

Patient information

Sublingual Immunotherapy

What is sublingual immunotherapy?

Sublingual immunotherapy or 'SLIT' is a course of treatment given to reduce allergy symptoms of allergic rhinitis and/or conjunctivitis caused by a **specific** allergen. SLIT is prescribed to patients where their allergy symptoms are so severe that they cannot be controlled sufficiently by usual treatments (i.e. antihistamines, nasal sprays and eye drops), and where the symptoms are affecting normal daily life. **This course of treatment lasts for a period of about 3 years.** Treatment is given as a liquid preparation (drops) or a tablet. SLIT for hay fever due to grass or tree pollens is started a few months before the pollen season. SLIT for perennial (year-round) allergens (e.g. house dust mites, animal furs) can be started at any time of year.

The first dose of SLIT is administered under medical supervision in hospital. After this hospital visit you will administer the treatment yourself to your child at home but he or she will be required to attend the Allergy Clinic for review to monitor progress.

What types of allergies can be treated?

In the United Kingdom, we offer SLIT mainly for allergic rhinitis caused by grass or tree pollen, house dust mites or animals such as cats and dogs. SLIT is not available for treating severe reactions to insects, eczema or food allergies. SLIT is not effective in the treatment of asthma.

Is immunotherapy advised for all allergic rhinitis sufferers?

Immunotherapy (IT) is not advised for all patients with allergic rhinitis and/or conjunctivitis. Most of these will enjoy complete symptom relief with usual anti-allergy treatment. IT is considered where a patient has responded poorly

to both steroid nasal sprays and anti-histamines and, most importantly, the patient is allergic to (on allergy testing) an allergen, (e.g. grass), and his or her severe symptoms are regarded as being caused by that allergen (e.g. grass allergic hay fever).

How do I take sublingual immunotherapy?

Your child takes SLIT by placing the medication under the tongue for 1-2 minutes (depending on treatment type), before swallowing. Your child must not eat or drink anything for the next 5 minutes. The medication is taken in the morning before breakfast.

It is very important to take your child to take the medication **daily** as prescribed for the **whole** treatment period. This will help symptom improvement during treatment and the long-term benefits after treatment. If your child misses a dose do not give a double dose the next day, just continue as normal. If you miss several days of treatment, please contact the allergy team.

Are there times when I should not take sublingual immunotherapy?

SLIT works on the immune system. There are therefore are certain situations when treatment should not be taken. These are:

- Any inter-current illness, eg coughs, colds, flu or if your child feels unwell or has a temperature. If in doubt, please contact a member of staff in the allergy clinic.
- Any mouth ulcers or if your child has a tooth removed or loses a tooth. Wait 1 week for the mouth to heal before re-starting treatment.
- Any serious illness or surgeries - in this situation, please contact the Allergy Clinic to discuss whether treatment should be continued.

What are the alternative treatments?

Injection immunotherapy may be an alternative treatment. Please discuss this with the Allergy Clinic staff if you would prefer to be considered for this treatment.

What are the possible risks of the treatment?

The most commonly reported side-effects of SLIT are swelling or bumps under the tongue, tingling or itching sensation under the tongue, in the mouth or in the ears and mild tummy pain. These usually happen immediately after taking the medication. These symptoms are only temporary and usually does not last more than 5–10 minutes. These symptoms gradually improve after about a week or two and can disappear altogether. However if they continue and are troublesome please discuss this with a member of staff in the Allergy Clinic. These symptoms can be treated with an antihistamine.

If your child experiences any of the following less common side-effects, you **must** stop the treatment immediately, seek medical attention via your GP or local accident and emergency department and report to your allergy specialist as soon as possible:

- Swelling of the face, mouth or throat
- Difficulty swallowing
- Difficulty breathing
- Worsening of existing asthma
- Nettle rash
- Voice changes
- More severe tummy pain, nausea and/or vomiting

What are the benefits of treatment?

Clinical trials have shown that SLIT is beneficial and safe in patients with grass allergic hay fever and house dust mite allergy. The benefits persist for many years (up to 10 years in one study) after the 3-year treatment programme has been completed. However, benefit cannot be guaranteed in everyone. SLIT is a convenient treatment option as hospital visits are minimised.

What about other medication?

Your child will have other medication prescribed for his or her allergic rhinitis and possibly other allergic conditions like asthma and eczema. SLIT does **not** replace

these medications, so they should be continued as normal. It is likely that your child's needs for medication, particularly for allergic rhinitis will not be as great with the same or better control of his or her symptoms. This will present the opportunity to reduce these medications whilst monitoring symptoms.

If your child has developed a new illness that needs long-term medications, please report this to your allergy specialist so they can advise you about continuation of SLIT. Most short courses of medicines like antibiotics will not interfere with immunotherapy, but the illness itself may be an indication to stop the SLIT temporarily.

If you or your child has any further questions or concerns, please address these with a member of the Allergy Clinic staff.

References

1. Walker SM, Durham S, Till SJ *et al.* Immunotherapy for allergic rhinitis. *Clin Exp Allergy* 2011; 41: 1177-2000.
2. Patient information, Allergy UK. www.allergyuk.org.

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