



## **Allergen Immunotherapy (Allergy Shots)**

### Information for Patients and Consent Form

#### Allergen immunotherapy – AIT

("allergy shots" or allergen de-sensitization) is indicated for patients with allergic rhinitis (hay fever), allergic asthma or life threatening reactions to insect stings. Immunotherapy is the only medical treatment that could potentially treat allergic disease. Some studies have shown that it may have a preventive role in allergic children, preventing asthma from developing in some patients with allergic rhinitis. Allergy shots may also indirectly improve or eliminate oral allergy (food-pollen) syndrome (for details see our website) and may improve atopic eczema. Allergen immunotherapy cannot be used and may be potentially dangerous for food allergies. Immunotherapy would be considered for individuals, who have moderate or severe symptoms not adequately controlled by environmental control measures and/or medications.

#### Effectiveness

AIT decreases and ultimately prevents allergic reactions to common allergens including pollens, molds, animal dander and dust mites in sensitive individuals. In most cases, the initial 6 to 12 month course of AIT is likely to gradually decrease sensitivity to airborne allergens and continuation of injections leads to further improvement. The AIT injections gradually diminish sensitivities, resulting in fewer allergy and asthma symptoms and use of fewer or no medications. After the proper course of immunotherapy (which lasts 3 – 5 years), the benefits are long-lasting. **It is important to maintain injections at the prescribed time intervals; missing your AIT injections necessitates an appropriate adjustment in the dose of extract/vaccine, delays your treatment and may increase likelihood of adverse reactions.** Please inform our staff if you miss receiving your injections for longer than what is recommended.

#### How long are AIT shots given?

There are generally two phases to immunotherapy: a build-up phase and a maintenance phase:

- Build-up phase - involves receiving injections with increasing amounts of your specific allergens 1 to 2 times a week. (More rapid build-up schedule may sometimes be used if appropriate). The duration of this phase depends on the frequency of the injections and how you tolerate the treatment. It generally ranges from 3 to 6 months (at a frequency of twice and once a week, respectively). The faster you go through your build-up phase, sooner you reach the next level and can expect relief of your allergy symptoms.
- Maintenance phase - starts when the effective therapeutic dose is reached. The effective therapeutic dose is based on current guidelines, research and clinical studies published on immunotherapy. The effective maintenance dose may be individualized for a particular person based on their degree of sensitivity (how "allergic they are" to the allergens in their extract/vaccine) and their response to the immunotherapy build-up phase. Once the target maintenance dose is reached, the intervals between the allergy injections can be increased to once in 2 to every 4 weeks. However, the intervals need to be individualized to provide the best combination of effectiveness and safety for each person. Shorter intervals between allergy injections may lead to fewer reactions and greater benefit in some people while some individuals may do well receiving injections only once in four weeks. Your AACC Allergist and the staff will guide you through this process.

## Guidelines, Risks, Consent and Authorization for Allergen Immunotherapy

Allergen Immunotherapy (allergy injections) has to be administered at a medical facility with a supervising physician present since occasional reactions may require immediate therapy. More serious systemic reactions occur almost



## Allergy and Asthma Clinical Centers

**Manassas, VA:** 8100 Ashton Avenue, Suite 207 B, Manassas, VA 20109 . 571.208.0186  
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**Toll Free:** 1855.5CURE4U (528.7348) . **Fax:** 855.FAX.CURE (329.2873)  
**Web:** [www.allergycurecenters.com](http://www.allergycurecenters.com)

always within first 15 – 20 minutes after the injection. Thus,

>> **You are required to wait in AACC office or the medical facility** in which you receive the injections for **30 minutes after each injection**. If the patient is 17 years of age or younger, a parent or legal guardian must be present during the waiting period. **If you leave prior to this time, you acting against medical advice and putting yourself in potentially life-threatening risk.** Non-compliance with the required waiting period may result in discharge from allergen immunotherapy treatment.

>> Reactions - There are two types of reactions that may occur after an allergy injection:

- **Local reaction** - itching, redness, swelling at the injection site. The local swelling and some tenderness may sometime develop only after several hours from receiving allergy injection (delayed local reaction) and may last up to 48 hours. Do not be alarmed. You may use an ice pack on the injection area, take over-the-counter antihistamines, e.g. Benadryl (may cause drowsiness) or prescription antihistamines in higher doses. The tenderness can be treated with OTC Tylenol or pain relievers. If you develop fever or chills, please call your physician immediately.
- **Systemic or generalized reaction**, also called anaphylactic reaction. It may include one or all of the following symptoms: increased allergic symptoms, (e.g. runny nose and watery eyes), generalized itching, hives, flushing, lightheadedness, coughing, tightness of throat or chest, wheezing and rarely, life threatening reactions such as drop of blood pressure and shock, the last under extreme conditions. Systemic reactions, even though unusual, can be serious and rarely fatal and require immediate attention! Our staff is fully trained and prepared to treat such reactions and emergency equipment is always available. Promptly notify your physician if any systemic reaction has occurred! A shot of epinephrine (Adrenaline) usually, promptly, relieves the symptoms. If you are too far from AACC center or after hours, call 911 or report immediately to the nearest emergency room.

>> Please report **any reaction**, local or systemic, **prior to receiving your next allergy injection**. Your injection schedule may need to be adjusted and you may be prescribed EpiPen auto-injector.

>> Some conditions can make allergic reactions to the injections more likely: heavy natural exposure to pollen during a pollen season and exercise after an injection. **Do not exercise for 4 hours after receiving your injection(s).**

>> Serious systemic reactions are more likely in patients with asthma that has worsened and is not well controlled on recommended medications. You will be required to do a peak-flow (brief and simple measurement of your breathing function) prior to your injection(s) if you have been diagnosed with asthma. If you have noted worsening of your asthma symptoms, notify your nurse or physician before receiving your scheduled injections!

>> Please inform the nursing staff if you have been diagnosed with a new medical condition or prescribed any new medications since your last visit and before you receive your next injection. Medications called **beta-blockers** (used to treat high blood pressure, heart conditions, glaucoma, and occasionally migraine headaches) **make treatment of injection reactions more difficult and increase the risk of life-threatening outcomes.** They are a relative contraindication to receiving allergy injections. **You must report if you are on beta-blockers prior to receiving injection for your own safety.** You confirm that you (or the patient) are not taking beta blockers. The common Beta Blockers are listed below.



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Brand Name	Generic Name
Apo-Metoprolol	metoprolol
Apo-Propranolol	propranolol
Betaloc	metoprolol
Betapace/AF	sotalol
Blocadren	timolol
Cartrol	carteolol
Coreg	carvedilol
Corgard	nadolol
Detensol	propranolol
Inderal LA	propranolol
InnoPran XL	propranolol
Kerlone	betaxolol
Levator	penbutolol
Lopressor	metoprolol
Navopranol	propranolol
Normodyne	labetalol
Sectral	acebutolol

Brand Name	Generic Name
Slow-Trasicor	oxprenolol
Sorine	Sotalol
Sotacor	sotalol
Toprol XL	Metroprolol
Trandate	labetalol
Trasicor	oxprenolol
Visken	pindolol
Zebeta	bisoprolol
Cobetaloc	metoprolol/Hc
Corzide	nadolol/bendrofl
Inderide	propranolol/HCTZ
Normozide	labetalol/HCTZ
Tenoretic	atenolol/chlorthal
Timolide	timolol/HCTZ
Viskazine	pindolol/HCTZ
Ziac	bisoprolol/HCTZ

Call your pharmacist or your prescribing physician if you are unsure about the names of your medications.

>> Let us know as soon as possible if you become pregnant. We will not build up your doses until after your baby is born.

>> You are required to receive your allergy injections according to the above schedule and as prescribed by your Allergist. Skipped doses will delay your treatment and benefits and increase your likelihood of having adverse reactions!

>> A six month follow-up visit with your Allergist is required in order to assess your progress; yearly visits are then required. Please inform our office if you feel that the injections are not working for any reason.

>> I have read the forgoing information on allergen immunotherapy and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergen immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice is carried out to protect me against such reactions. **I agree to me/my child or minor in my care receiving allergy shots. I also agree to any additional therapy for reactions that is required.**

>> I authorize, by my signature below, AACC to bill for allergen extract and its preparation, even if, for any reason, I decide not to initiate the allergen immunotherapy program after the extract has been made. The allergen extracts may be prepared up to 1½ weeks prior to my appointment. I agree to obtain prior authorization, if needed, from my insurance plan.

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT or LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

*As parent or legal guardian, I understand that I must accompany my child throughout the entire 30-minute wait.*

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_