

Patient information

Oral immunotherapy (OI) as treatment for milk allergy

What is oral desensitisation?

Cow's milk is the most common cause of food allergy affecting 2-3% young children. Symptoms can include skin rash, vomiting, diarrhoea and wheezing. Nearly all of these children will grow out of their milk allergy by school age. Some will recover completely. Others will only have slight improvement, which may mean that they can take a small amount of milk, but larger amounts may still cause allergic symptoms.

Oral immunotherapy (OI) or desensitisation is a treatment programme to certain foods like milk, where we give children an increasing amount of milk to help them develop tolerance. The intention of OI is to increase the tolerance to milk so that larger amounts of milk can be taken without any symptoms (we can also desensitise children who are egg allergic with the same process using egg).

It is important that when a child is on this treatment programme that they otherwise follow a strict milk-free diet. The only milk they may have is the daily dose on the protocol or treatment plan. Every day your child will drink a 'dose' as outlined in our OI protocol. Do not jump stages to speed up the reintroduction plan as this could result in a reaction.

What side effects will my child experience?

Your child may experience mild side effects such as rashes, lip/facial swelling, stomach ache and diarrhoea. Breathing symptoms like cough or wheeze may occasionally occur. Anaphylactic symptoms are rare. However as the child is taking a food to which he or she is allergic, we would like you have an adrenaline auto-injector (i.e. EpiPen or Jext) as a precaution. We will also prescribe antihistamines for milder symptoms.

What happens if symptoms develop?

You **must** notify the dietician. Give your child antihistamines to relieve the symptoms. Go back 4 levels on the treatment plan and continue at this level for 7 days. If symptoms do not settle in 7 days then you must go back a further 4 levels and take regular antihistamines until symptoms settle. Contact the dietician again for further advice. If symptoms settle in 7 days continue on this dose for another 7 days and then progress with the treatment plan.

Will my child's milk allergy completely resolve at the end of the study?

Some children may not achieve the maximum dose of 250ml. We will advise you to continue daily milk intake at the lower dose that your child has been able to tolerate. After a further 3 months we may try to achieve the maximum dose again.

It seems that once a child has reached a maximum dose and can tolerate drinking a good amount of milk every day, that they must continue to consume milk and/or other dairy products daily (or almost every day) to help maintain their tolerance.

How to contact us

We like to know how you are getting on when on the OI programme. We want you to contact us at least every 4 weeks for an update, preferably by email to Kristian Bravin who supervises the programme. His email address is kristian.bravin@uhl-tr.nhs.uk.

If you need to contact us for advice about your child, please either contact Kristian via his pager on 07699 610813 (and leave a message with a telephone number) or phone the allergy service office of 0016 2586694.

With thanks to the Children's Allergy Clinic, University Hospitals of Leicester NHS Trust, for permission to reproduce this information.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo) <https://www.accessable.co.uk>



© West Suffolk NHS Foundation Trust