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ADULT AND CHILDHOOD
ASTHMA AND ALLERGY
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SATELLITE CLINICS IN EAGLE, NAMPA, AND CALDWELL

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ALLERGY SHOT FACTS

1. Allergy shots provide a **single highly-effective treatment** for many allergic problems in the nose, lungs, and skin (e.g. asthma, nasal allergies, eczema/atopic dermatitis, bee sting allergies).
2. Allergy shots are an outstanding preventive treatment without steroids. They continue to provide benefits for years after completion.
3. Allergy shots reduce the need/cost for daily allergy medication as well as physician visits.
4. Allergy shots improve your **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).

1. For the 3-6 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 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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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.
5. Check out the handout from the American Academy of Allergy, Asthma, and Immunology titled *Immunotherapy Can Provide Lasting Relief* (Go to aaa.org click on Conditions & Treatments, and scroll down to Treatments).

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) as well an **increase** in "anti-allergy" T cells (TH1 Cells). There is also an increase in IL-10 producing T regulatory cells. The end result is less allergic inflammation in the nose, eyes, lungs, and skin.

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?

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). You cannot be immunized to cigarette smoke or food.

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 **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. Administer your Epi-pen if you have been prescribed one. Call our office or the doctor through the answering service, **327-8077**. If the reaction is severe, call 911 or go the emergency room.

8. WHAT ARE THE OFFICE HOURS FOR ALLERGY SHOTS

CURTIS SHOT HOURS: 9 a.m. to 11:40 a.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 a.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 p.m. to 5:40 p.m.

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

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 **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 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).

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. It usually occurs within 30 minutes of your allergy shot injection, but it may occur several hours later after you have left.
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/call 911. Administer your Epi-pen if one has been prescribed.
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. **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 approach the "maintenance" dose, 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 allergist before reducing any asthma medication or if you think your asthma is not well controlled. **Be sure to let us know if your asthma is acting up before getting an allergy shot!**

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 you 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.



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bvaac.com

Dear Patient,

Allergy shots are a remarkable treatment for both allergies and asthma. They are the only treatment proven to offer significant improvement for years after completion and, in some cases, a cure. Allergy shots have also been proven to prevent future allergies and asthma and decrease the need for medications. All of these wonderful benefits of allergy shots require a commitment from you in terms of time and money.

The charges/cost for allergy shots can be divided into two parts: the charge for the extract (the injected allergenic solution) that we specially formulate in our mixing laboratory, and the charge for administration of the shot(s) each time that you come in to receive them. The current charge for one allergy extract is \$631.00. For two extracts, as is sometimes necessary, the cost is \$946.50. The initial extract will last three to six months depending on whether you come in to get your allergy shots once or twice per week. The total charge for the administration of allergy shots is \$37.00 for one shot and \$48.54 for two shots.

Both of these charges are subject to your insurance co-pays and deductibles. In most cases, your insurance will provide at least some benefit toward allergy shots. **We encourage you to check with your insurance to learn the specific details!** Also, the allergy shots become less expensive over time as the time interval between allergy shots increases, resulting in fewer shots received and less allergy extract used over any given period of time. You may also be spending less money on medication because of the relief provided by the allergy shots.

The decision to begin getting allergy shots is a very important one. We strongly feel that the tremendous preventative benefits greatly outweigh the costs. Please give us a call at **(208)-378-0080** if you have any questions or concerns.

Sincerely,

John D. Jeppson, M.D.
Michael V. Keiley, M.D.
G. William Palmer, M.D.
Heidi Peters, FNP.
Jennifer Neumayer, NP-C.
Devon Moser, FNP.

Beta-Blockers

It is important that all allergy shot patients notify us if they are on medications called beta-blockers which may increase the severity of an allergy shot reaction and/or make the allergic reaction more difficult to treat. **Beta-blockers may also worsen asthma!**

Beta-blockers are used to treat abnormal heart rhythms, heart disease, high blood pressure, glaucoma, and migraine headaches. **Do not stop using your beta-blocker without consulting with your primary care clinician/physician!**

These medications may include but are not limited to:

MEDICATIONS BY MOUTH		MEDICATIONS BY MOUTH	
Brand Name	Generic	Brand Name	Generic
Betachron	(propanolol)	Tenormin	(atenolol)
Betapace	(sotalol)	Tenoretic	(atenolol)
Betapace AF	(sotalol)	Timol	(timolol)
Betopic S	(betaxolol)	Toprol XL	(metoprolol)
Blocadren	(timolol)	Trandate	(labetalol)
Bystolic	(nebivololol)	Trandate HCT	(labetalol)
Cartrol	(carteolol)	Visken	(pindolol)
Coreg	(carvedilol)	Zebeta	(bisoprolol)
Corgard	(nadolol)	Ziac	(bisoprolol)
Corzide	(nadolol)	EYE DROPS	
		Brand Name	Generic
Inderal	(propranolol)	AKBeta	(levobunolol)
Inderal LA	(propranolol)	Betagan	(levobunolol)
Inderide	(propranolol)	Betamol	(timolol)
Inderide LA	(propranolol)	Betoptic	(betaxolol)
InnoPran XL	(propranolol)	Combigan	(timolol/brimonide)
Kerlone	(betaxolol)	Cosopt	(timolol/dorzolamide)
Levitol	(penbutolol)	Istalol	(timolol)
Lopressor	(metoprolol)	Ocupress	(carteolol)
Lopressor HCT	(metoprolol)	Optipranolol	(meteprenolol)
Monacor	(bisoprolol)	Timoptic	(timolol)
Normodyne	(labetalol)	Tim AK	(timolol)
Normazide	(labetalol)	timolol/latanaprost	timolol/latanaprost
Sectral	(acebutolol)	Timoptic XE	(timolol)
Sorine	(sotalol)		