

Sublingual immunotherapy (SLIT)

Immunology Department Patient Information Leaflet

Introduction

This leaflet is for people who have allergic rhinitis. Allergic rhinitis is inflammation of the inside of the nose caused by an allergen, such as pollen, dust, mould or flakes of skin from certain animals.

The leaflet gives information about a treatment for this type of allergy called immunotherapy, including the benefits and risks of the treatment.

What is immunotherapy for allergies?

Immunotherapy is sometimes known as desensitisation. It is a form of treatment for allergic rhinitis. This can take the form of:

- seasonal hayfever which happens in the spring and summer and is caused by tree or grass pollen
- all year round rhinitis which is commonly caused by the house dust mite

It involves a course of treatment that acts on the immune system to promote the body's tolerance, and reduce allergy symptoms caused by a specific allergen.

What is sublingual immunotherapy (SLIT)?

This is a type of immunotherapy where the treatment is given in the form of either a tablet or a liquid placed under the tongue. This is known medically as sublingual treatment. This course of treatment involves taking the medication daily for a period of three years.

SLIT for seasonal hayfever (tree or grass pollen) usually begins a few months before the pollen season. The treatment for a year round allergy such as the house dust mite (HDM) can be started at any time in the year.

What types of allergies are treated using SLIT?

In the UK, SLIT is used to treat people with allergy rhinitis due to grass or tree pollen, the house dust mite and certain pets (cats and dogs). All immunotherapy products are not yet licensed for use in the UK, but have been used successfully in individual cases.

At this Trust, SLIT is currently only offered for grass pollen allergies using a licensed product (Grazax). However, SLIT for other common allergens will be considered on an individual patient basis, if required.

What are the benefits of SLIT?

Clinical trials have shown that SLIT is both safe and beneficial in patients with allergic rhinitis due to pollen or an HDM allergy. It has been shown to reduce symptoms, and also the use of anti-histamines and steroid nasal sprays in most patients, especially from the second year of treatment onwards.

There are reports of patients remaining symptom-free for several years after completing the three year course of SLIT.

Although benefits cannot be guaranteed in everyone, SLIT still remains a convenient treatment option as it does not involve many visits to hospital.

What about long-term protection?

Most people develop long-term protection after three years of SLIT. A significant proportion of people remain symptom-free without other medical treatment like antihistamines or nasal steroid sprays.

Long-term follow-up studies have shown a symptom-free period for five or more years after completing the treatment course.

What are the risks?

The most commonly-reported side effects include a tingling or itching sensation under the tongue, in the mouth or ears immediately after taking the medication.

This is only temporary and usually does not last more than 10 to 15 minutes. These symptoms usually improve after about a week as the body develops tolerance to the treatment. However, please inform the Immunology Team consultant or nurse if these symptoms persist or become troublesome.

Serious reactions to SLIT are very rare. However, if you experience any of the less common side effects listed below, you must stop the treatment immediately and get immediate medical attention from your GP or nearest Emergency Department (A&E). Also tell the Immunology Team as soon as possible:

- Swelling of your face, mouth or throat
- Difficulty in swallowing
- Difficulty in breathing
- Worsening of any existing asthma
- A change in your voice
- An itchy rash
- Abdominal (stomach) pain
- You feel sick or are being sick

What are the alternatives?

It is likely that you will have tried other treatment options, such as avoiding the allergen, steroid medications and anti-histamines, and that these have not worked for you. It is your choice as to whether you have this treatment.

How is SLIT given?

The medication is taken by placing it under the tongue for one to two minutes before swallowing. You must not eat or drink anything for five minutes after taking the medication.

You will need to have the first dose of SLIT under medical supervision at hospital. You will need to stay at hospital for at least 60 minutes after you have the medication, in case you have any reactions to it.

After this visit, you will give yourself the treatment at home every day. However, you will need to come to the allergy outpatient clinic at regular intervals so we can review and monitor your progress.

In order for this treatment to be successful, and for you to get long-term benefits from it, it is important that you take your medication regularly as prescribed for the entire duration of treatment. This is usually three years.

When should I not take the medication?

As this form of treatment acts on the immune system, there are certain situations when you should stop and not take the medication. These situations are as follows:

- If you feel unwell, or have an infection such as a cough, cold, flu etc.
- You have a mouth ulcer. Wait until the wound in your mouth has completely healed before re-starting your treatment.
- You have a tooth out. Wait for at least one week after the extraction.

If you are in doubt, please check with the Immunology Team. You can contact the team through our switchboard on 01384 456111, or through the immunology secretary on 01384 244855 (8am to 4pm, Monday to Friday).

Can I have this treatment if I am pregnant?

SLIT is not started if you are already pregnant or planning to have a baby. However, if you become pregnant while you are already having the treatment, you may be able to continue the medication. You will need to discuss this with your immunology consultant.

What about my other medications?

We will discuss this with you before you start the immunotherapy.

However, if you have a new illness or have been asked to start any new treatment during the course of immunotherapy, please tell the doctor or nurse before your next injection. This includes any medication bought from supermarkets or pharmacies.

If you are in doubt, please check with the Immunology Team for advice about what to do with your SLIT medication. You can contact the team through our switchboard on 01384 456111, or through the immunology secretary on 01384 244855 (8am to 4pm, Monday to Friday).

How long is the SLIT course?

The treatment usually lasts for three years.

Should I use antihistamines and steroid nasal sprays during SLIT?

Yes, you should continue the usual medications at least for the first season after starting treatment. You may not need these medications during the second season.

Can I find out more?

If you have any questions, or if there is anything you do not understand about this leaflet, please discuss this with the doctor or nurse in the clinic.

You can also ring the clinic through our switchboard on 01384 456111, or through the immunology secretary on 01384 244855 (8am to 4pm, Monday to Friday)

For general allergy advice, the following websites may be useful:

- **Allergy UK**
<https://www.allergyuk.org/index.php>
<https://www.allergyuk.org/the-management-of-allergy/immunotherapy>
- **Patient.co.uk**
<http://patient.info/>

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/patients-and-visitors/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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