



**Weill Cornell
Medicine**



Immunotherapy

Immunotherapy (also known as desensitization therapy) is a treatment for allergies that is generally considered when they are causing a significant negative impact on a person's quality of life. Other treatments for allergies include medications and avoidance strategies, but unlike these methods, immunotherapy is able to provide relief for many years after stopping treatment. Immunotherapy has been around for over 100 years and is about 80–90% effective at the present time. The principle behind this therapy is that by administering high enough amounts of the allergy-causing substance(s) for an extended period of time, but not by breathing it in, the immune system no longer reacts as strongly to it when the body is exposed to it in the environment. The administration of these substances is usually done by the injection of a liquid extract underneath the surface of the skin, or by placement it in the mouth, either through drops under the tongue or with specially designed toothpaste. Immunotherapy must be done on a consistent basis for it to be effective.

Immunotherapy can be divided into two phases. The first is the escalation (or build-up) phase, which lasts approximately 6–9 months for injections and 10 days for drops. During the escalation phase, a slightly higher dose of the allergy extract is given each time until the optimal dose is reached. This begins the second phase, which is called the maintenance phase, where the same dose is generally repeated. Listed below are some of the common questions concerning immunotherapy and their answers:

For how long do I have to undergo immunotherapy?

It has been determined that in order to obtain a long-term or lifelong benefit, it should continue for about 4–5 years.

How long do I have to wait to start feeling better?

Generally, symptom relief will begin 6–9 months after starting immunotherapy.

How often do I need to come in for treatment?

For the first year, the injections should be given once or twice per week. After the first year, they can usually be spread out to once every 2 weeks and once every 3–4 weeks after the second year. Drop and toothpaste administration is performed daily at home with regular follow up visits at the doctor's office every 3–4 months.



Can I take allergy medication when I am receiving immunotherapy?

Yes. Often times, people begin to notice that medications that previously did not work well are beginning to control symptoms more effectively. The goal is that less or no medication will be necessary.

Are my activities limited while I am receiving immunotherapy?

No. However, the dose is generally not given if you are ill. Also, try not to engage in heavy exercise immediately before or after the treatment and let the doctor or nurse know if your asthma has become worse.

What happens if I miss a dose?

There is nothing dangerous with this, but missing doses will certainly slow down your progress. We will try to accommodate your schedule if you need to come in at a certain time, but please contact the office if you cannot make your scheduled appointment.

Can I take immunotherapy if I become pregnant?

In general, immunotherapy will not begin if you are pregnant, but if you are in the maintenance phase and learn that you are pregnant, immunotherapy may continue.

What are the risks of immunotherapy?

Local reactions, including redness or swelling at the site of the injection are expected and may be treated with medications and cool compresses. Drops and toothpaste can cause mild irritation, swelling or tingling in the mouth, particularly during the first couple of weeks. More generalized reactions, such as a rash elsewhere on the body or chest tightness, are very rare and are treated in a different fashion. For injection immunotherapy, you can expect to wait 20 minutes after each injection to monitor for any of these reactions and you will receive educational training and medication that you can administer in case of serious reactions.

What is the cost of immunotherapy and is it covered by insurance?

Subcutaneous (injection) immunotherapy is covered by most, if not all, insurances. The office staff will contact your insurance company to determine co-payment, co-insurance information, deductibles, number of visits allowed, etc. Sublingual immunotherapy (drops) and oral mucosal immunotherapy (toothpaste) are not yet covered by insurance.