

ENT Allergy Program

There are three basic approaches to treatment of allergic diseases. These approaches are:

- Avoidance of the offending allergens
- Medical therapy (medications)
- Allergy immunotherapy, also known as allergy shots

Starting your injection therapy. Your first appointment will be with allergy staff to have your first vial test and first set of injections. A vial test is a safety skin test which is done on every set of new antigens that is made for you. It takes 10 minutes. The antigens we use are biological, not man-made, and as such there can be variation in the proteins. We must check every time a new vial is made to ensure that the antigens are not too potent for you. Your allergy shots will initially be very dilute, and will slowly build up in volume and concentration.

During the initial appointment, you will be instructed in proper use of an EpiPen®. It is very important that you have this with you when you have an allergy shot and for the rest of that day. Most serious reactions occur within the first 20 minutes of an injection, but delayed reactions are always a possibility. Taking 50 mg of Benadryl® (diphenhydramine) or a full dose of another antihistamine if you feel hot or itchy soon after a shot can sometimes interrupt a stronger reaction and is recommended if that happens. Keeping that medication with your EpiPen is a good idea.

Escalation Phase. Usually the patient will begin to notice benefit from injections at about 3 - 6 months, sometimes a little earlier and sometimes later. About 80 to 90% of patients who undertake an allergy immunotherapy program will experience benefit.

Local reactions (redness, swelling – sometimes up to a few inches in size) are not uncommon, especially during the escalation phase. This may have to do with increased exposure to antigens during the previous several days. If they are uncomfortable, we recommend the following measures:

- Applying ice for 20 minutes several times per day
- Hydrocortisone cream 1% (available over-the-counter at pharmacies)
- Oral antihistamines (e.g. Claritin®, Zyrtec®, Allegra®; generics are fine) You are encouraged to take an antihistamine an hour or two prior to your shot. This may help you tolerate the injection better and reduce the size of any local reaction. You may take additional antihistamines later in the day or the following day as needed.

Some patients do experience mild to moderate fatigue for a day or two after their shots as well. This generally resolves when you reach your maintenance level.

You will be coming in weekly for your shots and will wait in the office for 20 minutes after the injection, at which point the reaction size will be measured by clinical staff.

If the reaction is within certain limits, your next weekly dose will be increased. If it exceeds the limits, your dose may be held at the same level or reduced the following week. Some patients with high sensitivity may need to use a slower progression chart to safely get them to higher concentration.

Whenever new vials are mixed, you will be notified by allergy staff by a phone call. We mix just enough for the escalation doses, to minimize waste. Once you are at a maintenance dose, the volume will be larger so that the vials will last longer.

Ideally, shots should be done weekly. Every 4-14 days is reasonable. Occasionally patients may need to miss a dose because of their schedule. This is fine; we will adjust your dosage as needed to accommodate that. If it has been more than 14 days since your last shot during escalation, we will hold your dose at the previous dose level.

Maintenance. Allergy immunotherapy is a long-term undertaking, usually 3 to 5 years of weekly injections. If a patient took shots for, say, 6 months and stopped, he would tend to lose any benefit of the program. On the other hand, most patients who undertake the full program (3 to 5 years) will enjoy a long-term remission after stopping allergy shots. Occasionally there are people who do well with continued monthly injections for years, but whose symptoms return if shots are discontinued completely. You will need to see your ENT physician for an annual visit in order to continue on the allergy program.

You will be able to take your antigens home for self-administration after you reach your maintenance dose, if you desire. Achieving your maintenance dose can take 3-5 months, depending on your level of sensitivity. You will have a 30 minute appointment with an allergy clinician to teach you how to safely self-administer your injections. If you prefer, you may have another person learn to administer the shots to you. You would both need to attend the appointment in that case. The vials which will be sent home with you for maintenance will last about 5 months when injections are done weekly. If you choose to continue having your injections here at the clinic, you will not need to wait or be measured.

Another alternative is to take your antigens to your primary care office if that is more convenient for you. Some patients live quite some distance from our clinic. We are happy to work with other offices to make this process as easy as possible for you, so you can be consistent with your injections and receive the maximum benefit from the therapy.

REMEMBER:

- An EpiPen stays with you on shot days – all day.
- Take antihistamine before coming in for your shot.

Injection Hours

Walk In - No Appointment Needed

Monday, Wednesday, Thursday -
9 a.m. until noon and 1:30 until 4 p.m.

Tuesday - Early start at 7:30 a.m.

Friday - 9 a.m. until 2 p.m. (Through lunch time)

Maintenance

*Either in our office
or at home*

Set 3

Most Concentrated *
(May need a Set 4 or 5)

.50 _____

.40 _____

.30 _____

.20 _____

.10 _____ *

Set 2

More Concentrated

.50 _____

.40 _____

.30 _____

.20 _____

.10 _____ *

Set 1

Least Concentrated

.50 _____

.40 _____

.30 _____

.20 _____

.10 _____ *

* Vial test for safety every time new antigens are mixed. This adds about 10 minutes to the visit.