack of sincere clinical history. Practitioners assume it where the blood test and skin prick test are equivocal (Wood 9).

It is a reliable method of confirming the presence of allergy that one suspects to be experiencing. Oral food challenge assesses the resolution of allergy that a person experiences. This paper analyses the performance of the OFC in low risk patients as a home procedure. The experience of the challenge is effective at an SPT of zero, an IgE equal to or less than 0. 1, and there should be no occurrence of premature severe allergic reaction (Wood 19).

A quantitative research is the best method that is used to carry out this research. It aims at identifying factors which are assumed to be true in a hypothesis. This research paper applies this method to come up with a conclusion on the hypothesis. A cross-sectional study design is also applied. This is a snapshot at a particular time that analyses the absence or presence of a disease, exposure or symptom.

Age Group

Percentage of the population

All Allergens

Milk

Egg

Peanut

Tree nuts

Fish

Shellfish

Children

6. 0

2. 5

1. 3

0. 8

0. 2

0. 1

0. 0

Adults

3. 7

0. 3

0. 2

0. 6

0. 5

0. 4

2. 0

The above routine data is used to answer questions on the hypothesis.

Having carried out research in the U. S, it is realized that 4% of the population and 6% of children have IgE food allergies. Severe allergic reactions related to food result n 2000 hospitalization, 30, 000 emergency

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room visits and 150 deaths in a year. We realize that children are more allergic than adults. Milk records the highest level of allergy in the above table. Since a small population is affected by the allergy, OFC carried at home does not affect the risk of allergic reactions.

The people who respond are positive OFC while the ones who tolerate the food are negative OFC. The secondary outcome is to determine the reduction in the waiting time for inpatient OFC. For patients with allergic reactions, an OFC does not grow in any way the risk of occurrence of the reactions. One takes the test food under close examination to determine whether the food it tolerated. A dietary elimination follows the process to come up with a reliable conclusion on whether it results in amelioration of symptoms.

The use of new technology and design is very important when carrying out research. It makes various tests easy and also avails valuable data that could be collected by other tedious methods. Data for manipulation is easily available in the internet and ready for analysis. Discovery of new equipments that are used to carry out various tests facilitates the completion of the research assignment on the given period of time.

After carrying out a food challenge and emerging with positive results, a medical practitioner confirms the presence of food allergy. The results are, however, confirmed after a series of reaction to the allergen in a consistent manner. OFC is particularly vital since it determines the presence of food allergy, and whether an identified allergy persists (Wood 52). Different food substances have different diagnostic methods due to different levels of sensitivity. The following is a table that compares various diagnostic methods for egg, milk, and peanut allergy - SPT versus IgE. Data reviewed

from 700 challenges performed in New York at Mount Sinai School of Medicine during a period of two years revealed the following results.

Comparison of methods of diagnosis for egg, peanut, and mil allergy

Diagnostic method

sensitivity

Specificity

Accuracy

Egg

slgE only

72

43

57%

SPT only

84

64

74%

slgE and SPT

86

72

79%

Peanut

slgE only

75

46

61%

SPT only

86

67

75%

slgE and SPT

88

75

81%

Milk

slgE only

77

48

64%

SPT only

85

63

74%

slgE and SPT

86

74

79%

Blood allergy testing is 25 to 30% lower when compared to that of skin testing. People should rely on skin testing since it is effective. When adding food back to the diets, Open OFC is remarkably effective as testing and history is favorable. The expectation of a chance of a reaction taking place is

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less than 50%. Death arising from oral food challenge has never been experienced by the board of the allergist in a critically supervised clinical setting (Wood 89). An oral food challenge is not advisable at home since a fatal reaction might occur. Despite the argument that Oral food challenge is effective, it should not be practiced at home without proper supervision by a medical practitioner.

Works cited

Wood, A. Robert. Food Allergies For Dummies. John Wiley & Sons, 2011.