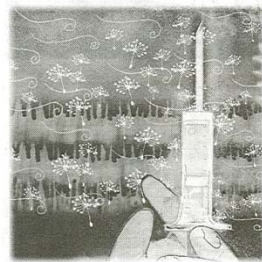
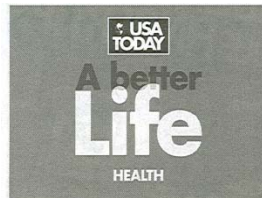




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By Web Bryant, USA TODAY

Your Health
By Kim Painter

Allergy shots get best results

New methods might sway reluctant patients

The signs of spring are here. Trees are budding, grass is greening — and millions of allergy sufferers are taking pills, inhaling nasal sprays and avoiding the outdoors to control reactions that range from mild sniffles to dangerous asthma attacks.

Few, however, are using what may be the most effective treatment for uncontrolled symptoms: immunotherapy, or what most people know as allergy shots. The practice of injecting people with increasing amounts of the substances they are allergic to, so they can build gradual tolerance, is nearly 100 years old.

But U.S. surveys suggest shots are used by just 5% of nasal allergy patients.

"Inconvenience is the most likely reason," says Linda Cox, an allergist in Fort Lauderdale. A typical treatment plan calls for a patient to come to a medical office once a week for several months, get a shot and wait 30 minutes (in case a rare, dangerous reaction occurs) and then continue less frequent shots for months or years more.

There's also a needle "fear factor," says Stanley Fineman, an Atlanta allergist and vice president of the American College of Allergy, Asthma & Immunology. And costs for the shots and office visits, which vary based on insurance coverage and other factors, may play a role.

But a recent study published in the *Annals of Allergy, Asthma and Immunology* showed children who get allergy shots had lower health care costs over 18 months than otherwise similar children. The cost

of their shots, about \$600, was more than made up by drug savings and fewer doctors' visits and hospitalizations, says Cox, who led the study. Immunotherapy also might help prevent asthma, a costly life-long condition.

So allergists are working to make the shots more appealing. Most efforts fall into two categories: non-shot alternatives and faster shot schedules.

Liquid or pill alternatives

Immunotherapy without shots is standard in Europe. There, most doctors prescribe "sublingual immunotherapy." Patients get liquids or pills containing extracts of grass pollen, dust mites, ragweed or other allergens and put a bit under their tongues at home each day.

But none of these products has been approved by the U.S. Food and Drug Administration. Some U.S. physicians prescribe sublingual use of liquid extracts approved for injections — but that is an unproven practice. And some studies on sublingual products under development have failed to show they work better than placebos.

That is changing, though. In one new study, a daily sublingual grass pollen pill reduced symptoms and medication use 26% in children and teens, says Michael Blaiss, clinical professor of pediatrics and medicine at the University of Tennessee Health Science Center in Memphis. Blaiss, a consultant to the drug's maker, Merck, presented the data at a recent meeting of the American Academy of Allergy, Asthma & Immunology. A study in adults found similar results, he says.

The pills have not been compared with shots and might cost more. They are not available now.

What is increasingly available: faster shot schedules. In so-called rush immunotherapy, allergists give patients numerous shots over one to three days to quickly build tolerance so patients can soon start coming just once or twice a month. In the somewhat slower "cluster" technique, patients might come once or twice a week for a month and get two or three shots at each visit to get a faster start. These patients all get antihistamines, steroids or other drugs to prevent dangerous reactions.

Cox says the cluster technique is more widely used and thought safer. But Fineman says he safely gives rush patients nine to 20 injections in a day.

Have a health or medical question?

E-mail kpainter@usatoday.com. Include your name, city and daytime phone number. Selected questions will be answered in the newspaper.

Try these methods first

Allergy shots are for people who don't get relief with other methods. So before you consider them, you should try:

► **Avoiding exposure to the allergens that bother you.** That might mean staying inside and closing windows during peak pollen hours, for example.

► **Taking medications.** Antihistamines, nasal steroids and other medications can help.