

What quantity of peanut and how often should this quantity be ingested to maintain a “desensitized” state to peanuts after an oral desensitization/challenge procedure?

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**Q:**

11/19/2013

What is the recommended amount of peanut one should eat in a week (and how times a week) to maintain desensitization after a negative food challenge to pea

**A:** Thank you for your inquiry.

I am going to ask Dr. Robert Wood to respond to your inquiry. Dr. Wood is an international food allergy, and his group has published in this area. As soon as we receive Dr. Wood's response, we will forward it to you.

Thank you again for your inquiry.

Sincerely,  
Phil Lieberman, M.D.

We received a response from Dr. Wood regarding your Ask the Expert inquiry. Thank you for your inquiry and we hope this response is helpful to you.

Sincerely,  
Phil Lieberman, M.D.

Response from Dr. Robert Wood:

I would divide these patients into two groups:

1. For those who clearly had a peanut allergy and were lucky enough to outgrow it, we would advise a full serving of peanut (4-5 grams of peanut protein) at least once a week. In fact, when we published our paper on recurrence of peanut allergy, we could not identify anyone eating peanut protein who experienced a recurrence. Since that time we have identified at least 100 patients who outgrew their peanut allergy and have still not seen recurrences as long as they in at least once a month. However, to be safe, we still advise once a week at a minimum.
2. For those who were likely never allergic (i.e. were found to be sensitized but never had a reaction and were most likely never allergic), it may not matter at all. We would still advise regular consumption but in truth most of them may not be different from the average child. We do feel more comfortable keeping it in their diet, however, in those who are more highly sensitized - although we do not know to be the case, we suspect that those patients (e.g. those with peanut IgE levels above 100 IU/ml) may be at some increased risk of becoming reactive without ongoing exposure.

Robert A. Wood, MD  
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