

When do allergy shots become necessary?

April 12 2016, by Ann Blackford

The beauty of spring is upon us, but as lovely as it may be to look at, it can wreak havoc in your nose, throat and eyes. The higher the pollen count, the greater the misery.

Seasonal allergies are the result of a chain reaction that starts in your nose. If you are allergic to pollen, the immune system will overreact by producing allergic antibodies. The antibodies attach cells in your airway and cause release of chemicals, causing an allergic reaction.

Many people find relief in some very effective over-the-counter (OTC) medications. If OTC medications don't provide relief, or cause significant side effects, this is a good time to visit an allergist. An allergist/immunologist is a pediatrician or internist who has spent an additional two to three years of training specifically in this field.

Once the allergist determines which allergens are causing your symptoms, they will discuss [treatment options](#); typically allergy avoidance, followed by medical management, and lastly allergy injections. Allergy shots are the only known cure to date for allergic rhinitis (nasal allergies).

The concept behind [allergy shots](#)—allergy immunotherapy—is that the immune system can be desensitized to specific allergens that trigger [allergy symptoms](#), thereby building up resistance or tolerance to the allergens.

Allergy shots generally work in two phases. The buildup phase can last

from three to six months and involves receiving injections in increasing amounts of the allergen and are taken once or twice a week. The maintenance phase begins when the most effective dose is reached. The dose can be different for each person, depending on how allergic you are and your response to the build-up injections. Once the maintenance dose is reached, there are longer periods of time between injections, typically two to four weeks.

Some people will experience relief of their symptoms during the build-up phase, but for others, it may take as long as 12 months on the maintenance dose. If there is no improvement after a year, your allergist may discuss other treatment options.

Allergy shots are a good option for people with [allergic rhinitis](#) (hay fever), allergic asthma, conjunctivitis (eye allergy) or stinging insect allergy. Shots can be given to children as young as four to five years old. Shots are not recommended for food allergies, but can help in patients with oral allergy syndrome. This syndrome occurs in patients highly allergic to pollens; the body reacts to cross-reacting foods, and causes itching of the mouth and tongue. Allergy shots are not started on pregnant women but can be continued on patients who become pregnant while on shots.

Recently the FDA approved allergy drops or sublingual immunotherapy for grass and ragweed allergy. However, most patients have many confounding allergens (i.e. trees, molds, mites, animal danders), which can be included in [allergy](#) shots, thus making shots much more effective.

Provided by University of Kentucky

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