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SCIT-SLIT and more: Part 2: therapeutic considerations and practical management: 30 years of experience

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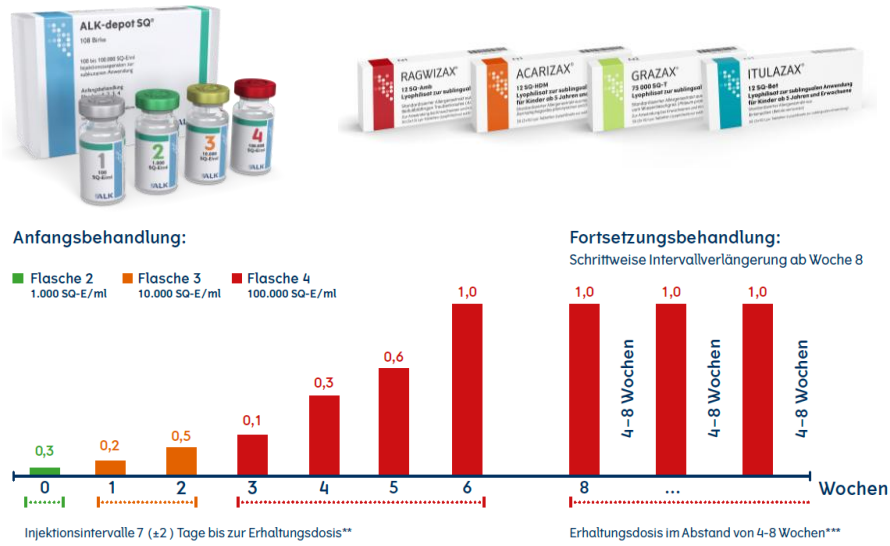
Introduction:

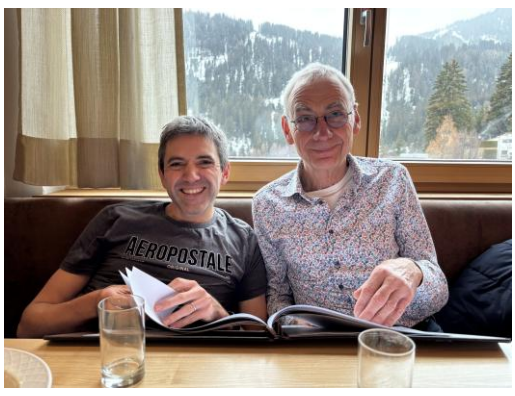
In our previous poster we discussed the diagnostic path leading to treatment decision. Patient consent is imperative to a successful outcome. The patient needs to be willing to commit to 3 to 5 years of therapy. Regular check ups to ascertain good adherence and the skills to manage minor and major adverse events are prerequisites for success.
Historically, allergen immunotherapy was administered as a subcutaneous injection (SCIT) every 3 to 8 weeks, while in the last few years new studies showed good adherence and comparable outcomes for sublingual immunotherapy (SLIT) administered daily by tablets.

Practical management:

While there have been incidences of severe allergic reactions including anaphylaxis in SCIT, in SLIT there have been no reports of fatalities or severe allergic reactions. SLIT thus can be administered safely at home with no restrictions to physical activity or dietary aspects. Minor adverse events including local swelling, itching and burning of the oral mucosa occur especially during the first weeks of therapy and can be treated by topical therapy e.g. cooling using ice cubes. Antihistamines can be applied as well to alleviate symptoms without diminishing the therapeutic efficacy. We re-evaluate the patients every three months.
With SCIT, after the initial escalation period of about seven weeks (depending on the actual drug) the injection interval is extended to 3 to 8 weeks. The patient needs to be under supervision for 30 min past injection in case of any severe allergic reactions.
As we only use certified drugs there is no need for compounding thus drastically reducing the risk of injecting the wrong allergen or wrong concentration, neither are there problems with sterility.



Left shows our application set up for SCIT including emergency equipment. Right shows a possible choice of SCIT solutions and SLIT tablets, lower part shows the standard escalation and maintenance scheme for one of the SCIT drugs.



Authors