

## Paediatrics

# Patient advice on the use of Grazax/ Acarizax

## What is sublingual immunotherapy?

Sublingual immunotherapy or SLIT is a course of treatment given to reduce allergy symptoms or allergic rhinitis and/or conjunctivitis caused by a specific allergen.

## Who sublingual immunotherapy is for:

Sublingual immunotherapy is considered when your child:

- has responded poorly to both steroid nasal sprays and anti-histamines
- is allergic, on allergy testing, to an allergen such as grass
- has severe symptoms caused by that allergen, such as hay fever

## How long is a sublingual immunotherapy course:

A sublingual immunotherapy (SLIT) course lasts about 3 years. Treatment is given as a liquid drops or a tablet.

- Sublingual immunotherapy for hay fever due to grass or tree pollens is started a few months before the pollen season.
- Sublingual immunotherapy for allergens that last all year, such as house dust mites or animal furs, can be started at any time of the year.



## Patient Information

### **What allergies are treated**

We offer sublingual immunotherapy to people with severe allergy symptoms caused by:

- grass or tree pollen
- house dust mites
- animals such as cats and dogs

SLIT is not available for treating severe reactions to insects, eczema or food allergies.

SLIT is not licensed for treating asthma.

### **How to take sublingual immunotherapy**

Your child takes sublingual immunotherapy by placing the medication under the tongue for 1 to 2 minutes and then swallowing.

- Your child must not eat or drink anything for 5 minutes after swallowing.
- Take the medicine in the morning before breakfast.

We administer the first dose of sublingual immunotherapy in hospital under supervision. After this visit, you'll administer the treatment to your child at home.

Your child will need to visit the Allergy Clinic for review.

It is important your child takes the medication daily for the whole treatment period. This will help to improve their symptoms during and after treatment.

### **If you miss a dose**

If you miss a dose, do not give your child a double dose the next day. Continue the next day as normal.

## Patient Information

If you miss 7 days of treatment, please contact the allergy team. We'll need to restart your child's treatment under hospital supervision.

Contact us by email on [childrensallergy@uhcw.nhs.uk](mailto:childrensallergy@uhcw.nhs.uk) or call our secretary on 01788 663 189.

### **When not to take sublingual immunotherapy**

Do not give your child sublingual immunotherapy if they have:

- any concurrent illness such as coughs, colds, flu, or if your child feels unwell or has a high temperature
  - contact the Allergy Team if you're not sure
- mouth ulcers
- a tooth removed or loses a tooth - wait one week for their mouth to heal before starting treatment again
- any serious illness or surgery - contact the Allergy Team to discuss if your child should continue treatment

### **Alternatives to sublingual immunotherapy**

Injection immunotherapy may be an alternative treatment to sublingual immunotherapy. Please discuss this with the Allergy Clinic staff if you want your child to be considered for injection immunotherapy.

### **Risks of sublingual immunotherapy**

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

Commonly reported side-effects of sublingual immunotherapy include:

- swelling or bumps under the tongue
- tingling or itching sensation under the tongue, in the mouth or in the ears
- mild tummy pain

These common symptoms can be treated with antihistamine.

## Patient Information

Common symptoms usually happen straight after taking sublingual immunotherapy. The symptoms do not last more than 5 to 10 minutes. The symptoms gradually improve after 1 to 2 weeks and can disappear.

If your child's symptoms continue and are troublesome, tell a member of staff in the Allergy Clinic.

**Stop treatment immediately and go to A&E** if your child has:

- 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 has:**

- Swelling of the tongue with difficulty swallowing
- A fast heartbeat, dizziness and light headedness
- Wheezing or difficulty in breathing

## Benefits of sublingual immunotherapy

Clinical trials have shown sublingual immunotherapy reduces symptoms and is safe for people with grass allergic hay fever and house dust mite allergy.

The benefits last 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.

Sublingual immunotherapy is a convenient treatment option as it has less hospital visits compared to injection immunotherapy.

## **Taking sublingual immunotherapy with other medicines**

Your child must continue to take any other medication prescribed for allergic rhinitis and other allergic conditions like asthma and eczema.

Sublingual immunotherapy does not replace other medications for allergic rhinitis or other allergic conditions.

## **Stopping other medicines**

If your child continues to take sublingual immunotherapy as prescribed, their need for medicines to control any symptoms of allergic rhinitis will eventually decrease (providing Grazax/ Acarizax has been taken as prescribed). If your child's symptoms improve whilst taking immunotherapy, you should be able to gradually reduce antihistamines, eye drops and nasal sprays.

If your child develops a new illness that needs long-term medicine, report this to your Allergy Team. They can advise you about continuing sublingual immunotherapy.

Most short courses of medicines, like antibiotics, will not affect sublingual immunotherapy. But the illness the medicines are prescribed for may mean your child needs to stop sublingual immunotherapy temporarily.

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

## **The Paediatric allergy team are:**

- Dr Anjali Jethwa
- Dr Colin Macdougall
- Allergy nurse specialists Louise Bashford
- Allergy nurse specialist Sarah Pitts
- Allergy nurse specialist Kate Weller

## Patient Information

- Secretary Nina Nichols
- They can be contacted by email; [childrensallergy@uhcw.nhs.uk](mailto:childrensallergy@uhcw.nhs.uk)
- By telephone: Nina Nichols 01788 663189

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