

DallasAllergyImmunology

WHAT YOU SHOULD KNOW PRIOR TO STARTING ALLERGEN IMMUNOTHERAPY (ALLERGY SHOTS)

WHAT IS IMMUNOTHERAPY?

Allergen immunotherapy (I.T.) is a treatment used to relieve allergic respiratory conditions such as allergic rhinitis (“hay fever”) or allergic asthma. This treatment involves scheduled injections of purified preparations or extracts of inhalant allergens (e.g., pollens, mold spores, dust mites, animal dander) to which an individual is allergic. Allergic sensitivities are confirmed by skin or blood allergy testing. The mechanisms by which I.T. works are not fully understood. Over 90 years of experience, however, has proven this therapy to be effective and reasonably safe for treatment of respiratory allergies. Because of the expense, inconvenience, and potential risks involved, I.T. is generally reserved for those allergy/asthma sufferers whose symptoms cannot be adequately controlled by allergen avoidance measures and medications.

DOES IMMUNOTHERAPY CURE ALLERGIES?

Although high-dose immunotherapy has been shown to significantly reduce the symptoms and medication requirements of most people with respiratory allergies (over 80% in some studies), I.T. is not considered a cure for these conditions. The degree of improvement is difficult to predict for each individual. At the very least, you should expect a 50% reduction in the frequency and severity of symptoms requiring “rescue” medications. Some individuals (about 10%) may experience a complete remission in symptoms extending for several years beyond the course of treatment - this is as close to a “cure” as you could expect. ***It is very important to note that at least six to twelve months of regular I.T. is required before significant improvement in symptoms is seen.***

HOW OFTEN ARE ALLERGY SHOTS GIVEN?

During the initial “escalation phase”, increasing doses of allergy injections are given once or twice per week until a predetermined “maintenance” dose is achieved. Assuming no setbacks or lapses in therapy, it will take approximately four months to reach the maintenance dose. After reaching the maintenance dose, you will continue to receive weekly maintenance injections for another month, then every 2 weeks for one year, then every 2-4 weeks for an additional 3-4 years. The dosing frequency prescribed during years 3-5 is determined by the results seen during the 2nd year. If satisfactory results are not seen after 12-15 months, immunotherapy is discontinued. After completing 5 years of immunotherapy, we will make a joint decision about whether or not to discontinue the injections.

WHAT RISKS ARE INVOLVED?

Allergic reactions may occur with allergy shots. The most common reaction is local swelling at the injection site. This type of reaction is expected and usually responds well to cold compresses and antihistamines. Large local reactions lasting more than 24 hours may necessitate a dosage adjustment. Generalized reactions occur less frequently and may consist of any or all of the following symptoms: itchy eyes, nose or throat, runny nose, nasal congestion, sneezing, tightness in the throat or chest, coughing, wheezing, and hives. The most severe reactions, called anaphylaxis (an overwhelming allergic reaction with shock), are extremely rare but potentially fatal if not treated promptly. Because of the possibility of a serious allergic reaction, ***allergy injections will be administered only at a medical facility with a physician on duty at the premises.*** You must wait in the medical facility where you receive your injections ***at least 30 minutes*** after each injection so that you may be observed and treated promptly in the unlikely event of a serious allergic reaction. As an added precaution, all patients who start allergen immunotherapy are required to have baseline lung function testing, regardless of whether or not there is any prior history of asthma.