Allergy Immunotherapy

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Allergy immunotherapy is a treatment in which patients receive injections of natural allergens such as pollens, molds, dust mites and animal dander. The allergens selected for treatment are determined by the sensitivity shown on skin testing. The allergy extract does not contain any medications.

Immunotherapy is specific therapy which treats the basic cause of the patient's problem – allergic sensitivities. It reduces sensitivity to those allergens, resulting in fewer symptoms after allergen exposure.

Immunotherapy is used for patients whose allergy symptoms are not adequately relieved by medications and avoidance measures, and for those patients desiring a reduction in their long-term use of medications. It may also be used for those whose symptoms are becoming worse each year in an effort to prevent progression to more severe allergic problems such as asthma.

Advantages of allergy injections:

Can help nasal allergy and asthma.

Works on the underlying problem. Shifts the underlying immune response to the inhaled allergens (like a vaccine), to prevent allergic inflammation from developing within the airways.

Effective –helps symptoms 85-90% of the time May reduce complications such as rate of sinus and ear infections May reduce or eliminate your need for medications

Injection Schedule:

<u>Build-up phase</u>: Injections begin with a very weak dose of allergens. Each visit, the dose is increased until maintenance is reached. Patients come in once or twice weekly during this period. Usual duration of build-up phase: 3-6 months. Patients usually experience improvement of symptoms two to three months after starting injections. The higher the dose, the better the results.

<u>Maintenance phase</u>: Once the maintenance dose is reached, injections are spread out to once every 2 weeks x 3 months, then every 3 weeks x 3 months, then monthly thereafter. Injections are continued for at least three years from the start date. Studies have shown that patients who stop injections prior to three years are likely to experience a recurrence of symptoms. Patients who maintain injections for at least three years are more likely to have lasting benefit.

Injection visits: Come in at any time during shot hours. There is no need to make an appointment. Ask one of the nurses for a copy of the shot hours (green card). Also, please check the calendar posted in the waiting room regularly for special days (i.e. holidays) that the office is closed for injections.

Every patient on allergy injections should have an oral antihistamine readily available to them. An antihistamine should be taken at least one hour prior to each allergy injection. Studies have shown that this may enhance the effectiveness of injections.

REACTIONS TO ALLERGY INJECTIONS:

Since allergy injections contain substances to which you are allergic, they may occasionally cause allergic reactions. Allergic reactions are rare. If they occur, they usually begin shortly after your allergy injection. You should be observed for at least 20 minutes after your allergy injection. Severe reactions tend to begin within this time.

Remember to report any reaction (immediate or delayed) before receiving your next allergy injection so that the proper adjustments can be made.

LOCAL REACTION:

Occasionally, local reactions may occur at the site of the allergy injection(s). This may include redness, itching or swelling at the injection site, which usually lasts <24 hours. If a local reaction occurs within the first 20 minutes, report to the nurse. Also report this reaction to the nurse at your next allergy injection visit.

A delayed local reaction with swelling may occur over a 24-hour period following your allergy injection. Taking an antihistamine and Tylenol, as well as applying an ice pack to your arm will usually relieve any discomfort. Again, please report this reaction at your next visit prior to your injection.

SYSTEMIC ALLERGIC REACTION:

On rare occasions, a highly sensitive individual may develop symptoms of a systemic allergic reaction. The symptoms of a systemic reaction are: any change occurring away from the site of the injection such as itching of the throat, nose, eyes, palms, skin and/or having hives, flushing, sneezing, runny nose, weakness, lightheadedness, difficulty breathing, coughing or wheezing.

Life threatening reactions have been reported in the medical literature. These reactions can occur at any time no matter how long you have been on immunotherapy. The reversibility and control of these reactions depend on how soon appropriate therapy is initiated. Therefore, it is mandatory that you wait the required 20 minutes and report immediately any symptom of a systemic reaction to the nurse or doctor.

If you have systemic symptoms outside of the office, take an antihistamine (prescription or over-the-counter) as well as an asthma rescue-inhaler (if you have one) and return immediately to our office or any closer medical facility such as the emergency room or urgent care facility. If after hours, go to an emergency room for appropriate treatment. Call our office if you are seen at any other facility.

BE AWARE OF THE FOLLOWING POINTS:

If you are having unstable asthma (wheezing, chest tightness, coughing, shortness of breath) you should not have your allergy injection.

If you have a fever, please do not come in for an allergy injection. If you have a cold, without fever or asthma problems, you may have your allergy injection.

If you are physically exhausted or overheated, do not get your allergy injection. Allow yourself 30-45 minutes to cool off before your injection and limit vigorous exercise following it.

If you become pregnant when taking allergy injections, please contact our office for instructions. There is no reason to stop injections. We will likely maintain or lower your dose to provide extra safety against having reactions. Studies have proven allergy injections are safe during pregnancy.

** Medical Alert ** Please notify a nurse if you are taking any new medications, especially prescription medications for: high blood pressure, glaucoma, or migraines. Certain types of these medications may interfere with your treatment of life-threatening reactions. Beta-blockers should be avoided, if possible, as they may promote asthma and/or interfere with treatment of a reaction. Our nurse must know if you are taking any of these medications immediately, so appropriate decisions by the physician can be made.

Other medications may be use safely during immunotherapy. Do not hesitate to use medications prescribed for allergy symptoms whenever they are needed.