

WHAT YOU SHOULD KNOW PRIOR TO STARTING 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 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 100 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 6-12 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 6 months to reach the maintenance dose. After reaching the maintenance dose, you will continue to receive maintenance injections every 2 weeks for 6-12 months, then every 2-4 weeks for an additional 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 stop 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.

INSTRUCTIONS AND CONSENT FOR PATIENTS RECEIVING ALLERGEN IMMUNOTHERAPY

The following guidelines are very important for safe administration of your allergy shots. Please read this information carefully.

- 1. ALLERGY SHOT HOURS** - Please view our website (www.dallasallergy.net) for current hours or obtain a card that lists the current hours from our office.
- 2. Injections must be given in a medical facility under the supervision of a licensed physician.** If you choose to receive your *maintenance* allergy shots in a local doctor's office, we must receive a signed consent form indicating the physician's willingness to provide the injections.
- 3. You should report any current illness or new medications before each allergy shot, especially BETA BLOCKERS (see I.T. Patient Consent MEDICATIONS TO AVOID).** If you have asthma, a peak flow rate will be measured before and 30 minutes after each shot.
- 4. You should not receive allergy shots when your asthma flares. Peak flows must be at least 80% of your personal best peak flow in order to receive an allergy shot.** Follow the guidelines on your *Asthma Action Plan* and resume allergy shots 2-3 days after your asthma flare resolves.
- 5. You must wait in the office for 30 minutes after each allergy shot to observe for potentially serious allergic reactions. If any of the following symptoms occur during the waiting period, report promptly to the allergy nurse so that appropriate treatment may be instituted:** itchy eyes, nose or throat, runny nose, nasal congestion, sneezing, tightness in the throat or chest, coughing, wheezing, hives, faintness, dizziness, nausea, abdominal cramping.
- 6. At the end of your 30 minute waiting period, be sure to check out with the allergy nurse prior to leaving the office even if you have no local reactions or allergy symptoms.**
- 7. Please notify our office of any local reactions larger than a silver dollar lasting more than 24 hours after the shot.**
- 8. In order to minimize the risk of a delayed systemic reaction (i.e., the problems listed in #5 above), avoid strenuous exercise for two hours following allergy shots.**
- 9. In order to achieve the greatest benefit, allergy shots should be given on a regular basis:** once or twice weekly during the initial "escalation phase". If you choose to receive shots twice weekly, please allow 48 hours between injections.
- 10. There is no cause for concern if injections need to be suspended temporarily (up to 4 weeks) due to illness or travel.** Minor dose adjustments will be made after temporary lapses in therapy. Please note, however, that you are unlikely to achieve optimal benefit from I.T. if there are frequent lapses in therapy. **Please call the allergy shot nurse to discuss how to proceed if your lapse in therapy has been 6 weeks or longer.**
- 11. Allergy shots may be continued during pregnancy.** If you have not already reached the maintenance dose prior to becoming pregnant, we will continue the current dose for the duration of the pregnancy, then increase afterwards.

12. Minors who receive allergy shots must be accompanied either by a parent or an adult guardian who has written permission from the parent to serve in this capacity. The only exception to this rule is the minor age 16 years or older who is permitted to drive him/herself to the office without a parent/guardian. Consent forms are available from our receptionists for these special circumstances.

13. Please allow 3 weeks for allergen extract refills. We require an updated copy of the **Allergy Shot Administration Record** in addition to payment prior to refilling extract orders.

MEDICATIONS TO AVOID DURING IMMUNOTHERAPY

Some medications taken for other medical conditions (especially **Beta Blockers** taken for high blood pressure, migraines or glaucoma, and **MAO inhibitors** taken for depression) may increase the risk of a life-threatening allergic reaction to the allergy shots, and should therefore be avoided while receiving immunotherapy. If you are currently taking any of the following medications or if you are prescribed one of these medicines by another physician while you are receiving I.T., **it is very important that you inform your doctor or nurse prior to starting or continuing allergy shots:**

<u>GENERIC NAME</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>	<u>TRADE NAME</u>
Propranolol	Inderal, Inderide	Labetalol	Normodyne, Trandate
Timolol	Blocadren, Timolide, Timoptic	Penbutolol	Levatol
Metoprolol	Lopressor, Toprol	Levobunolol	Betagen
Nadolol	Corgard, Corzide	Carteolol	Cartrol, Ocupress
Atenolol	Tenormin, Tenoretic	Isocarboxazid	Marplan
Pindolol	Visken	Phenelzine	Nardil
Esmolol	Brevibloc	Sotalol	Betapace, Sorine
Acebutolol	Sectral	Tranlycypromine	Parnate
Betaxolol	Betoptic Ophthalmic Drops	Carvedilol	Coreg
Levobetaxolol	Betaxon	Bisoprolol	Zebeta, Ziac
Nebivolol	Bystolic	Metipranolol	OptiPranolol

CONSENT FOR TREATMENT

I have read and understand fully the attached **Information and Instructions For Patients Receiving Allergen Immunotherapy**. I agree to abide by these instructions in order to minimize the risks of a life-threatening allergic reaction associated with allergy shots. I have had the opportunity to ask additional questions regarding the anticipated benefits and potential risks of immunotherapy. These questions have been answered to my satisfaction.

I hereby give consent for myself / my child to receive immunotherapy injections (allergy shots) and authorize treatment of any reactions that may occur as a result of an allergy shot.

Patient's Name (Print)

Parent/Guardian's Name (Print)

Signature (Patients >12 years old)

Date

Parent/Guardian Signature (Patients <18 yrs old)

Date

Witness Name (Print) / Signature

Date