

Subcutaneous Immunotherapy Information



You have been tested for a 46 air-borne allergens (inhalants) to determine those to which you are allergic and to the degree of sensitivity you have to each. Extract mixes may have been used to reduce testing time. Attached you will find the results of this skin testing that included tree, grass, and weed pollens; animal danders; molds; dust; and dust mite.

Animal danders, mold, dust and mite are perennial (year-round) allergens. Perennial allergens, especially molds, are ever present, but worsen indoors in the winter when the air is dry and particulate matter tends to be more airborne.

Pollens are seasonal allergens that follow an approximate pattern. Molds show a seasonal flare as well. The following pollens are seen during the months listed:

The pollen seasons tend to be short in Colorado, and the patient can often obtain relief at higher altitudes. Trees are of minor importance, but five that may need to be considered are elm (Mar-May), cottonwood (Apr-May), box elder (Apr), scrub oak (Apr-May), and sliver maple (Feb-Mar). Alder, ash, juniper, birch, filbert, hackberry, black walnut, and willow are also present.

The grass season, from May to September, is short, with Kentucky bluegrass (May-June) the chief offender. Redtop (June-July), orchard grass (May-June), meadow fescue, rye, and timothy are also seen. Bermuda and Johnson grass have been reported as important offenders.

The major weeds are Russian thistle and Kochia, which pollinate July through September. Burweed marsh elder (Aug-Sept) is also important.

Molds include *Cladosporium*, *Aspergillus*, *Penicillium*, *Cryptococcus*, *Alternaria*, *Spondylocladium*, *Phoma*, *Rhodotorula*, *Helminthosporium* and smuts.

An allergy extract has been made especially for your needs and cannot be used on anyone else. You will begin desensitization with a very weak dose of those extract, which will be gradually strengthened to challenge your immune system. Your build-up period will involve a weekly injection over a period of 3-6 months. Skipping injections will only delay reaching your maintenance dose.

During the build-up period you will be asked to wait 20 minutes following each injection. Once maintenance dose is reached, this is no longer necessary as long as you have your EpiPen with you.

As the strength of your injection increases, we will be looking for the dose that gives the best relief of your symptoms. It is important to pay attention to how you feel prior to your injection and for 24 hours after your injection. Worsening of your symptoms like and/or redness, swelling that last for 24 hours at the injection site should be reported to the nurse before your next shot is given.

You should note improvement in your symptoms or general sense of well-being as the build-up progresses. Each dose will hopefully give you better and longer lasting relief. When your build-up is complete, if you have no history of anaphylaxis or severe asthma, you may take your shots at home.



We ask that you delay your shot for the following reasons:

1. The first 48 hours of a new illness and 24 hours following a fever.
2. When you plan to receive another injection the same day. (i.e. flu shots)
3. With extreme fatigue
4. Going to or coming from strenuous exercise
5. When you are wheezing, if asthmatic
6. When you are having acute, severe allergy symptoms

If there is a question whether you should come, call first.

No appointment is needed. When you arrive, sign in at the Reception Desk, and someone will be with you shortly.

Please come regularly for your shots. Shots are to be taken once a week. No more than 5-10 days should lapse between shots. More than 30 days between shots requires a dose adjustment. It is necessary to wait 20 minutes after each build-up dose is given.

Report any redness and/or swelling at the injection site that lasts longer than 24 hours and/or bigger than a silver dollar

Your doctor will plan to see you after you have been on treatment for three months, nine months, and then yearly for allergy treatment evaluation. Postcards will be sent to remind you.

If you fail to improve in three months, we will look for non-allergic causes of your symptoms. Allergy injections are not a cure-all. We strive to clear 80 percent of your symptoms 80 percent of the time.

Avoidance is also important. Following are some avoidance measures that may help control your symptoms:

1. Keep windows closed during heavy pollination. Open only briefly after heavy rains have cleared the air.
2. Reduce the clutter in your home to lower the dust accumulation.
3. Dust and/or vacuum once or twice weekly, especially bedrooms.
4. Use a vacuum or wet mop instead of a broom.
5. Use allergy proof covers on your mattresses.
6. No feather or foam pillows. Machine washable only.
7. Do not store possessions under the bed. Vacuum frequently.
8. Remove cobwebs that catch a lot of dust.
9. Tumble curtains in the dryer to remove dusts.
10. Dust book shelves frequently.
11. Change/clean air filters monthly.



12. Put cheese cloth over bedroom vents to reduce dust and mold. Change monthly.
13. When electrostatic filters are attached to central air systems, keep fan on continuous operation during heavy pollen/mold periods to move effectively filter the air. Wash monthly.
14. Be sure the underside of your house is dry. Molds grow abundantly in the dark, moist, poorly ventilated areas.
15. Avoid fumes from gas leaks, paint, and other odorous substances.
16. Avoid pets. If you cannot give up your pet, do not replace it, and do not allow it in your bedroom.
17. Get your allergy injections regularly.

Exercise is most important. 20 to 30 minutes of walking, Jogging, Swimming, or bike riding will not only help your heart and lungs, but your sinuses as well. Do not over exert yourself. Start slowly and build your program. Consider indoor exercise during heavy pollen/mold periods. Pre-medicating before outdoor activities may help as well.

Food allergy is present in a large percentage of inhalant allergic people. To cut your risk of food related symptoms, elimination diet/challenge is available to you.

Do not hesitate to ask questions about your condition and/or treatment plan. We are here to help.



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