Allergen Immunotherapy

In September 2010, the American Academy of Allergy, Asthma and Immunology Task Force issued a Practice Parameter Third Update regarding allergen immunotherapy. The Task Force participants were representatives from the American Academy of Allergy, Asthma and Immunology (AAAAI); the American College of Allergy, Asthma and Immunology (ACAAI); and the Joint Council of Allergy, Asthma and Immunology (JCAAI).

The stated objective of the Third Update "is to optimize the practice of allergen immunotherapy for patients with allergic diseases. This parameter is intended to establish guidelines for the safe and effective use of allergen immunotherapy practice." The complete Task Force Report can be found in the Journal of Allergy and Clinical Immunology, January 2011.

The Practice Parameter Third Update further advises that the physician prescribing immunotherapy should be trained and experienced in prescribing and administering immunotherapy. The prescribing physician must select the appropriate allergen extracts based on the particular patient's clinical history, allergen exposure history and the results of tests for specific IgE antibodies. The prescribing physician must specify the starting immunotherapy dose, the target maintenance dose, and the immunotherapy schedule.

Further, immunotherapy should be administered in a setting that permits the prompt recognition and management of adverse reactions. The preferred location is the office of the physician who prepared the patient's allergen immunotherapy extract. Patients can receive immunotherapy injections at another healthcare facility if the physician and staff are trained and equipped to recognize and manage immunotherapy reactions; particularly anaphylaxis. Epinephrine is the treatment of choice for immunotherapy-induced systemic reactions. Patients should wait at the physician's office /medical clinic for at least 30 minutes after the immunotherapy injection or injections so that reactions can be recognized and treated promptly if they occur.

In an article by Linda Cox, M.D. published in the Journal of Allergy Clinical Immunology, September-October; 1 (5): 455-457 entitled *Allergy Immunotherapy Safety: Location Matters!* Dr. Cox states, "Although analysis of the data suggests that subcutaneous immunotherapy (SCIT) has an excellent safety profile, we believe that this safety is largely due to the safety measures that are implemented when SCIT is administered in a medically supervised setting with appropriate staff and equipment to immediately recognize and treat anaphylaxis. In the home or medically unsupervised setting, the pre-injection health assessment may not be adequate and access to immediate emergency medical treatment is unlikely to occur. We strongly urge all healthcare providers to adhere to the current Allergy Immunotherapy Practice Parameter recommendations and that patients be appropriately assessed before and monitored after allergy immunotherapy injections in a medically supervised facility." **RA**

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