



Home Subcutaneous Immunotherapy

The American Academy of Otolaryngic Allergy (AAOA) encourages the preferential practice of administering subcutaneous immunotherapy in a medical office setting with professionals trained in the recognition and management of anaphylactic reactions.

The AAOA also recognizes the need for patients to make decisions affecting their personal healthcare choices, including the choice of home-administered immunotherapy. The physician should assess the risks and benefits of in-office versus home-administered immunotherapy for each individual patient, taking into account the severity of allergic disease, coexisting medical conditions and medications, and other relevant individual patient characteristics. The risk and benefits should be discussed with each individual patient and informed consent should be obtained.

- The relative safety of home-administered immunotherapy when patients are properly selected has been reported.^{1, 2}
- Some patients, due to life factors that limit their ability to follow a regime of immunotherapy injections restricted to a medical office environment, may have access issues to allergy care.
- Medical professionals regularly assess the risks and benefits of a particular medical intervention, explain these risks and benefits to a patient, and allow the patient to make decisions on which medical treatments to accept in an informed consent process.
- If a medical professional determines a particular patient has an acceptable risk/benefit ratio to allow the option of home immunotherapy, and the patient decides to proceed with the option of home immunotherapy, the physician should provide clear directions and training on the proper technique for handling and administering the immunotherapy products. The patient should also be trained in the recognition and treatment of potential adverse events, including the availability and use of epinephrine auto-injectors. All injections at home should be given in the presence of another responsible adult provided with instructions in the recognition of potential anaphylaxis, and basic initial treatment of anaphylaxis, including epinephrine auto-injector administration and contacting emergency services.

¹ Hurst DS, Gordon BR, Fornadley JA, et al. Safety of home-based and office allergy immunotherapy: A multicenter prospective study. *Otolaryngology–Head & Neck Surgery* 1999;121:553-61.

² Schaffer, FM, Naples, AR, Ebling, M et al. The safety of self-administered allergen immunotherapy during the buildup and maintenance phases. *International Forum of Allergy & Rhinology* 2015; 5 (2): 149-156

Note: American Academy of Otolaryngic Allergy's (AAOA) Clinical Care Statements attempt to assist otolaryngic allergists by sharing summaries of recommended therapies and practices from current medical literature. They do not attempt to define a quality of care for legal malpractice proceedings. They should not be taken as recommending for or against a particular company's products. The Statements are not meant for patients to use in treating themselves or making decisions about their care. Advances constantly occur in medicine, and some advances will doubtless occur faster than these Statements can be updated. Otolaryngic allergists will want to keep abreast of the most recent medical literature in deciding the best course for treating their patients.