

## **IMMUNOTHERAPY**

### Frequently Asked Questions

You or a family member may be starting immunotherapy, sometimes called allergy shots. Patients frequently have questions about the injections. Many of the most common questions are addressed below. Please feel free to speak with one of our staff members if your questions are not satisfactorily answered, or if you have questions other than these. By working together, we will have the best opportunity for good results and improvement in your allergy symptoms.

#### **What is immunotherapy?**

Immunotherapy or allergy shots is a medical treatment involving a series of injections with gradually increasing doses of a vaccine or “extract” made from the allergens to which you are allergic.

#### **Is every immunotherapy patient on the same prescription?**

No. The allergy extract prescription is specifically designed for you, based on the results of an evaluation of your symptoms, medical history, physical findings and allergy testing. It is highly unlikely that two allergy patients will be on precisely the same extract prescription.

#### **What conditions are treated with immunotherapy?**

Immunotherapy is a preventive treatment for allergic respiratory conditions such as perennial and seasonal allergic rhinitis (“hay fever”), asthma (“wheezing”), and insect sting allergy.

#### **What are the goals of immunotherapy?**

The primary goal of immunotherapy is to relieve the symptoms caused by allergies. Immunotherapy should generally reduce your allergic sensitivities, thereby reducing symptoms and reducing the need for medications. Immunotherapy is not a permanent cure for the condition in most cases, but it usually will improve many of the symptoms and complications of allergic disease for many years.

#### **How effective is immunotherapy?**

Generally, 85% to 90% of patients who are receiving high-dose maintenance immunotherapy will have a significant reduction in their allergic symptoms, as well as a reduction in their need for additional medications.

#### **What alternatives, in addition to immunotherapy, do I have for the treatment of my allergies?**

Allergy problems are generally approached from three directions: (1) avoidance of recognized allergens; (2) medications; and (3) immunotherapy. *Avoidance* of the offending allergen is the ideal solution and is usually recommended for allergens such as foods, drugs and some animals. However, avoidance may be difficult when the allergen is airborne pollen or mold. *Medications* also may be beneficial, but only work with regular use and are most helpful when symptoms are mild. *Immunotherapy* is a “long - term” preventive treatment that can alter the causes of allergic symptoms. It stimulates the patient’s immune defenses and is a natural response. A patient often will require a combination of avoidance measures, medications and immunotherapy for the most effective control.

**Do I still have to avoid things to which I am allergic if I am getting allergy injections?**

It always is wise to avoid known allergens, particularly easily avoided ones such as animals. However, many allergens such as pollen and mold are in the atmosphere and cannot be totally avoided. Allergy injections are especially useful for reducing reactions to these allergens. Very heavy exposure to an allergen may produce symptoms despite allergy injections. Common sense is the rule, and heavy exposures should be avoided whenever possible.

**Should I take allergy medications while I am receiving injections?**

There is no interference between allergy medications and allergy injections. As you begin your immunotherapy, you should continue your prescribed medications because immunotherapy will take time to become effective. As you proceed toward “maintenance” immunotherapy, you may find that your need for allergy medications will decrease, and you will be able to gradually reduce or discontinue some of your medications. However, always talk with Dr. Baswell or Dr. Caplan before reducing an asthma medication.

**How often will I get an allergy injection and how long until the injections begin to help my symptoms?**

The “advancement phase” of your immunotherapy may take several months. The schedule of injections that your physician decides is best for you will determine when you reach maintenance levels. You should expect to begin seeing benefits from your immunotherapy as you reach maintenance levels, although some patients will require six to 12 months on high doses before seeing maximum benefit. Your dose should never be advanced if a significant reaction occurred after your last injection. Exceeding the optimal dose can lead to worsening of symptoms.

**Why can't I give the injections to myself at home?**

Allergy injections contain potent doses of allergens to which you are allergic. No matter how long you have been on allergy injections, the potential always exists for you to have a serious (and possibly even life-threatening) allergic reaction to the shot. Therefore, you must receive your injections in a physician's office where emergency treatment is immediately available. You may receive your injections in our office or in the office of another physician.

**What types of reactions or side effects might result from an allergy injection?**

Allergy shots *usually* cause no immediate problem. The only common side effect is localized swelling at the site of the injection, usually no larger than a quarter. Ice applied to the site of the swelling will help relieve some of the discomfort. There also are medications that may help avoid this side effect. Do not scratch or massage the injection site. Scratching may worsen the local reaction. You should *not* expect to have a major flare-up of your allergy symptoms after a shot. Notify us or the physician administering the injection immediately if you think you are having a reaction to an injection. Symptoms suggesting a reaction include:

- any allergy symptom that occurs at a location other than the site of the injection
- chest congestion or wheezing
- itching at any location
- abdominal cramping
- swelling of the tongue or throat
- hives
- light-headedness

These “anaphylactic” reactions must be treated promptly by the physician and staff. Most serious reactions begin within 20 minutes, while you are still under observation. However, *please do not ignore these generalized symptoms* even if they begin several hours after an injection. Return to our office or go to the nearest emergency room for treatment.

**Do I have to remain in the physician’s office for 30 minutes after every injection?**

As noted above, there is always a slight risk that you could have a serious reaction to your allergy injection, no matter how long you have been on injections. Since serious reactions can be life-threatening, a physician should be readily available. If you do not have the time to wait after your injection, please do not come for your shot that day. It is better to come another day when you have the time to stay, so that we may administer your injection safely. If you continue to leave the office before 30 minutes, you risk the possibility of having your allergy shots discontinued

**What are the reasons for postponing an allergy shot?**

You should most likely not get your allergy shot if you are ill or not feeling well—for example, a fever or wheezing within the past 12 hours. Please call us if there is a question.

**How often do I need to schedule a follow-up visit with the doctor?**

The answer varies from patient to patient. You should check with Dr. Baswell or Dr. Caplan on how often you need to be seen. Most often this is every 3 to 6 months the first year of immunotherapy and every 6 to 12 months thereafter if allergy symptoms have improved.

**When should I have allergy testing done again?**

There is no need for allergy testing every year. The general recommendation is that you consider getting re-tested every three to five years, or as new problems seem to develop. The doctor can discuss possible re-testing at your follow-up visits.

**Should I inform the allergist of new prescription medications from other doctors?**

Yes! There are several medications, particularly some blood pressure medications known as “beta blockers” that usually are not given along with immunotherapy. Please notify the nurse or physician of any new medications that have been prescribed for you since your last visit.

**What if I become pregnant while on allergy shots?**

Allergy injections are believed to be safe during pregnancy. The only possible harm to your baby could occur if you have a major reaction with a drop in blood pressure and a need for oxygen. We encourage conservative treatment during your pregnancy and not advancing your dose above the maximum dose given prior to pregnancy. The allergy injections will not cause or prevent allergies in your baby. Please arrange a follow-up visit if you become pregnant so your allergy treatment program can be reviewed. One of the benefits of continuing immunotherapy during pregnancy is that you may need less of other medications.

**What should I do about my injections if I go on vacation?**

You can skip injections while on vacation if you will be gone less than three weeks. Missing a week or two will not have a serious impact on the overall immunotherapy program. If you plan an extended trip for several months, notify the office, and we will arrange for transfer of your extract to a local physician at your destination.

**Will my final “maintenance dose” always remain the same volume and be given at the same interval?**

No. As you reach “maintenance,” you may find that you can space your injections farther apart. If you have been receiving injections twice a week, your physician may suggest reducing them to once a week and observe for control of symptoms over the next month or two. If you continue to be well controlled, injections can be spaced every other week or up to four weeks apart. During peak pollen or mold seasons, you may notice that you are having more local reactions to your injections due to the increased allergen exposure in your surroundings. (This is called “co-seasonal” exposure). If this occurs, the maintenance volume will be temporarily reduced.