



## IMMUNOTHERAPY INFORMATION FOR DOCTORS

Alustal consists of a solution of the natural substances to which the patient is allergic. The patient receives an initial series of gradual increments of the injection material in order to achieve a dose which will suppress the allergic response; i.e. to make the patient tolerant to a dose of the allergen, higher than the amount of that substance to which the patient is normally exposed.

The injections are given subcutaneously, preferably in the outer deltoid region. The injection is usually well tolerated, but occasionally the patient may be given a dose higher than that which he/she can tolerate. Such adverse responses are allergic in nature. The most common of these is a **Large Localised Swelling Reactions** at the injection site. Usually the size of these local reactions is not important. However, if the area is still swollen the following day, the injection schedule should be modified. If there is a large swelling at the site of the injection in the build up phase, do not increase the dose. Repeat the last dose and ensure the patient takes an antihistamine 30 minutes prior to the shot. If large reactions occur at top dose, reduce the monthly dose by 25%. Most patients find that if the same dose is repeated the next time, it is well tolerated and the schedule can be resumed as before.

More serious, adverse reactions result in systemic allergic event; e.g. urticaria and throat irritation. Rarely, asthma, laryngeal oedema or hypotension may develop. Because of these possibilities, **the patient must be observed for at least 30 minutes post injection.**

If a **systemic** event occurs, the preferred immediate treatment is **adrenalin** (1 mg/ml) 0.3 ml (0.1 ml – 0.2 ml for small children) given intramuscularly. Furthermore, the following desensitisation dose should be reduced to the previously well-tolerated dose.

Asthmatic patients should defer an injection during flares of asthma. Ideally, peak expiratory flow rates should be at least 80% or more of their healthy baseline values. Patients who are febrile or in the acute phases of an upper or lower respiratory tract infection should also defer an injection. Pregnancy is not a contra-indication to this type of injection.

### Reordering

Alustal is ordered on a named patient basis with mixtures coming from France, which will take 6-8 weeks to arrive. Pure dust mite mix (code 350), is available in Australia and takes 3 weeks to arrive, but does not come with a patient label from the supplier.

### IMPORTANT

**We ask that patients on maintenance dose be reminded to re-order once they have completed their third shot.**

**Patients on the initial pack should re-order on starting the 3rd bottle, week 9 injection.**

**All orders for immunotherapy are placed through Queensland Allergy Services. Patients on the maintenance treatment can order treatment through our website.**

### Storage

Solutions should be stored in the fridge but are quite stable for 48 hours at room temperature. If storing temperature has been compromised we ask that you contact Queensland Allergy Service 07 5591 5744 for further advise before disregarding solution.



**Missed Doses**

When a patient is on top dose of 0.8mls of solution 3, per month, and they miss 6-10 weeks, a dose adjustment is required.

The following schedule is suggested:

First shot	0.6mls
Second shot	0.8mls

This can be given weekly or fortnightly then continue at 0.8mls a month

If the missed period is 10-14 weeks when previously tolerating 0.8mls a month of solution 3, the following protocol is suggested:

First shot	0.4mls
Second shot	0.6mls
Third shot	0.8mls

This can be given weekly or fortnightly then continue at 0.8mls a month.

If there is a longer period of missing shots, please refer the patient to us and ask that they bring their injection solution with them.

Data from June 2011, suggests that taking Cetirizine (e.g. Zyrtec) with shots increases the effectiveness of this therapy.