

Paediatric Department

Patient Advice on the Use of Grazax® (with GP letter)

All medicines have side effects. Sometimes they are serious, but most of the time they are not.

What is sublingual immunotherapy?

Sublingual immunotherapy, or 'SLIT', is a course of treatment given to reduce allergy symptoms of allergic rhinitis and/or conjunctivitis caused by a **specific** allergen. SLIT is prescribed to patients when their allergy symptoms are so severe that they cannot be controlled sufficiently by anti-allergy treatments (i.e. antihistamines, nasal sprays and eye drops), and therefore their symptoms are affecting normal daily life. **This course of treatment lasts for a period of about 3 years.** Treatment is given as a liquid preparation (drops) or a tablet. SLIT for hay fever due to grass or tree pollens is started a few months before the pollen season. SLIT for perennial (year round) allergens (e.g. house dust mites, animal furs) can be started at any time of year.

The first dose of SLIT is administered under medical supervision in hospital. After this hospital visit, you will administer the treatment to your child at home, but he or she will be required to attend the Allergy Clinic for review to monitor progress.

Which types of allergies can be treated?

In the United Kingdom, we offer SLIT mainly for allergic rhinitis caused by grass or tree pollen, house dust mites or animals such as cats and dogs. SLIT is not available for treating severe reactions to insects, eczema or food allergies. SLIT is not effective in the treatment of asthma.



Is immunotherapy advised for all allergic rhinitis sufferers?

Immunotherapy (IT) is not advised for all patients with allergic rhinitis and/or conjunctivitis. Most of these patients will enjoy complete symptom relief with usual anti-allergy treatment. IT is considered where a patient:

- has responded poorly to both steroid nasal sprays and anti-histamines;
- **and**, most importantly, the patient is allergic to (on allergy testing) an allergen, (e.g. grass);
- and his or her severe symptoms are regarded as being caused by that allergen (e.g. grass allergic hay fever).

How do I take sublingual immunotherapy?

Your child takes SLIT by placing the medication under the tongue for 1-2 minutes (depending on treatment type), before swallowing. Your child must not eat or drink anything for the next 5 minutes. The medication is taken in the morning before breakfast.

It is very important for your child to take the medication **daily** as prescribed for the **whole** treatment period. This will help symptom improvement during treatment and the long-term benefits after treatment. If your child misses a dose do not give a double dose the next day, just continue as normal. If you miss several days of treatment, please contact the Allergy Team, either by email: childrensallergy@uhcw.nhs.uk; or by telephone: **01788 663189**.

Are there times when I should not take sublingual immunotherapy?

SLIT works on the immune system. There are, therefore, certain situations when treatment should not be taken. These are:

- Any concurrent illness, e.g. coughs, colds, flu, or if your child feels unwell or has a high temperature. If in doubt, please contact the Allergy Team.
- Presence of mouth ulcers or if your child has a tooth removed or loses a tooth. Wait one week for the mouth to heal before re-starting treatment.
- Any serious illness or surgery - in this situation, please contact the Allergy Team to discuss whether treatment should be continued.

What are the alternative treatments?

Injection immunotherapy may be an alternative treatment. Please discuss this with the Allergy Clinic staff if you would prefer to be considered for this treatment.

What are the possible risks of the treatment?

The most commonly reported side-effects of SLIT are swelling or bumps under the tongue, tingling or itching sensation under the tongue, in the mouth or in the ears and mild tummy pain. These usually happen immediately after taking the medication. These symptoms are only temporary and usually do not last more than 5–10 minutes. These symptoms gradually improve after about a week or two and can disappear altogether. These symptoms can be treated with an antihistamine. However if they continue and are troublesome please discuss this with a member of staff in the Allergy Clinic.

If your child experiences any of the following less common side-effects, you **must** stop the treatment immediately, seek medical attention via your GP or local Accident and Emergency Department and report to your allergy specialist as soon as possible:

- Swelling of the face, mouth or throat;
- Difficulty swallowing;
- Difficulty breathing;
- Worsening of existing asthma;
- Nettle rash;
- Voice changes;
- More severe tummy pain, nausea and/or vomiting.

Call 999 if your child displays symptoms of a severe allergic reaction which are:

- **Swelling of the tongue with difficulty swallowing;**
- **Fast heartbeat alongside dizziness and light headedness;**
- **Wheezing or difficulty in breathing.**

What are the benefits of treatment?

Clinical trials have shown that SLIT is beneficial and safe in patients with grass allergic hay fever and house dust mite allergy. The benefits persist for many years (up to 10 years in one study) after the 3-year treatment programme has been completed. However, benefit cannot be guaranteed in everyone. SLIT is a convenient treatment option as hospital visits are minimised.

What about other medication?

Your child will have other medication prescribed for his or her allergic rhinitis and possibly other allergic conditions like asthma and eczema. SLIT does **not** replace these medications, so they should be continued as normal. It is likely that with time (providing Grazax® has been taken as prescribed) your child's need for medication to control symptoms of allergic rhinitis will not be as great with the same or better control of his or her symptoms. This will present the opportunity to reduce these medications whilst monitoring symptoms.

If your child has developed a new illness that needs long-term medication, please report this to your Allergy Team so they can advise you about continuation of SLIT. Most short courses of medicines like antibiotics will not interfere with immunotherapy, but the illness itself may be an indication to stop the SLIT temporarily.

If you or your child has any further questions or concerns, please address these with a member of the Allergy Clinic staff.

The Paediatric Allergy Team are:

Dr Anjli Jethwa

Dr Colin Macdougall

Allergy Nurse Specialist Louise Bashford

Allergy Nurse Specialist Sarah Pitts

Allergy Nurse Specialist Kate Weller

Secretary Nina Dawes

Patient Information

They can be contacted by **email**; childrensallergy@uhcw.nhs.uk

Or by **telephone**: **01788 663189**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6948 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Paediatrics
Contact:	26948
Updated:	March 2022
Review:	March 2024
Version:	2.1
Reference:	HIC/LFT/2115/17

Paediatric Department

Dear (GP name)

Name/DOB/Hospital No:
.....

Grazax® Sublingual Immunotherapy

Date of commencing treatment:
.....

The above patient has been commenced on Grazax® sublingual immunotherapy for his/her severe seasonal allergic rhinoconjunctivitis due to grass pollen allergy.

Sublingual immunotherapy provides an alternative treatment to subcutaneous immunotherapy for severe allergic rhinoconjunctivitis that is not controlled on symptomatic treatment and has the advantage of being administered at home rather than as a series of preseasonal injections on the day unit.

The aim of treatment is desensitisation against grass pollen allergy resulting in long term reduction in symptoms and medication use. Grazax® involves a 3 year course of sublingual oral lyophilisate (dissolving tablets) taken daily at home. The first dose is administered under observation on the day unit.

Adverse effects are common, particularly localised oral symptoms such as pruritis and oedema, but these are generally mild and do not usually result in the discontinuation of treatment. The side effects tend to improve within a few weeks.

Grazax® has a UK license for the treatment of grass pollen-induced rhinitis and conjunctivitis from the age of 5 years in patients with clinically relevant

Patient Information

symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen. The licensed dose in children and adults is one oral lyophilisate (75,000 SQ) placed under the tongue daily (swallowing should be avoided for about 1 minute and food and drink should not be taken for the following 5 minutes). Treatment should only be initiated by physicians with experience in the treatment of allergic diseases. Continuous daily treatment for 3 years results in a long term immunomodulatory effect. If started at least 4 months prior to the grass pollen season, improvement in symptoms can be expected in the first year of treatment.

We have administered the initial dose of Grazax® under observation and it was well tolerated. We have supplied the first month of treatment.

I would be grateful if you would arrange an ongoing prescription for Grazax® 75 000 SQ (1 tablet) daily sublingually. The treatment should be continued for 3 years if there is a clinical response. If there is no improvement in symptoms and medication use by the second summer, we will advise discontinuation. All his/her regular medication should be continued while taking Grazax®.

We will continue to monitor your patient's progress and supervise the sublingual immunotherapy in the Children's Allergy Clinic at UHCW.

If you have any queries or concerns, we would be very happy to discuss these with you. We can be contacted by email at:
childrensallergy@uhcw.nhs.uk.

Yours sincerely

Dr Anjali Jethwa

Dr Colin Macdougall

Allergy Specialist Nurses, Louise Bashford, Sarah Pitts and Kate Weller

References:

1. Frew AJ Sublingual Immunotherapy NEJM 2008 358 (21) 2259-2264
2. Bufe A et al. Safety and efficacy in children of an SQ-standardised grass allergen tablet in sublingual immunotherapy. J Allergy Clin Immunol. 2009 123 (1) 167-173