

IMMUNOTHERAPY IN THE TREATMENT OF ALLERGIC ASTHMA

Immunotherapy is the administration of an aeroallergen either subcutaneously (subcutaneous immunotherapy [SCIT]) or sublingually (sublingual immunotherapy [SLIT]) in the form of aqueous drops or tablets).

Subcutaneous Immunotherapy

KEY POINTS

- SCIT is recommended as an adjunct treatment for individuals who have demonstrated allergic sensitization and evidence of worsening asthma symptoms after exposure to the relevant antigen or antigens.
- Do not initiate, increase, or administer maintenance SCIT doses while individuals have asthma symptoms or to individuals with severe asthma.

IMPLEMENTATION GUIDANCE AND CONSIDERATIONS FOR SHARED DECISION MAKING

- Administer SCIT in a clinical setting and provide direct supervision and observation for at least 30 minutes because of the risk of systemic reactions. Individuals with asthma should not administer SCIT at home.
- Delayed systemic reactions (those occurring more than 30 minutes after injection) occur in approximately 15 percent of individuals after injection.
- Individuals who have had previous clinically significant reactions to immunotherapy should bring injectable epinephrine to and from the clinic on the day of their injection.

Sublingual Immunotherapy

KEY POINT

The evidence reviewed did not support the use of SLIT specifically for the treatment of allergic asthma.



RECOMMENDATION

In individuals ages 5 years and older with mild to moderate allergic asthma, the Expert Panel conditionally recommends the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in those individuals whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy.

RECOMMENDATION

In individuals with persistent allergic asthma, the Expert Panel conditionally recommends against the use of sublingual immunotherapy in asthma treatment.