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GENERAL INFORMATION ABOUT SUBLINGUAL ALLERGY DROP THERAPY

General: You have been allergy tested by skin, blood and/or orally, and have been found to have inhalant, chemical, and/or food allergies. The specific items to which you are allergic to (such as grasses, weeds, dust mite, or food) are called allergens. You have chosen to receive allergy drop therapy.

Many studies have confirmed that allergy drop therapy is just as effective as allergy shot therapy. Its main advantage is a high safety profile and the ease of administration under the tongue and at home. For patients who are unable to receive allergy shots due to beta blocker medications, large arm reactions, time constraints, and anaphylaxis, allergy drop therapy is the only method of treatment possible. Also, food and chemical allergies can only be treated with allergy drops. The main disadvantage of allergy drop therapy is the daily administration and lack of insurance coverage. It may also be necessary to retest the skin every 6-12 months for patients being treated for airborne allergens.

Your allergy drops are composed of different concentrations of allergens. They are not drugs or medications. Each patient's bottle is individually mixed in accordance with allergy testing results.

For patients receiving the inhalant or red allergy bottles, once allergy drops are started, your dosage is gradually increased to the maintenance dose. At the maintenance dose your own immune system blocks your allergic response. In order to fully benefit from allergy treatment, you should receive allergy drops for three to five years. Unlike medications which are only effective as long as you are taking them, allergy drops have long term benefits even after discontinuing them, and allergy drops are much more effective than medications in controlling your symptoms. Allergy drops decrease your immune response toward allergens but do not affect your immune response toward bacteria or viruses. Allergy drops change your immune system so that it is not activated by common things such as pollens, mold spores, dust particles, or animal dander. This process is called desensitization.

For patients receiving food and chemical drops, please note that it is not possible to "desensitize" against these allergens. The food and chemical drops "neutralize" your symptoms so that you may eat your allergic foods and be around your allergic chemicals without having severe symptoms. Patients should learn to decrease their intake of allergic foods and decrease exposure to allergic chemicals as part of a long term plan to live with and manage their allergies. This folder contains many handouts to educate you about your specific allergy.

2. **Prognosis:** We expect you to have some improvement of allergy symptoms within several weeks to 6 months of allergy treatment. If you do not experience any benefit within 3 months, then you should make an appointment to see Dr. Nofsinger. There may be other unidentified allergies or medical condition causing your “allergic” symptoms.

3. **ADVERSE REACTIONS:** Generally mild and transient.

1. **Local Reactions:** If symptoms are mild and tolerable, continue taking the drops as directed. Mild symptoms, if they occur at all, will go away after a few days to weeks. You may take your usual allergy medication if symptoms are very bothersome. **You should not increase the dose until mild to moderate symptoms have resolved. Stay on the dose which causes no significant symptoms for a few more days to weeks before advancing to the stronger dose.**

Eyes: Itchy, red eyes.

Mouth: Itchy or burning lips, tongue, or back of throat.

Nose: Runny nose and congestion.

GI: Nausea, cramping, and pain.

Skin: Rash and itchiness.

2. **Mild Systemic Reaction:** You may also develop worsening of your usual allergy symptoms (runny nose, congestion, headache, fatigue, cough, etc.) or flu like symptoms (fever, chills, fatigue). It is important to report any adverse reactions to Dr. Nofsinger.

You may take an oral antihistamine for mild reactions and decrease the dose by decreasing the number of allergy drops. Go back to the dose which you were able to tolerate and stay on that dose for a few days to weeks before trying to advance to the next dose again.

3. **Anaphylaxis:** There has never been a case of anaphylaxis reported with sublingual treatment. Sublingual drops are the safest form of allergy treatment.

However, Epi Pen is recommended for all patients starting allergy treatment.

4. **Contraindication to Sublingual Allergy Drops**

1. **Beta Blockers:** You may take beta-blockers (eye drops, or pill form). If a beta-blocker is prescribed, please tell Dr. Nofsinger. Talk to your prescribing doctor about switching to another type of blood pressure medication. Beta-Blockers may cause allergic patients to have more allergic symptoms.

2. **Pregnancy:** If you become pregnant during the course of treatment, you may continue receiving your allergy injections with medical clearance from your obstetrician. We will not advance the dosage until after your delivery. If you are considering getting pregnant, please do not start allergy drops until after your pregnancy.

5. Technique for Placing Allergy Drops

1. Lift your tongue to permit drops to fall under the tongue.
2. Use a mirror to see the proper number of drops fall under the tongue.
3. Hold under tongue for as long as you can, but for at least for 30 seconds, then swallow.
4. Children like taking the allergy drops because of the sweet taste. **CAUTION: some children will want to drink the whole bottle, so keep out of their reach.**
4. Try not to eat or drink for 30 minutes after taking drop.
5. Try not to touch anything in the mouth with the tip of the bottle. Wipe off with alcohol swab if you accidentally do so.

6. Multiple Allergy Drop Bottles

If you are being treated for both foods and inhalants, you may use both red and yellow labeled drops at the same time after you have established that you can tolerate them individually.

7. Reordering New Allergy Bottles

1. **When more allergy drops are needed, please notify the office at least two weeks in advance. Call the office and let us know that you need a refill of allergy drops when there is less than half left.**
2. **If you are doing well, we can refill your drops.**
3. **If you are having problems, please make an appointment with Dr. Nofsinger and Do Not Call for more allergy drops. You may need to be retested to have the dosage adjusted.**
4. Inhalant or “red” bottles will last about two months. The food/chemical or “yellow” bottles will last about one month. At least one red bottle and two yellow bottles are dispensed at one time in order to treat for one month duration.
5. Allergy drops may be mailed to you but you will charged postage and handling.

8. Care of Allergy Bottles:

1. Allergy drop bottles may be kept in room temperature for 8 weeks, but will become ineffective if left out in hot temperatures. Do not carry the allergy drops in your pocket because your body temperature will make the drops ineffective.
2. If you are dispensed more than one bottle with the same color, put the extra one in the fridge. An allergy drop bottle will be potent for 6 months if kept in the fridge.
3. In rare instances, the allergy bottles may be labeled, “ must refrigerate”, and these bottles must be kept in the refrigerator at all times. .

9. Colds: You may take allergy drops even when you are sick, but for severe illness, temporarily suspend use.

10. Duration of allergy treatment: You should receive at least 3 years of allergy drop treatment in order to obtain maximal benefit. At the end of treatment you should be desensitized. Preseasonal high potency allergy drops are used during the 6 week period before the beginning of your allergic season, and then discontinued.

10. Environmental Control: It is important to decrease your exposure to allergens which you are allergic to. For example, if you are allergic to dust mites, you should dust mite proof your home and wear a mask when dusting and vacuuming. If you are allergic to grasses and weed, you should wear a mask when cutting the grass. If you are allergic to cats or dogs, you should try to keep them out of the bedroom at least and frequently bathe them.

11. Food Allergies: We often underestimate food allergies. They can cause upper respiratory symptoms such as congestion, runny nose, ear pressure, and cough. Food allergies can also cause gastrointestinal symptoms, such as throat swelling, oral itching, bloating, diarrhea, and cramping. They may also cause headaches, fatigue, moodiness, visual changes, and night time awakenings. Some people will experience shortness of breath and asthma flare ups when exposed to their allergic foods. It is difficult to identify food allergies because many testing methods are unreliable and symptoms are often dose dependent and delayed in onset.

There are also cross over allergies between some foods and airborne allergens. For example, some people allergic to grasses have a cross over allergy to kiwi, melon, tomato, watermelon, and wheat. Also people who are allergic to ragweed have oral itching when eating melons, banana, cucumbers, and lettuce.

12. Total Load: Another important concept is the Total Load. You are more likely to have allergic symptoms if your body is overwhelmed with many allergies. If we can control just *some* of your allergies, you will be able to tolerate others better. Developing allergies is dynamic process. Once you have allergies you are susceptible to developing new allergies. There is also an infinite number of potential allergens in the air, soil, water, and food. There is scientific evidence that allergy treatment will decrease your chances of developing new allergies and even asthma.

12. Taking Medications during Allergy Injections: Ideally, allergy injections should eliminate or significantly reduce your dependence upon allergy medications. It is a good idea to try to stop taking your oral antihistamines or nasal steroid sprays periodically to see if the allergy injections are helping you. It is recommended that you carry some antihistamines with you at all times while receiving allergy injections.

13. Physician Monitoring: You will see Dr. Nofsinger every 3-6 months and be asked to complete an allergy questionnaire each time you advance to a new treatment vial or every 2-3 months. This questionnaire will help monitor your progress.