

# Immunotherapy treatment with Grass Pollen and House Dust Mite Allergen

## Information for Families

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### Introduction

This leaflet is for people who have an allergy to grass pollen or house dust mites. It gives information about a treatment for this type of allergy called immunotherapy and will hopefully answer some of your questions about it. It explains the benefits and risks, as well as what to expect when your child comes to hospital.

Your child should also read this leaflet if they are at an appropriate age to do so.

### What is Immunotherapy

Immunotherapy (desensitisation) is a well-established treatment for certain severe allergies. It involves being given doses of the allergen (substance your child is allergic to) over a prolonged period of time, to help teach their immune system to tolerate it and not 'fight' it. It is not a cure, but helps people to develop tolerance to the allergen.

### What is sublingual immunotherapy for grass pollen or house dust mites?

Allergic rhinitis (sometimes known as hay fever) can significantly impact on sleep, home and school performance, which can result in a substantially reduced quality of life. Immunotherapy is recommended for patients over five years old who, despite allergen avoidance and trying maximal recommended medication, still have uncontrolled symptoms. Sublingual immunotherapy involves a small dissolvable tablet or drops of solution being placed under the tongue each day. The tablets/solution contain tiny amounts of either grass pollen or house dust mites and help your immune system to build up a tolerance to the allergen.

Immunotherapy is the only treatment which aims to treat the underlying cause of an allergy, rather than just the symptoms. Immunotherapy has been shown to be effective in inducing long-term reduction in symptoms. However, the treatment is taken over three years, so it is important that while you are taking the immunotherapy you still take your regular allergy medication.

The aim is that by the end of the treatment programme the symptoms and reliance on medication have reduced.

### Are there any alternative treatments?

An alternative option would be to choose not to receive the immunotherapy. We can discuss injectable therapy rather than oral therapy if appropriate for your child. You will need to keep taking the maximum medications to control your symptoms.



## What side effects are associated with this treatment?

The most common side effect is itching in the mouth. This is a temporary effect that starts after taking the tablet and normally lasts for minutes to hours. After about a week of treatment, most patients no longer experience this. Other, less common side effects include itching of the ears, sneezing, throat irritation, swelling of the mouth, abdominal pain or nausea (feeling sick). As with itching of the mouth, these side effects mainly happen during the first week of treatment and do not last long. If any of these symptoms continue after the first week of treatment and are bothering you, you can take an antihistamine one hour before you administer your immunotherapy. This should help to reduce your symptoms.

If you experience side effects that get worse each day, beyond the first week of treatment and do not improve with antihistamines, or if your asthma symptoms get worse while you are on this treatment, please contact the allergy team for further advice. Please refer to the manufacturer's information leaflet for more information about possible side effects. You should seek medical attention immediately if you experience a more severe reaction.

## How many appointments will I need?

It is important that the first sub-lingual immunotherapy medication is given under medical supervision. You will be given an appointment to attend the Day Case Unit on Bramble Ward at the Royal Devon and Exeter Hospital. The appointment will last for a couple of hours. You need to take a dose of antihistamine prior to attending. The appointment is to make sure that the immunotherapy medication is taken correctly, so that you can be monitored for any reaction and so that the treatment can be explained face to face. You will be given an initial 1-month supply of immunotherapy medication. You will continue your treatment at home and you will be called by telephone a week after you begin treatment for your first review to check how it is going. Your GP will then be able to provide you with a repeat

prescription for future supply. You will be seen in the outpatient clinic on an annual basis to check on progress.

## BRIT Registry

All patients who are enrolled on an immunotherapy course will be registered with the British Registry for Immunotherapy (BRIT). BRIT is a web-based patient registry that records immunotherapy treatment of patients under the care of The British Society for Allergy Clinical Immunology (BSACI) consultants practicing in the UK. The aim of the registry is to record any serious side effects and monitor how effective the treatment is. As part of this process, you will be sent questionnaires to fill in about how your treatment is going. This will all be explained to you as part of the consent process before starting treatment. All your data will be held on a secure NHS server and is GDPR compliant.

## Frequently asked questions

### Should you continue your regular rhinitis treatments whilst taking immunotherapy?

Yes, it is important that you continue taking your regular anti-histamines, nasal spray and eye drops. Immunotherapy treats the underlying causes of rhinitis, but it will not be expected to treat your immediate symptoms until towards the end of the 3-year course.

### What should I do if a dose of immunotherapy is forgotten?

You may take your immunotherapy medication later in the day if possible, but otherwise just continue with your normal once-a-day routine. Do not take a double dose to make up for a

## Should I continue my treatment on holiday?

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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