

CONTINUING MEDICAL EDUCATION EXAMINATION

Oral Immunotherapy for Food Allergy

Instructions for obtaining 1.6 Continuing Medical Education Credits

Credits can be earned by reading the text and completing the CME examinations online throughout the year on the SEAIC web site at www.seaic.org



"Actividad acreditada por el Consejo Catalán de Formación Continuada de las Profesiones Sanitarias – Comisión de Formación Continuada del Sistema Nacional de Salud con 1,6 CRÉDITOS".



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CME Items

1. Sustained unresponsiveness may be achieved more often when OIT is used along with:
 - a. Cetirizine
 - b. Montelukast
 - c. Omalizumab
 - d. Probiotics
2. Sustained unresponsiveness appears to be more common:
 - a. In peanut OIT than in milk OIT
 - b. In younger children than in older children
 - c. When higher maintenance doses are used
 - d. In egg OIT than in milk OIT
3. Immunologic changes seen in OIT include:
 - a. An early decrease in allergen-specific IgE
 - b. An early rise in allergen-specific IgG
 - c. Increased skin test reactivity
 - d. Increased basophil responsiveness
4. Adverse reactions to OIT:
 - a. Are most common with peanut compared with other foods
 - b. Occur in most patients
 - c. Are rare after the initial escalation phase
 - d. Rarely require treatment with epinephrine
5. Adverse reactions to OIT may be precipitated by:
 - a. Exercise
 - b. Viral illness
 - c. Anxiety
 - d. All of the above
6. The most common reason to discontinue OIT is:
 - a. Anaphylaxis
 - b. Chronic gastrointestinal symptoms
 - c. Worsening asthma
 - d. Worsening atopic dermatitis
7. Long term follow-up studies of milk OIT suggest that:
 - a. Most patients can consume unlimited quantities of milk
 - b. Many patients will lose tolerance over time
 - c. Adverse reactions are rare after the initial treatment phase
 - d. Continued milk intake is not necessary to maintain tolerance
8. Daily OIT maintenance doses typically range from:
 - a. 500 to 1000 μ g
 - b. 5 to 10 mg
 - c. 50 to 300 mg
 - d. 300 to 2000 mg
9. On the initial escalation day, the goal dose is typically:
 - a. 0.1 to 0.5 mg
 - b. 5 to 25 mg
 - c. 50 to 100 mg
 - d. 500 to 1000 mg
10. The results of most OIT trials suggest that:
 - a. Most patients can be effectively desensitized
 - b. Most patients achieve sustained unresponsiveness
 - c. Fewer than 10% of patients withdraw from treatment owing to adverse reactions
 - d. Adverse reactions occur predictably with dose escalation