

## IMMUNOTHERAPY

The most effective treatment of an allergy is avoidance of the substances which trigger the reaction. Although this is usually possible with allergy to foods or animal danders, it is obviously impractical to completely avoid house dust, molds, or pollens from grasses, trees, or weeds. Therefore, a program of immunotherapy (hyposensitization or "allergy shots") may be necessary to control the symptoms.

By injecting gradually increasing amounts of extracts of the offending allergens under the skin, an allergic individual will develop a tolerance or reduced sensitivity for those substances upon exposure to them.

Since, by history and skin tests, one is allergic to the substances in his injection, the most effective dose of the extract cannot be given at the onset. For safety, a very small dose is given initially and is gradually increased, once or twice a week, until a maintenance dose is reached. This often takes about six months. This dose, over a thousand times greater than the initial dose, is an average protective level or the highest tolerated dose. After an optimal dose has been achieved, the interval between injections is gradually increased as tolerated, depending on the time of the year and the duration of improvement following an injection. Within 18 to 24 months many patients are able to stretch out their injections to every 3 to 4 weeks.

Although rapid improvement is occasionally noted in some individuals, significant improvement usually occurs in the second six months of treatment. Many individuals will experience marked improvement and be able to maintain symptom-free intervals of a month between injections during the third year of immunotherapy, while others will continue to require more frequent injections. Those who experience adequate suppression of their allergy after three years may be able to discontinue the injections with permanent relief, while others may require treatment for longer periods of time. Generally, most patients are able to discontinue immunotherapy within three to five years.

Approximately 80% of patients on immunotherapy improve significantly, however, some patients do not show enough improvement to continue after a 12-18 month trial period. If immunotherapy is unsuccessful and desensitization does not occur, then medication may be needed indefinitely.

Many patients feel that immunotherapy is a more "natural" approach, using injections of natural substances (ex. pollens) mixed in sterile salt water rather than relying on long-term drug therapy. Although allergy shots have been used since the early 1900's and have never been associated with any long-term side effects, there is always some risk of an allergic reaction occurring from the shot itself. Patients are required to take the shot with a physician supervising for at least 20 minutes after every shot, in the event that a rare life-threatening allergic reaction were to occur. Although it is certainly uncommon, deaths have occurred from allergy shots as well as other types of injections (ex. Penicillin, some immunizations). The most common reaction is a swelling or itching at the site of the shot which can usually be treated with steroid cream and if necessary, ice or antihistamine (Benadryl). However, any symptoms of allergies, including sneezing, itchy eyes, runny nose, coughing, shortness of breath, wheezing, hives (welts), or dizziness should obviously be reported to the nurse or medical assistant immediately so the doctor can evaluate the symptoms promptly.

## Consent for Immunotherapy

**Patient Name** \_\_\_\_\_  
(Please print)

I have thoroughly read the Immunotherapy information sheet. In addition, one of the physicians at Allergy Consultants has explained the potential long term benefits and possible risks of a course of immunotherapy. I have had all my questions adequately answered, but understand that further questions can be discussed with the physicians and office staff at any time.

\_\_\_\_\_  
Patient Signature (or signature of parent/legal guardian if patient is under age 18) \_\_\_\_\_ Date

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Witness Address (Street Address)

\_\_\_\_\_  
(City, State, Zip)

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Physician's Initials