

Allergy Treatment Fast Facts



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for free resources about allergy treatments.

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australasian society of clinical immunology and allergy

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ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

Fast Facts

Allergy Treatment

- 1** Adrenaline (epinephrine) injected into the outer mid-thigh muscle is the first line of treatment for life threatening severe allergic reactions (anaphylaxis). Adrenaline rapidly reverses the effects of anaphylaxis by reducing throat swelling, opening airways, maintaining heart function and blood pressure. Adrenaline autoinjectors have been designed for use in emergencies by non-medical people, including patients themselves (if they are well enough).
- 2** Allergen avoidance is essential in the management of severe allergies to foods, insects and drugs (medications). It is important to have strategies in place to minimise the risk of exposure to allergens that can result in anaphylaxis.
- 3** Allergen minimisation can be useful in the management of allergic rhinitis (hay fever). If it is possible to identify the allergen that causes the reaction, minimising exposure to the confirmed allergens may reduce symptoms.
- 4** Allergic rhinitis medications include non-sedating antihistamines (tablets, syrups, nasal sprays, eye drops), intranasal corticosteroid (INCS) sprays, sprays containing a combination of INCS and antihistamine, salt water nasal sprays and rinses.
- 5** Allergen immunotherapy (also known as desensitisation) reduces the severity of allergy symptoms and the need for medications. It involves regular administration of gradually increasing doses of allergen extracts, usually over a period of three to five years. It can be given as injections or as sublingual (under the tongue) tablets, sprays or drops. It is usually recommended for severe allergies to stinging insects and allergic rhinitis when symptoms are severe.
- 6** Oral immunotherapy for food allergy is currently the subject of research in Australia and New Zealand, and is yet to enter routine clinical practice. People who have a diagnosed food allergy must avoid the food trigger unless they are participating in a research study led by a clinical immunology/allergy specialist.
- 7** New immunotherapy methods for food allergies have been developed as a result of recent research. These are expected to be available for routine use in the near future.
- 8** New immunomodulation therapy for severe atopic dermatitis (eczema), has also been developed as a result of recent research. This is expected to be available for routine use in the near future.

More information: www.allergy.org.au/patients/allergy-treatment

Other Fast Facts: www.allergy.org.au/patients/fast-facts

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