

Helping Patients Feel Comfortable Introducing Allergenic Foods Without Testing: A case-based discussion with Relationship Centered Communication.

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10:05-10:35am



Cleveland Clinic Children's



Disclosures

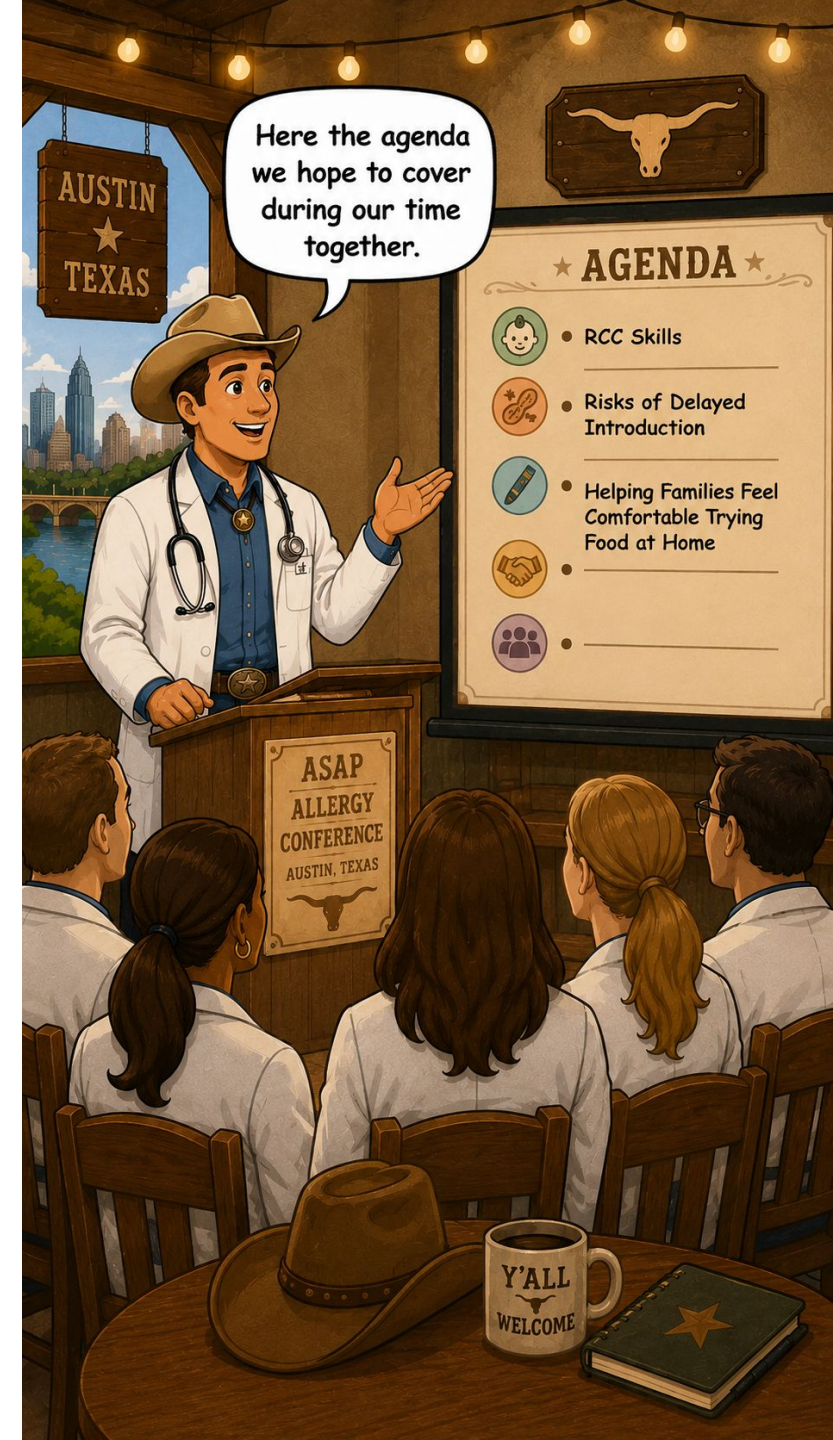
- I do non-branded disease state presentations for Sanofi and Regeneron about allergic diseases.
- Dynamed- I edit educational articles for EBSCO's Dynamed educational platform.



Learning Objectives

By the end of the session, participants should be able to:

- **Apply** relationship-centered communication skills, including reflective listening, and using dialogue to facilitate shared decision-making when discussing whether to test for foods that have not yet been introduced.
- **Explain** the risks associated with even short-term delays in introducing potentially allergenic foods to children at high risk for food allergy and effectively discuss these risks with patients in the clinic.
- **Equip** families with the knowledge and skills to introduce potentially allergenic foods safely, including appropriate serving sizes, food forms, and how to recognize and manage allergic reactions in high-risk children.



Who sees patients who want allergy testing you feel they do not need?

In what situations does this happen?



Who sees patients who want allergy testing you feel they do not need?

- What situations does this happen?
 - Eczema
 - Acute or Chronic Spontaneous Urticaria
 - EoE/stomach allergies
 - Early introduction:
 - Siblings (other family) with allergies
 - Already has one food allergy.



Communication Challenges

- **Strong Emotions** – Both from patient and caregiver.
- **Mismatched expectations** – Patient wants something we don't think will help or thinks we can do more than we can.
- **Unrealistic Expectations:** Patients want something that cannot be done.
- **Delivering unexpected/bad news** – Allergy testing is negative which we think is good but does not help answer their questions.
- **Complex family dynamics/Pediatric care with caregiver conflict** – parent/guardian vs. child disagreement or parental discord.
- **Disagreements about treatment** – between clinician and patient/family or within the family itself.
- **Cultural differences** – differing beliefs about illness, treatment, or healing traditions.
- **Language barriers** – limited shared language or reliance on interpreters.
- **Uncertainty/diagnostic ambiguity** – when there isn't a clear answer or prognosis.
- **Poor Health Literacy/Numeracy** – Does not understand written materials or simple numbers.



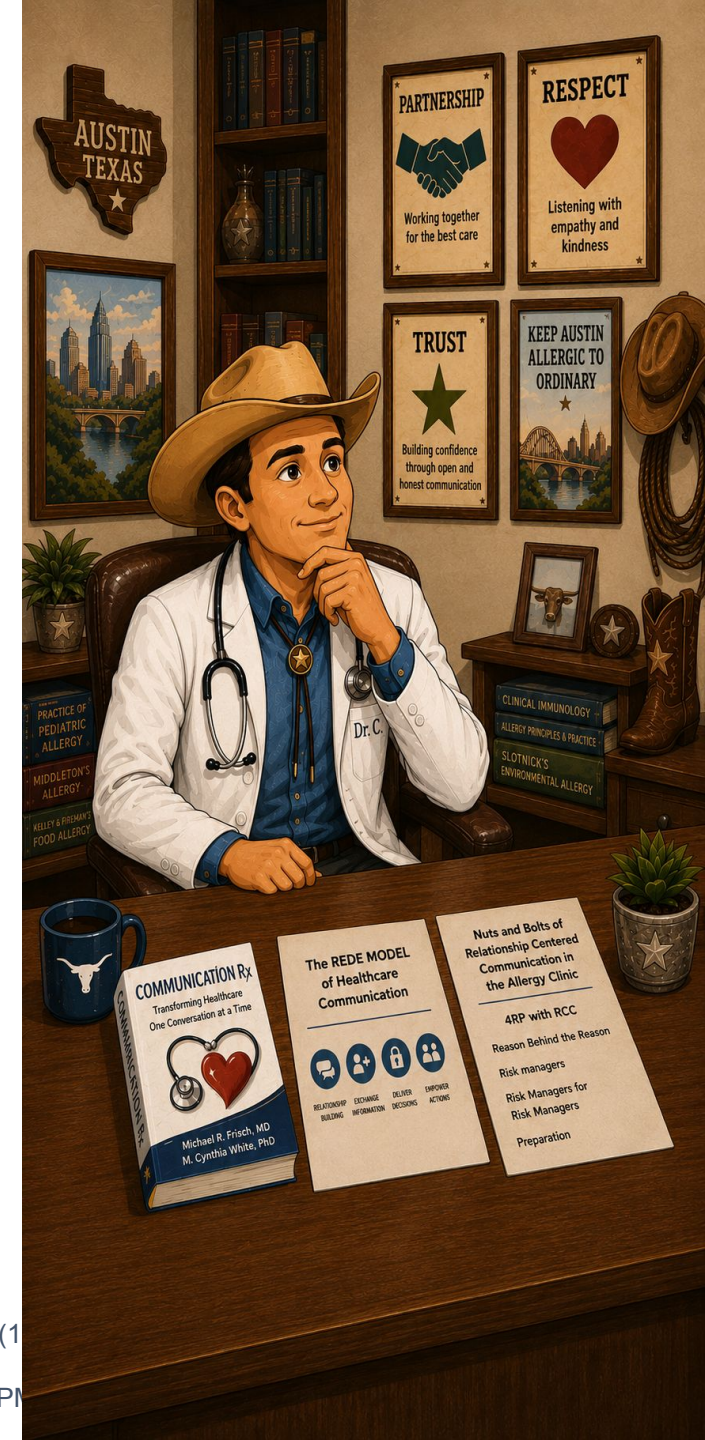
What skills are available to help?

Relationship Centered Communication skills.

- Evidence-based skills built into a communication framework.
- Resources
 - Academy of Communication in Healthcare
 - www.achonline.org
 - Communication Rx Book
 - CCF REDE Model (Based on ACH).¹
 - **Nuts and Bolts of RCC in Allergy. 4RP Model.**²
 - Relationship Centered Communication
 - Reason Behind the Reason
 - Risk Managers
 - Risk Managers for Risk Managers
 - Preparation

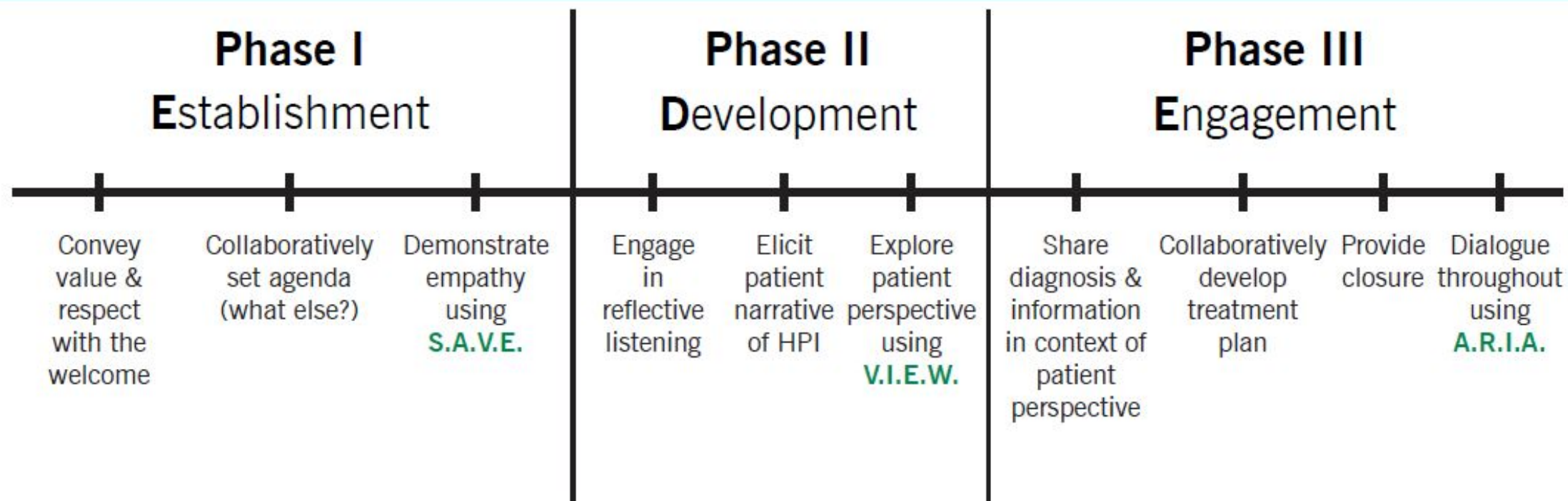
1. Windover AK, et al. The REDE Model of Healthcare Communication: Optimizing Relationship as a Therapeutic Agent. J Patient Exp. 2014 May;1(1):28725795.

2. Schroer BC, et al. Nuts and Bolts of Relationship Centered Communication in the Allergy Immunology Clinic. J Allergy Clin Immunol Pract. 2026 Pt



The R.E.D.E.[®] Model

Relationship:



“The Reason Behind the Reason?”

- What question are they trying to answer with tests?
- What are their: (VIEW)
 - Ideas
 - Expectations
 - Worries. (Windover et al. 2014)
- Do they know what answers the tests can give?

Windover AK, Boissy A, Rice TW, Gilligan T, Velez VJ, Merlino J. The REDE Model of Healthcare Communication: Optimizing Relationship as a Therapeutic Agent. J Patient Exp. 2014 May;1(1):8-13. doi: 10.1177/237437431400100103. Epub 2014 May 1. PMID: 28725795; PMCID: PMC5513605.



Do Our Tests Answer Their Questions?

Once you know the reason behind the reason...

Do you think these tests give them the answers they want?



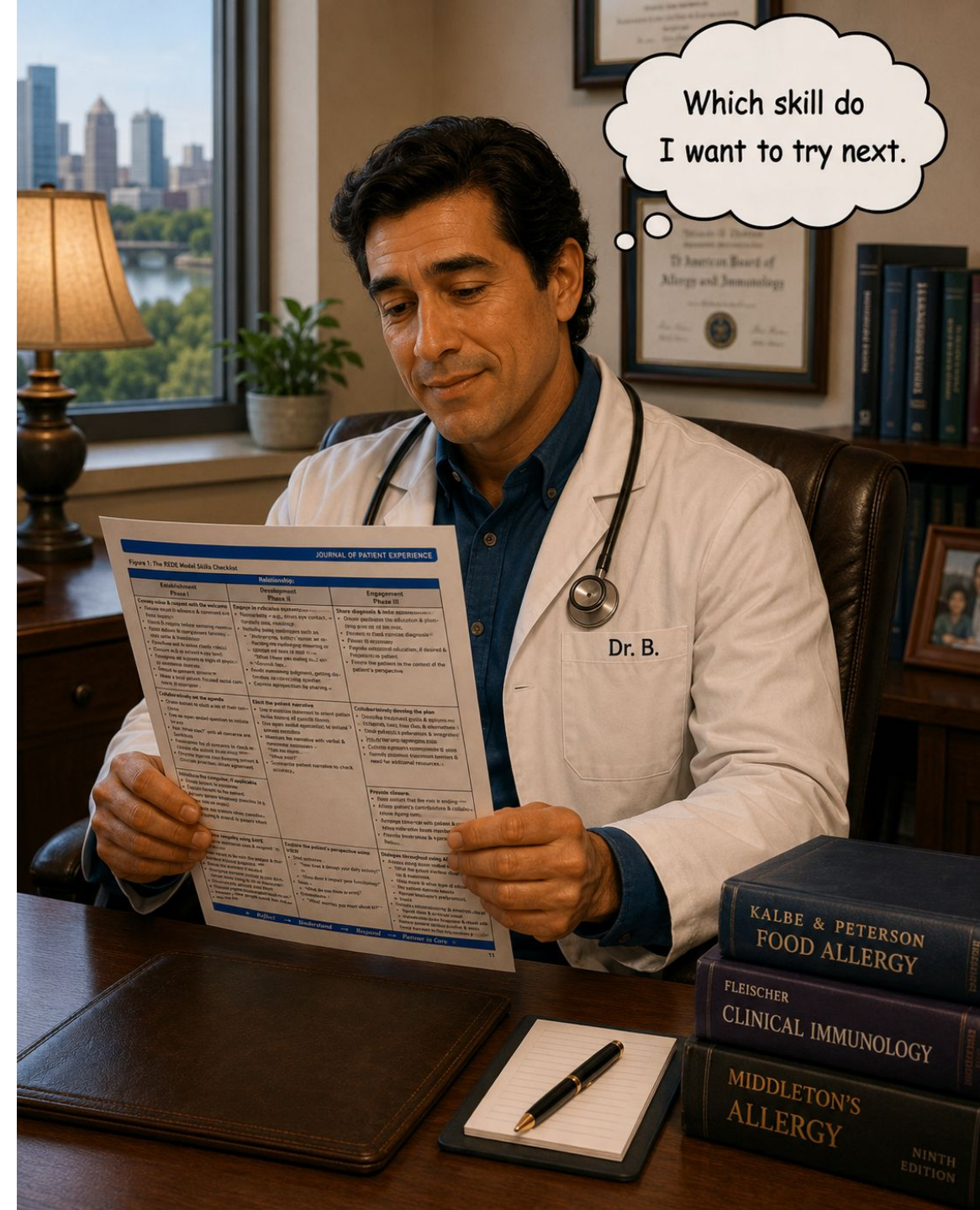
If the tests do not answer their questions?

- How often do you still do them?
- What leads to this?
- What can we do in this situation?



Implementing 4RP Skills

- Motivation to improve skills
- How to improve skills.
- Identify which area you want to work on
 - Skills practice of skill
 - Feedback
 - Try again
- Move onto next skill



Building Relationships

Case: 6 m/o with egg allergy

6-month-old sent by PCP for Egg allergy

Review of PCP office note:

- Documented that two weeks ago the patient was given egg and had a reaction
- “...urticaria and vomiting after eating egg.”



Understanding Patient Perspective

“Tell me more about...”

- Egg allergy:
 - Hives on the face where it touched.
 - Vomited once 15 minutes after that meal.
- Mild eczema, at times affecting the face.
- This patient has been eating milk in formula and wheat cereal.
- Has not yet eaten Peanut, Tree nuts, sesame, fish.
- Parents say,
 - “After this reaction to the egg, I am now scared to give peanut.”
 - “Can we do testing to...?”



Risk Manager: “I am now scared to give...”

RCC SKILL: Reflective Listening

- Active listening that has two benefits
 - Patient feels heard
 - Check accuracy of information you heard.
- “What I am hearing you say is that due to this egg reaction you are worried about introducing peanut.”



Risk Manager:

“I am now scared to give...”

RCC Skill: Demonstrating Empathy using SAVE

Support:

“We will work together to introduce allergenic foods and decrease the chance of developing another food allergy.”

Acknowledgement:

“This reaction was scary.”

Validation:

“Most parents would be scared to give...”

Emotion Name:

“You seem (Worried, anxious, unsure)”



RCC Skill: ARIA

Dialogue not Monologue

Assess: “What do you know about the of eating food allergens early?”

Patient: “I have heard about it but do not know much.”

Reflect: “Most patients have not heard about the benefits. Let’s talk more

Inform: “Eating food is the best way to decrease risk of a reaction in the

Assess: “What worries do you have about...”

benefit

about them.

future.”



What is the benefit of Early Introduction of Allergenic Foods

Consensus Approach to Primary Prevention JACI IP 2021

Recommendation 2 (Regardless of risk):

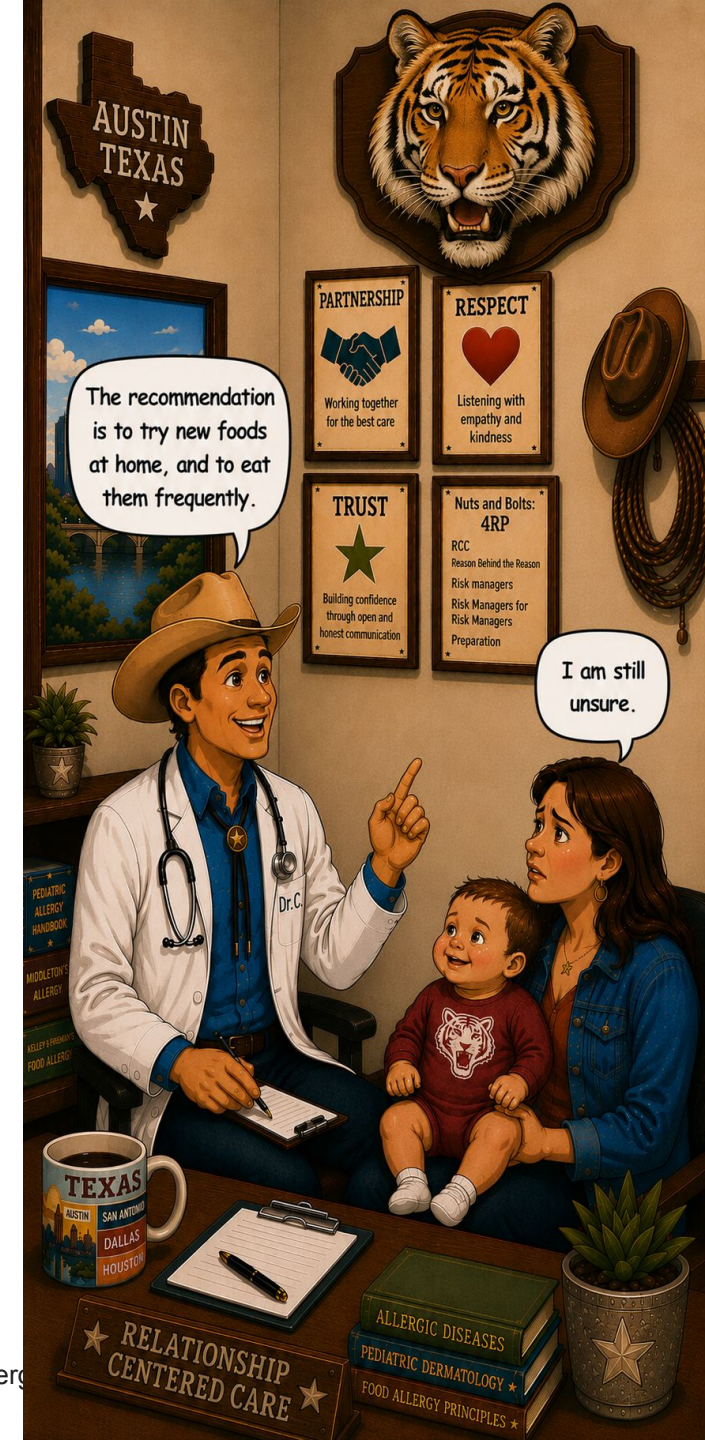
- Introduce **peanut** between 4-6 months old
 - Introduce at home when developmentally ready.
 - **Screening via SPT or sIgE “is not required”**
 - SPT or sIgE before introduction remains an option for families who prefer to not introduce at home
 - “Discussion is preference sensitive and should be taken into account using current evidence and preferences.”
 - **STRONGLY encourage either home introduction or offering a supervised challenge with or without SPT.**
 - Peanut ingestion should be maintained Regularly

Recommendation 3: Regardless of risk:

- Do the same for egg.

What about other foods?

- Did not discuss these as there are no studies.



LEAP TRIAL HEADLINE

“Eating peanut prevents peanut allergy”

- Study compared two groups:
 - Patients with moderate/severe eczema
 - Or already had physician diagnosed FA (Egg).
- Randomized them to an intervention arm vs non-intervention arm.
 - Half ate peanut early and often
 - Half avoided peanut
- Compared rate of PA at 5 years old.
 - Showed 70% overall reduction in peanut allergy in kids randomized to eating peanut early and often.
 - None of the kids who had + SPT/sIgE but did not react to challenge became allergic.
- What group was called the experimental group?

Du Toit G, Roberts G, Sayre PH, Bahnson HT, Radulovic S, Santos AF, Brough HA, Phippard D, Basting M, Feeney M, Turcanu V, Sever ML, Gomez Lorenzo M, Plaut M, Lack G; LEAP Study Team. Randomized trial of peanut consumption in infants at risk for peanut allergy. N Engl J Med. 2015 Feb 26;372(9):803-13. doi: 10.1056/NEJMoa1414850. Epub 2015 Feb 23. Erratum in: N Engl J Med. 2016 Jul 28;375(4):398. PMID: 25705822



What is the Risk of Unnecessary Avoidance?

“Peanut Avoidance causes Peanut Allergy”

Control group:

- The normal no intervention group
 - Eating food is normal.

Experimental Group:

- The group where an intervention is used.
 - Avoiding food is not normal.

Avoidance is an active treatment.

Unnecessary avoidance increases food allergy risk.



A Consensus Approach to the Primary Prevention of Food Allergy Through Nutrition: Guidance from the American Academy of Allergy, Asthma, and Immunology; American College of Allergy, Asthma, and Immunology; and the Canadian Society for Allergy and Clinical Immunology

David M. Fleischer, MD^a, Edmond S. Chan, MD^b, Carina Venter, PhD, RD^a, Jonathan M. Spergel, MD, PhD^c, Elissa M. Abrams, MD, MPH^d, David Stukus, MD^e, Marion Groetch, RD^f, Marcus Shaker, MD, MS^g, and Matthew Greenhawt, MD, MBA, MSc^a *Aurora, Colo; Vancouver, BC, Canada; Philadelphia, Pa; Winnipeg, MN, Canada; Columbus, Ohio; New York, NY; and Lebanon, NH*

For both egg and peanut introduction:
Universal introduction to all infants (in both at-risk and not at-risk populations) without screening skin/slgE testing and/or without in-office observed introduction or OFC ... was associated with superior health benefits and lower costs... (over) the other approaches of either screening or delayed introduction.

Compared with the other options, universal introduction cost less, prevented more cases of the food allergy, and produced more net benefit to the patient

AAAAI, ACAAI, CSACI, BSACI, ASACI all national health services in world agree that testing is “not required.”



Parent-reported barriers and facilitators to early and sustained feeding of allergenic foods: A mixed-methods systematic review



Several national guidelines recommend introducing allergenic foods to infants ~age 4-6 months

Regular feeding is needed to maintain tolerance

Parents often report challenges with introduction and/or sustained feeding

METHODS

Mixed-methods systematic review

Convergent integrated synthesis

Reflexive thematic analysis

EVIDENCE

9 studies

4898 parents

6 THEMES:

BARRIERS

1: PERCEIVED RISK & FEAR OF ADVERSE REACTIONS

2: PRACTICAL & LIFESTYLE CONSTRAINTS

3: INFANT-RELATED FEEDING DIFFICULTIES

4: HEALTHCARE PROVIDER ACCESS & GUIDANCE

5: PARENTAL SKEPTICISM

FACILITATORS

6: EDUCATIONAL & HEALTHCARE SUPPORTS

Parents/Pts are Risk Managers:

What do parents want to know before trying new foods?

- What could happen if a reaction occurs?
- Can't your tests tell me if they are allergic?
- What is the harm in delayed introduction?
- How do I give other foods? How often?
- **Patient's Goal:**
 - Prevent other food allergies safely



“Can we do testing to...?”

SAVE: Respond with empathy
Who wouldn't want to know
if their child is or is not
allergic to other foods?

ARIA: Give information using
dialogue not monologue.



“Can’t testing tell me if they are allergic?”

Reflect: “That is a common question.”
Inform: “I wish we had good tests. The best test to see if they are allergic is to eat the food. We do have testing that is great at saying you are not allergic. But it has many false positives. Therefore, the fastest way to introduce the food to prevent food allergy would be to try it at home.”

Assess: “That is a lot. What questions do you have about our tests?”



“What can the tests tell me?”

Inform: Our testing is good, and bad

If Negative, SPT and sIgE are very good!

- High sensitivity- rules out allergies
- Identify patients who are not allergic.

If Positive, SPT and sIgE are not so good!

- Low specificity- Does not rule in allergy
- High false positives

Tests do not predict the future



Inform: If SPT is ... Then...

- SPT negative- introduce at home
- SPT positive-
 - slgE
 - Schedule challenge?
- This costs **money**
- More importantly + **tests cost time**
 - delay trying the food



Inform: SPT to what?

“If I do a skin test, then...

Milk?

Peanut?

Tree nuts: (Almond, Cashew/Pistachio, Hazelnut, Walnut/Pecan)

Sesame?

Finfish?

Crustaceans?

Mollusks?

Flax?

I want to test for every food?



Responding To Fear With Information

What patients are scared of: Reactions

Be a Risk manager of Risk Managers:

No child has died from a reaction during food introduction.

HealthNuts showed 2.1% of reactions are anaphylaxis at 1 yo. Most patients have hives/vomiting.^{1,2}

1. Golden DBK, et al; Joint Task Force on Practice Parameters. Anaphylaxis: A 2023 practice parameter update. Ann Allergy Asthma Immunol. 2024 Feb;132(2):124-176. PMID: 38108678.
2. Chan JCK, HealthNuts Study. Food Challenge and Community-Reported Reaction Profiles in Food-Allergic Children Aged 1 and 4 Years: A Population-Based Study. J Allergy Clin Immunol Pract. 2017 Mar-Apr;5(2):398-409. PMID: 28283159.



“What do I do if they have a reaction?”

Clinicians are Risk Managers of Risk Managers

Respond With Empathy and Information

Patient: “I was scared they would stop breathing if I gave them peanut.”

Reflect: “That is a common concern. I know you can introduce the foods safely at home.”

Inform: “Fortunately, severe reactions are uncommon. And we need to review how to recognize and treat reactions to egg. Now you will be more prepared for any future reactions.”

Clinicians Goal:

- Prevent other food allergies safely



Assess: What could happen?

Inform: How to recognize and treat

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
---	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Putting the Fire Out by Dr. Brian Schroer

Posted by STACEY J.C. STURNER on DECEMBER 7, 2016



There has been a lot of heated discussion on various food allergy forums over the past several weeks with seemingly more questions raised than answers offered. What can we as a community do to help prevent more tragedies from happening in the future? Is "Epi First, Epi Fast" always the solution? Here, one allergist heeds the call for clarity by sharing his best practices for recognizing and treating the wide range of allergic reactions.



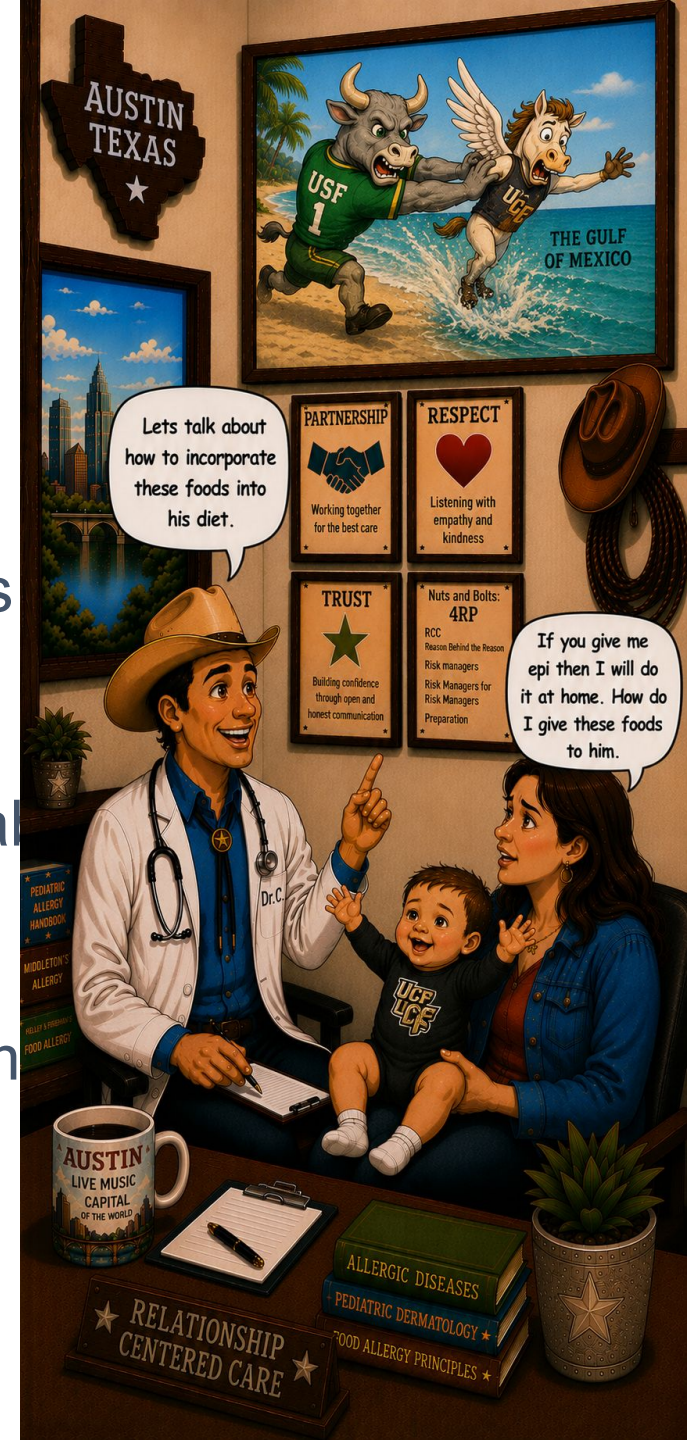
“Okay, I will try. How much ...”

Assess: “What else do you want to know?”

Patient: “Okay, I feel comfortable trying the foods
Which food to I give? How much? And How do I

Reflect: “Great. I am happy to hear you feel comfortable
trying these foods at home.”

Inform: “Let’s Talk about which foods to try, how to make
them, and how much to give so that these foods can
normal part of the diet.”



Practical Challenges and Considerations for Early Introduction of Potential Food Allergens for Prevention of Food Allergy

Brian Schroer, MD^a, Marion Groetch, MS, RDN^b, Douglas P. Mack, MSc, MD^{c,d}, and Carina Venter, PhD, RD^e
Ohio, New York, NY; Hamilton and Burlington, Ontario, Canada; and Aurora, Colo

Including potential allergens for allergy prevention and/or healthy infant feeding

Food	Choose healthy infant foods	How much/often As part of the infant's complementary diet
When developmentally ready- around 6 months of age or between 4 and 6 months of age if advised by your doctor		
Peanut	Choose peanut flour or thinned peanut butter that has no added ingredients (salt, sugar, oils) for healthier options. Peanut butter should be thinned with breast milk, water, or formula or mixed into a pureed food, e.g., Thinned Peanut butter or powder: Mix 2 teaspoons of peanut butter mixed with either 2-3 teaspoons of liquid or 2-3 tablespoons of fruit puree	About 1-2 teaspoons of peanut butter/powder per serving, Serve 2-3 times per week as tolerated ^a
Egg	Serve <u>well-cooked</u> egg (boiled or scrambled until no visible liquid remains) mashed with pureed foods or chopped and served as finger food. Homemade French toast (1 whole egg per slice of whole wheat bread)	1-2 Tablespoons of egg (about 1/3 of an egg) 2-3 times per week 1/3 piece of french toast
Cow milk	Serve plain full fat yogurt mixed with fruit puree Cow milk should not substitute for breast milk or infant formula.	2-4 fluid ounces per day Age appropriate volume of cow milk based formula
Wheat	Infant iron-fortified wheat cereals, whole wheat toast, pasta, or crackers for older infants - 1/2 ounce of wheat includes: - 1/4 cup wheat cereal or pasta, or - 1/2 slice bread, or - 1-2 crackers daily	1/2 to 1 ounce total grains per day.

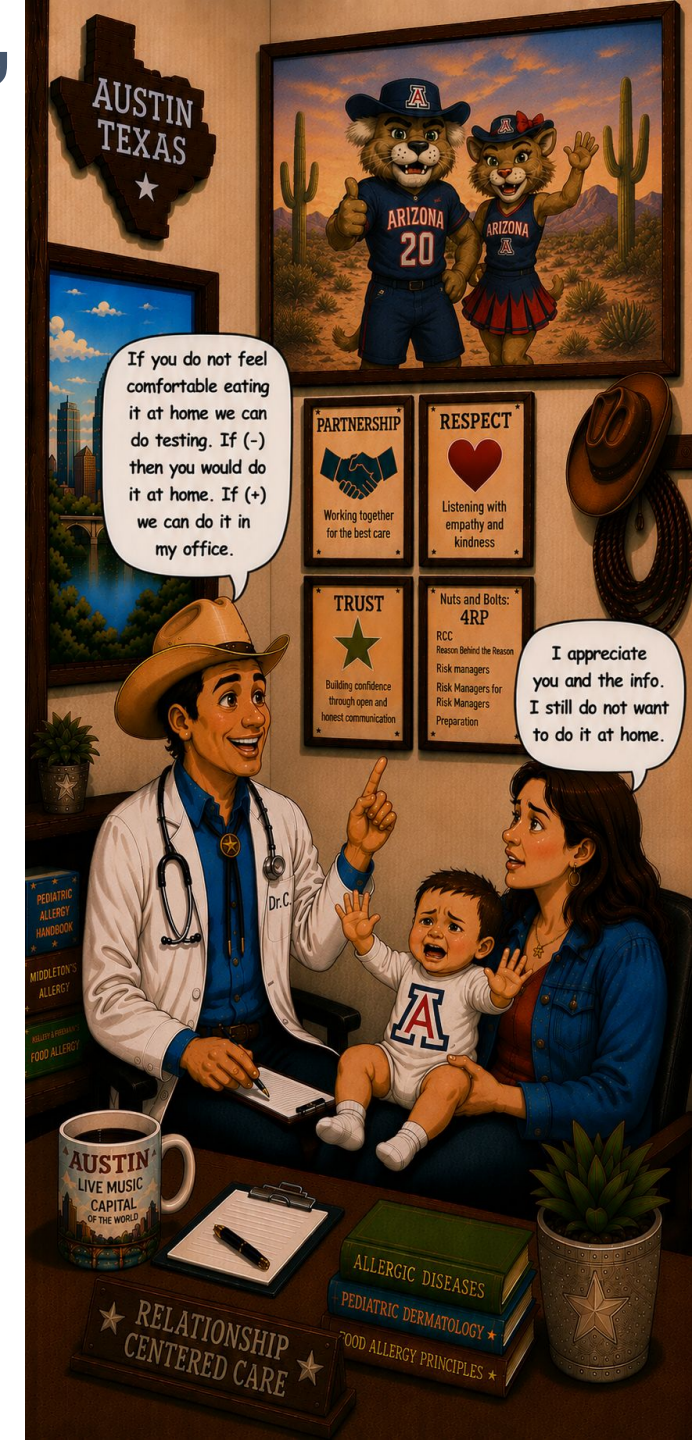
How much?

Tree nuts	Smooth, thinned nut butters, e.g., almond, cashew, hazelnut, pistachio, walnut, and pecan Walnut and Cashew Most important Finely chopped nuts can be added to fruit puree	About 1 teaspoon of nut butter per serving Finely chopped Nuts: ¼ ounce per serving No more than ½ ounce of each nut/seed per week
Sesame	Tahini is sesame paste typically served as an ingredient in hummus or as tahini dipping sauce for finger foods like vegetables (blended with water, lemon juice, olive oil, and herbs for flavoring) Hummus is typically 10-20% tahini by weight Ensure no added ingredients in humus that are choking hazards	About 1 teaspoons of Tahini per serving Up to 3 teaspoons tahini per week 2 Tablespoons of Humus has 1 teaspoon of tahini (if it has 20% Tahini by weight)
Fish	Low mercury and preferably fatty finfish https://www.fda.gov/media/102331/download	1-2 Tablespoons per serving 2-3 times per week (see FDA link for frequency and type of fish)
Soy (if tolerating above)	Soft tofu	1-2 Tablespoons per serving
Crustacean	Cooked shrimp, lobster, crab - modified to infant texture	1 tablespoon per serving

“After hearing that, tell me...”

“I appreciate the info but...”

- We'd rather the patient introduce in the office than not introduce at all.
- If they say they will not do introduction at home despite the information, then let's test.
- Do tests when they change what we do...



Advocating and Overcoming Barriers



1. Address fear with information
2. Teach them how to make it
3. Help them eat the food often
4. Reduce barriers to eating food (testing)
5. “I am more scared if you do not try these foods.”
6. Partner with the parents



12 m/o Case Update

- Egg allergy confirmed sIgE of 5.47.
- Diagnosis: Egg anaphylaxis.
- Treatment: Scheduled baked egg challenge.
- Prognosis: 12 m/o has no other food allergies







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Figure 1. Rates and outcomes of cutaneous reaction during OFC. Management of CoU during OFC included pausing/repeating dose, applying a barrier ointment, wiping, or nothing

Definitions

- Modified pass** = practitioner did not commit to pass or fail terminology but allowed continued ingestion at limited doses at home
- Inconclusive** = patient did not complete the OFC protocol due to refusal to eat
- Restricted** = continue ingestion at low doses, typically transition to ad lib gradually as tolerated
- Rechallenge** = avoid, with plan for challenge
- Systemic** = extensive cutaneous +/- other GI, respiratory involvement

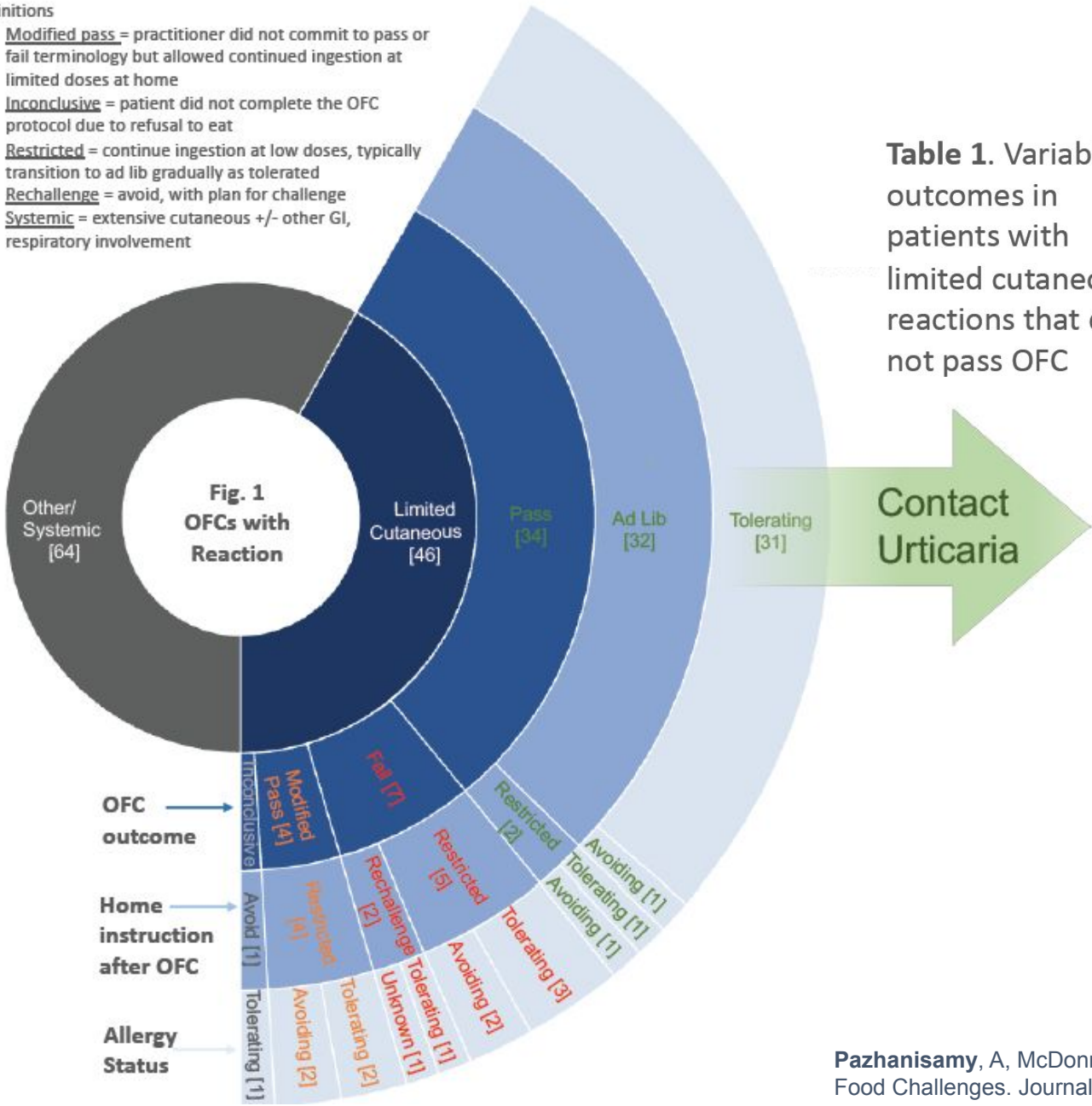


Table 1. Variable outcomes in patients with limited cutaneous reactions that did not pass OFC

Age	Reaction History	Challenge Food	SPT	slgE	Challenge Outcome	Goal Dose	Home Instruction	Current
15 m	never eaten	mixed nut	+	1.11	pass	yes	restricted	tolerating
14 m	cutaneous only	peanut	+	4.19	pass	yes	restriction	avoiding
13 y	cutaneous only	pecan	-	0	pass	yes	unrestricted	avoiding
3 y	cutaneous only	pecan	-	0	pass	yes	unrestricted	avoiding
11 m	cutaneous only	egg	+	1.21	modified pass	yes	unrestricted	tolerating
8 m	cutaneous only	peanut	+	1.2	modified pass	no	restricted	tolerating
5 y	cutaneous only	milk (pizza)	+	87.6	modified pass	no	restricted	avoiding
4 y	never eaten	walnut	N/D	3.39	modified pass	no	restricted	avoiding
14 m	other	baked milk	N/D	16.3	fail	no	restricted	tolerating
2 y	other	egg	+	2.1	fail	yes	rechallenge	tolerating
7 y	never eaten	peanut (intro)	+	0.41	fail	yes	rechallenge	tolerating
3 y	other	hazelnut	N/D	1.1	fail	no	rechallenge	avoiding
18 m	cutaneous only	sunflower	N/D	4.62	fail	no	rechallenge	OIT
19 m	cutaneous only	peanut	N/D	1.4	fail	no	restricted	lost to follow up
15 m	other	baked egg	+	12.2	inconclusive	no	rechallenge	tolerating

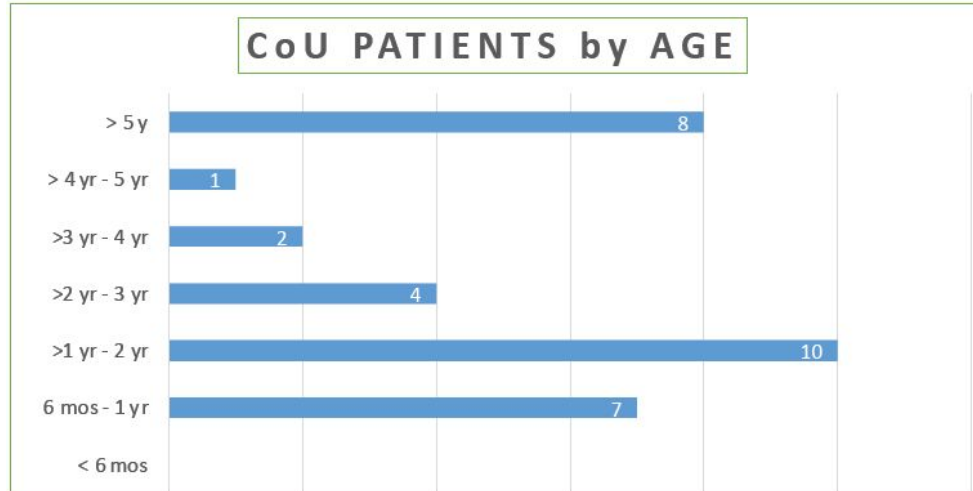


Figure 4. Majority of patients with CoU during OFC were under 3 years of age.