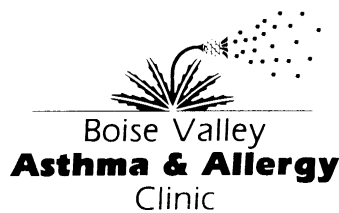


JOHN D. JEPPSON M.D., MICHAEL V. KEILEY, M.D., G. WILLIAM PALMER, M.D., HEIDI PETERS, FNP.

ADULT AND CHILDHOOD  
ASTHMA AND ALLERGY

PHYSICIANS ARE ALL  
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THE AMERICAN BOARD  
OF ALLERGY AND IMMUNOLOGY



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*SATELLITE CLINICS IN EAGLE, NAMPA, AND CALDWELL*

# **ALLERGY SHOT FACTS**

- 1. For the 6-12 months, you will need to get your allergy shots on a weekly basis in a physician's office. The interval between allergy shots will eventually be 4 weeks.**
- 2. The duration of the shot program is approximately 4-5 years.**
- 3. You must remain in the waiting area for 20-30 minutes after you get an allergy shot because a reaction may rarely occur.**
- 4. It is important that you receive your allergy shots on a regular schedule in order for them to be effective.**
- 5. Allergy shots are given with a very small needle just under the skin (not in the muscle) so there is very little discomfort!**

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## ADVANTAGES OF ALLERGY SHOTS

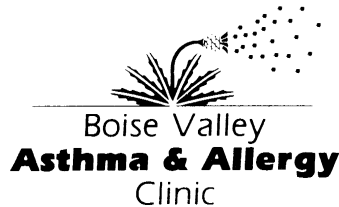
1. Allergy shots provide *a single treatment* for many allergic problems in both the nose and lungs (e.g. asthma, nasal allergies).
2. Allergy shots are an effective, preventive treatment without steroids.
3. Allergy shots reduce allergic severity and the requirement for daily medication including steroidal medication.
4. Allergy shots improve the **quality of life**.
5. Allergy shots **may prevent new allergy development** and can **stop the development of asthma** in allergic people. (People with nasal allergies (hay fever) are at an increased risk of developing asthma).
6. Allergy shots are **a natural therapy that actually intervenes** in the progression of allergic disease, as opposed to medications that only alleviate symptoms.
7. Allergy shots **have long-lasting effectiveness** even after stopping injections. (Injections should be taken for at least three or more years to get this benefit).

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## **IMMUNOTHERAPY (ALLERGY SHOTS) INFORMATION**

### **1. WHAT IS IMMUNOTHERAPY?**

1. 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.
2. **It is 85%-90% successful** when used in the appropriate patient with the relevant allergen at a sufficient dose.
3. Immunotherapy is useful for those who have significant allergies that are difficult to avoid (e.g. pollens as well as cat/dog allergen according to recent research). **Immunotherapy is also beneficial for those who would prefer a natural therapy that intervenes in the progression of allergic illness, as opposed to medications that may temporarily relieve symptoms!**
4. **Immunotherapy relieves nasal and lung symptoms, decreases the use of medications, improves the quality of life, and may prevent the onset of asthma and new allergies.**

### **2. HOW DOES IMMUNOTHERAPY WORK?**

1. Immunotherapy gradually lessens your body's response to an allergen. It produces a number of helpful changes in your immune system including a decrease in "allergy-inducing" T lymphocytes (TH2 cells) and an increase in "anti-allergy" T cells (TH1 Cells). The end result is less allergic inflammation in the nose, eyes, and lungs.

### **3. HOW LONG IS MY TREATMENT OF IMMUNOTHERAPY?**

1. It begins with one to two injections per week until you reach a standard extract concentration level you are able to tolerate. This is called the maintenance dose. The build-up usually takes 6-9 months. Occasionally, some people may need a dose slightly higher than the standard maintenance dose. The shots then continue weekly until one year has passed.
2. If the extract is effective, and after one year has passed, the injections are gradually spread out to every two to four weeks over a three to five year period.
3. If the therapy is stopped after **3 to 5 years**, you occasionally, but usually don't, start having symptoms again. **However, if immunotherapy is stopped prematurely, your symptoms may return sooner.**
4. If after a year your injections prove ineffective, the extract is revised or the therapy is stopped.

### **4. WHAT IS MY EXTRACT MADE OF?**

1. The extract is made up of allergen(s) such as tree, grass, and weed pollen, animal dander, mold, and rarely dust mite (dust mites are not usually found in Idaho because of the low humidity).
2. You cannot be immunized to cigarette smoke or foods.

### **5. WHERE IS THE SITE THAT I GET MY INJECTIONS?**

1. The injections are given subcutaneously (under the skin but not in the muscle) in the outer aspect of the upper arm.

### **6. WHAT SHOULD MY ARM LOOK LIKE AFTER THE INJECTION?**

1. Do not become alarmed if your injection site becomes mildly red, swollen, and itchy. This is a normal local reaction. If it becomes the size of a silver dollar and does not go away within 24 hours, let the nurse know.
2. The discomfort can be reduced by taking an antihistamine and one Motrin or Tylenol prior to the injection. **Let the doctor or nurse know if you are having trouble. Also, be sure to let the nurse know if you had any type of reaction with your last injection before receiving your next injection!**
3. Apply an ice pack at site of injection to reduce swelling ---**NEVER USE HEAT.**

### **7. WHAT DO YOU DO AFTER THE INJECTION?**

1. Wait 20-30 minutes and keep track of your time. Report back to the nurse when your time is up so that the shot site can be assessed. **Please do not leave the office prematurely.**
2. Should you feel ill, itch in places other than the injection site, have trouble breathing, tightness in chest, dizziness increased hay fever or allergy symptoms, **PLEASE tell the nurses!**
3. If you develop a generalized reaction after you leave the office, be sure to come back or call for advice. If it is between 12 -1:30 p.m. or after 5:30 p.m., call the doctor through the answering service, **327-8077**, or go to the Emergency Room.
4. Avoid strenuous activity following your injection for one to two hours.

### **8. WHAT ARE THE OFFICE HOURS FOR ALLERGY SHOTS**

**CURTIS SHOT HOURS:** 9 a.m. to 11:40 p.m. and 1:30 p.m. to 5:10 p.m. Monday through Friday, except on legal holidays.

**MERIDIAN SHOT HOURS:** 9 a.m. to 11:40 p.m. and 1:30 p.m. to 5:10 p.m. Monday, Wednesday and Friday. 12:30 p.m. to 6:10 p.m. Tuesday and Thursday, except legal holidays.

**EAGLE SHOT HOURS:** Every Tues. 12:30 to 5:40

**NAMPA SHOT HOURS:** Every Wed. 9 a.m. to 11:40 and 1:30 to 5:10.

**On the rare days we do not give injections, they are posted on the front door and on the door of the injection room.**

### **9. HOW LONG DOES IT TAKE BEFORE I FEEL BETTER?**

1. A final maintenance concentration is reached in 6-12 months.
2. Improvement depends on the individual patient's tolerance but generally occurs in 10-12 months.

### **10. CAN I TAKE MY EXTRACT TO ANOTHER DOCTOR'S OFFICE?**

1. Yes. Wait 20-30 minutes after your injection and have the nurse check your arm and chart results. Report any delayed reactions to the nurse before she gives you your next injection.
2. Keep the extract refrigerated until you give it to your doctor. Do not freeze or expose it to excessive heat.
3. **Obtain an appointment with our doctor for a recheck appointment when you reach the 0.25 ml. injection of the final 1:1 vial and/or your extract vial has several doses left, or your extract will expire within several weeks.**
4. Please allow at least six weeks for refills of your extract if they must be ordered from an outside lab. Fill out the renewal slip on the bottom of the sheet and send to our office.
5. Allergy extracts can lose up to one-half of their potency after one year of manufacture.

### **11. WHAT CAUSES A SYSTEMIC REACTION?**

1. When more extract is absorbed into your system than your body can tolerate at that time, an antibody response and allergic symptoms are triggered. Being late for your injection or receiving your injections sporadically may increase your risk of having a systemic reaction.
2. **Patients who have asthma are at a greater risk, especially if the asthma is not under good control. If your asthma is not extremely well controlled (e.g. minimal use of albuterol (less than twice per week excluding exercise pretreatment), no nighttime symptoms, good exercise tolerance), please let your allergist know.**
3. Medications called **beta-blockers** (used for high blood pressure and migraine) may worsen a reaction to allergy shots. Please review the medications listed in the beta-blocker handout. Please notify us if you have started on one of these medications so that the immunotherapy dose can be adjusted or the medication changed.
4. Also notify us if you are on an ACE inhibitor (used to treat high blood pressure).
5. **Local reactions do not increase the risk of a systemic reaction and any dose adjustment is for patient comfort/convenience.**

### **12. WHAT IS A SYSTEMIC ALLERGIC REACTION?**

1. A systemic reaction is a generalized allergic reaction that causes one or more of the following symptoms: itching, rash, nasal congestion, respiratory difficulty, asthma, fainting, or tightness in your chest.
2. Systemic reactions are uncommon. There is approximately one systemic reaction for every 400 to 500 injections given.

### **13. HOW DO YOU TREAT A SYSTEMIC REACTION?**

1. If you are having a systemic reaction, notify our office immediately or go to the Emergency Room if our office is closed (between 12 p.m. to 1:30 p.m. and after 5:30 p.m.).
2. You will probably be given an injection of epinephrine (1:1000), 0.3 to 0.5 cc. subcutaneously/intramuscularly (epinephrine is most effective when injected into the muscle on the front of the upper leg/thighs).
3. You may also receive Benadryl (or an alternative antihistamine), 25-50 mg by mouth or by injection. (A person should not be allowed to drive if they have taken Benadryl or other OTC antihistamines because of possible sedation/impairment).
4. Reactions coming on after a lapse of several hours are usually not as dangerous as immediate reactions and are treated the same.
5. **Allergic or other symptoms that occur 24 hours or more after injections are usually not due to the injection.**

### **14. CAN I TAKE ALLERGY AND ASTHMA MEDICATIONS WHILE RECEIVING ALLERGY SHOTS?**

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

### **15. WHAT IS THE MAJOR REASON FOR FAILURE OF TREATMENT?**

1. Immunotherapy may fail when the patient receives injections sporadically or **doesn't get up to a high enough dose!**
2. Immunotherapy may fail when the allergy extract lacks **essential allergens**.
3. Immunotherapy may fail when allergies are not the major cause of the symptoms.

### **16. WHAT IF I BECOME PREGNANT?**

Allergy shots are believed to be safe during pregnancy. We encourage conservative treatment during pregnancy and consulting with the allergist about the immunotherapy dosage during 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 programs can be reviewed. One of the benefits of continuing immunotherapy during pregnancy is that you may need less of other medications.

### **17. WHY CAN'T I GIVE THE INJECTIONS TO MYSELF AT HOME (OUTSIDE A MEDICAL FACILITY)?**

Allergy injections contain potent doses of allergens to which you are allergic. No matter how long you have been on allergy injections, the potential exists for you to have a serious (and possibly even-life threatening) allergic reaction to the shot. Therefore, you must receive an injection in a physician's office where emergency treatment is readily available. You may receive your injections in our office or in the office of another physician. Exceptions can be made in certain situations to allow for the administration of allergy shots outside a medical facility.