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#### IMMUNOTHERAPY IS THE CLOSEST THING TO A "CURE" FOR ALLERGIES!

Although medications available for allergies are usually very effective, they do not cure people of allergies. Immunotherapy is the closest thing to a "cure" for allergies that we have, reducing the severity of symptoms and the need for medication for many allergy sufferers.

#### IMMUNOTHERAPY "SWITCHES OFF" ALLERGIES.

Immunotherapy involves the administration of gradually increasing doses of allergen extracts over a period of 3–5 years, usually given to patients by injection. Immunotherapy alters the way in which the immune system reacts to allergens, by "switching off" the allergy. The end result is that you become "immune" to the allergens so that you can tolerate them with fewer or even no symptoms.

#### WHAT IS THE PURPOSE OF IMMUNOTHERAPY?

The purpose of immunotherapy is to decrease your severity to allergy-causing substances so that exposure to the offending allergens (trees, weeds, grasses, molds, etc.) will result in fewer severe symptoms. This does not mean that immunotherapy is a substitute for avoidance of known allergies or for allergy medication. For optimal results, immunotherapy should be used in conjunction with the avoidance of possible allergens and the use of allergy medication as prescribed by Dr. Lighvani.

### WHO SHOULD BE TREATED WITH IMMUNOTHERAPY?

Immunotherapy is only recommended for allergies, asthma, allergic rhinitis, conjunctivitis, and stinging insect allergy. The decision to begin immunotherapy will be based on several factors including:

- Length of allergy season and severity of symptoms
- How well medications and/or environmental controls control allergy symptoms
- Desire to avoid long term medication use
- Time immunotherapy will require a significant time commitment
- Cost may vary depending on insurance coverage

#### CAN CHILDREN RECEIVE IMMUNOTHERAPY?

Five is the youngest recommended age to start immunotherapy in the US at the present time. Recent studies have suffused that immunotherapy may prevent the development of new allergies in children and also may prevent the development of asthma in children who have rhinitis.



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#### WHEN WILL MY SYMPTOMS IMPROVE?

About 85-90% of allergy patients on immunotherapy will notice a significant decrease of their symptoms. Improvement in your symptoms will usually begin within 3-6 months after initiating immunotherapy. It may take 12-24 months to feel full benefits of immunotherapy. In most patients, symptoms are reduced significantly, although not always eliminated.

### HOW DOES THE IMMUNOTHERAPY PROCEDURE WORK?

Allergy injections usually are begun at a very low dose. This dosage is gradually increased on a regular (usually once-twice a week) basis until a therapeutic dose (often called the "maintenance dose") is reached. This frequency reduces the chances of a reaction and permits the maintenance does to be reached within a reasonable amount of time.

#### WHAT IS THE DURATION OF TREATMENT?

It usually takes three to six months to reach a maintenance dose. This time may be longer if there are allergy shot reactions or if the injections are not received on a regular basis. For this reason, it is important that the recommended schedule of injections be followed.

Day 1 - Maintenance (3 - 5 mo.)	Once to twice a week
Maintenance - Year 1	Every other week*
Year 1 - Year 2	Every 2 - 3 weeks*
Year 2 - Year 3	Every 2 - 4 weeks*

<sup>\*</sup> Dependent upon individual therapeutic response.

Patients are usually desensitized over a period of 3-5 years. However, significant clinical response may be observed within months of initiating immunotherapy.

#### WHAT HAPPENS IF I GET PREGNANT?

If you become pregnant while on immunotherapy, notify the office staff immediately so that Dr. Lighvani can determine an appropriate dosage schedule for the injections during pregnancy. Immunotherapy doses will not be advanced during pregnancy but may be maintained at a constant level.



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#### WHAT KIND OF REACTIONS WILL I HAVE?

Local reactions (swelling, itching or tenderness at the site of injection) may occur in most patients receiving injections. These local reactions usually subside in a day or less.

Large local reactions and generalized (systemic) reactions may occur in 1-5% of patients receiving allergy injections and usually occur during the build up phase, although they can occur at any time during the course of treatment. These reactions necessitate a dosage adjustment. These generalized reactions 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, or wheezing. Also, some may experience lightheadedness, faintness, nausea and vomiting, hives and under extreme conditions, shock. Reactions can be serious but rarely fatal.

Allergy injections should be administered at a medical facility with a physician present since occasional reactions may require immediate therapy. As an added precaution, you must wait in the medical facility 30 minutes after each injection so that in the event of a generalized reaction, you can be treated promptly and potentially decrease the likelihood of a more severe reaction.

#### HOW DO I TREAT THESE REACTIONS?

Simple local reactions that consist of swelling of the arm, redness or tenderness at the site of the injection are best handled with simple measures such as local cold compresses or the use of medications such as antihistamines or aspirin. However, at the first sign of a systemic reaction, adrenalin (epinephrine) is usually given to counteract the reaction. Severe reactions that include chest symptoms are treated with epinephrine and in the same way that any asthmatic attack would be treated.

Whilst outside of any medical facility, if you are experiencing any signs of generalized reaction from an allergy injection, use your injectable epinephrine device immediately and proceed to the nearest ER immediately. Please have the hospital contact the office at:

New York Allergy & Asthma, PLLC
(212) 517-3300

We also encourage patients to visit the following websites for additional information:

AAAAI.ORG

ACAAI.ORG