

Sublingual Immunotherapy (SLIT)

Purpose -The purpose of sublingual immunotherapy (allergy drops or SLIT) is to decrease your sensitivity to allergy-causing substances so that exposure to allergens will result in fewer and less severe symptoms. It is not a substitute for avoidance of known allergens or for the use of allergy medications but rather a supplement to these treatment measures.

Efficacy - Allergy drops have been shown to lead to an alteration of your immune system's response to naturally occurring allergens. The amount of immunization is different for each person. Improvement in symptoms will not be immediate. It usually requires *3 - 6 months* before any relief of allergy symptoms is noted. About 80 – 90% of patients on immunotherapy note significant improvement of their symptoms.

Procedure - Allergy drops are usually begun at a lower dose and gradually increased on a regular basis until a therapeutic dose is reached. Drops are administered by you at home daily. The first dose will be administered in our office. Immunotherapy may be discontinued at the discretion of your doctor. Most Immunotherapy patients continue treatment for 3 – 5 years.

Background – The allergens used for allergy drops are the same as those used for injections. However, the FDA specifically approved the allergens for injection use. Using them for SLIT is considered an “off-label” use. Off-label use in the US healthcare delivery system is a legitimate, legal and common practice. The protocol we use is endorsed by the American Academy of Otolaryngic Allergy. Dozens of research studies show that allergy drops are a safe, effective form of immunotherapy.

Adverse reactions – Immunotherapy is associated with some widely recognized risks. There are no reports of death associated with sublingual therapy.

1. Local reactions – Are uncommon and are usually restricted to itching of the mouth or upset stomach. These reactions usually occur immediately after taking a dose but can occur hours afterwards. Most reactions resolve themselves or with simple dose adjustment. An antihistamine can be used as normally directed to help avoid reactions. You should notify the allergy department of any reactions.
2. Generalized reactions – These occur very rarely but are the most important because of the potential danger of progression to more severe conditions. These reactions include:
 - a. Urticarial (hives) – rash, swelling and/or itching of more than one part of the body. This occurs within minutes of taking a dose.
 - b. Angioedema – This is an extremely rare reaction to SLIT characterized by swelling of any part of the body, inside and out, such as the ears, tongue, lips, throat, intestines, hand or feet, alone or in combination. This may be accompanied by asthma and may progress to most severe reaction, anaphylactic shock.
 - c. Anaphylactic shock is the rarest complication. It is a serious event characterized by acute asthma, low blood pressure, unconsciousness and potential death.

Missed doses - If more than two days are missed, do not try to catch up. Contact our office at **520-296-8500 x 1118**

Pregnancy - If you become pregnant while on immunotherapy, notify our office immediately so that the doctor can determine an appropriate dosage schedule for the drops during pregnancy.

New Medications - Please notify our office if you start any new medications, particularly medications for high blood pressure, migraines, and glaucoma. Beta Blocker medications are contraindicated while on immunotherapy and your drops will need to be discontinued.

Consent for Administration of Sublingual Immunotherapy (SLIT)

Our physicians here at Tucson Ear Nose and Throat require that all patients on sublingual immunotherapy carry an epinephrine auto injectable pen (ie. Epi-pen or Auvi-Q) with them at all times. This is in the occurrence of anaphylactic shock.

I acknowledge that I have been given a prescription for an epinephrine auto injectable pen and have been instructed on when to use it and have been shown a demonstration on how to use it.

I have read the provided information and understand it. The opportunity has been provided for me to ask questions regarding the potential risk of sublingual immunotherapy and these questions have been answered to my satisfaction. I understand the precautions consistent with the best medical practice will be carried out to protect me from adverse reactions to immunotherapy.

I do hereby give consent for the patient designated below to be given sublingual immunotherapy over an extended period of time as prescribed by the attending Tucson ENT physician. I further hereby give authorization and consent for treatment by a Tucson ENT physician and staff if any reactions occur as a result of immunotherapy drops.

Printed Name of patient

Date

Patient or legal guardian signature

Staff witness



East office
2121 N Craycroft Rd. Building 5
Tucson, AZ 85712
520.296.8500

Northwest office
1358 W Orange Grove Rd
Tucson, AZ 85704
520.575.1272

Patient _____

DOB _____

Antigen:

Bottle #1 Build Up	Date	Comments	Bottle #2 Build Up to Maintenance	Date	Comments
Day 1: 1 drop			Day 6: 1 drop		
Day 2: 2 drops			Day 7: 2 drops		
Day 3: 3 drops			Day 8: 3 drops		
Day 4: 4 drops			Day 9: 4 drops		
Day 5: 5 drops			Day 10: 5 drops (maintenance)		
			**After day 10: continuing taking 5 drops a day		

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*Drop dose are taken daily under the tongue

*Please call TENT allergy department at 520-296-8500 x 1118 if you have any questions

*Please call to request a refill when running low on serum