ALLERGY IMMUNOTHERAPY

Your physician has recommended immunotherapy (allergy injections) as a form of treatment for you or your child. It is important for you to understand the nature of this treatment, how it works, and possible side effects of it.

- **Allergy immunotherapy** is the process by which an “allergic” patient is made less sensitive to a specific allergen (for example, pollens, animal dander, mold spores, dust mite). The reduction in sensitivity is accomplished by repeated injections beneath the skin of the upper arm of increases doses of extracts (mixtures) of these specific allergens. The process begins with the lowest dose and increases over weeks to months to the maintenance dose. Once maintenance dose is achieved, the patient remains on the maintenance dose once to twice weekly for 3-5 years. It is considered a common treatment for allergic diseases.

- **Allergy immunotherapy** does not take the place of avoidance of allergens to which the patient is sensitized (allergic) and that the overall effectiveness of this injection treatment program also depends on complying with recommendations with respect to environmental controls and use of medications.

- **The goal of allergen immunotherapy** is to reduce allergic sensitivity. Improvement is often not seen immediately, and may not be apparent for up to one year. The results are often a reduction, but not complete elimination of symptoms. A few patients may not be helped by immunotherapy at all. There is no guarantee that this therapy will, in fact, result in a cure or resolution of symptoms.

- **Allergy immunotherapy** injections may be given by one of two dosing schedules:
  - **Traditional or Cluster.** In a traditional dosing schedule, one injection of the allergy extract (vial) is given once or twice a week. After receiving the injection, the patient is required to remain in the waiting area for 30 minutes. Once the maintenance dose (0.5 mL of Vial #1, Red) is attained, the frequency may be decreased to once a week, twice a month, or once monthly. The optimal benefit of allergy immunotherapy occurs at maintenance therapy. The total duration of immunotherapy at maintenance level is usually three to five years. Periodic assessment by a physician is mandatory in order to determine if the therapy should be continued or altered.

- **Allergy immunotherapy** extracts are prepared under rigidly controlled conditions by trained medical personnel. The allergy extract prescription is prepared according to the patient’s specific allergies, and therefore, is not useable by any other patient. Once the allergy extracts are prepared, the patient is liable for the expense. Therefore, the patient needs to contact their individual insurance company to inquire about medical coverage of the allergy immunotherapy extracts before proceeding or signing the consent form.

- **Adverse reactions** may occur as allergy injections contain the allergens to which the patient is allergic. It is not unusual for swelling and itching to occur at the site of an injection. Occasionally other reactions may occur. These reactions include: generalized itching, hives, fainting, shortness of breath, or tightness in the throat or chest. Life-threatening reactions
such as anaphylaxis, shock, and death, and although rare, a few such cases have occurred in adults and children. To minimize reactions, the physician may recommend anti-histamines. Avoidance of strenuous exercise for two hours after allergy injection therapy is recommended.

- **Allergy immunotherapy** should be administered in a medical facility. A trained medical person under the supervision of a physician who is immediately available to treat any possible adverse reaction should give these injections. An observational period (in the waiting room) of at least 30 minutes following an injection is required and mandatory. Before leaving the waiting area, it is required that the **patient check back with the nurse to record any reactions or no reactions.** Failure of the patient to follow this mandatory requirement, even if there is no reaction, will result in revoking the patient’s allergy injections at the cost to the patient. Any problems or concerns resulting from an allergy injection must be reported to the staff before receiving any additional allergy injections.

- **Any questions** about whether allergy immunotherapy should be received should be addressed with the physician. Generally, an allergy injection is NOT given if the patient is experiencing a fever, wheezing, or hives. Patients with worsening or poorly controlled asthma as evident by decreased peak flows (less than 70% of best peak flow readings; yellow and red zone) should not be given allergy injections.

- **Allergy immunotherapy** cannot be given to patients who are currently taking beta-blocker medications. Examples of beta-blockers include, but are not limited to Inderal, Lopressor, metoprolol, atenolol, Coreg, Toprol, and propanolol. Beta-blockers may be given for a variety of conditions including hypertension (high blood pressure), angina (heart pain), thyroid disease, arrhythmias (abnormal heartbeat), certain psychiatric disorders (panic attacks), and glaucoma (elevated eye pressure). The patient should consult a physician or pharmacist regarding any uncertainty about a specific medication. If any changes are made in the patient’s medication regimen once allergy immunotherapy is initiated, the physician needs to be alerted immediately.

- **Allergy immunotherapy** can be continued in a patient who becomes pregnant during the treatment course. Initiation of allergy immunotherapy is not recommended in pregnancy nor is increasing the allergy injection doses. The patient should alert the physician immediately if pregnancy occurs.