

Allergy Treatments - Fast Facts

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1. Adrenaline (epinephrine) injected into the outer mid-thigh is the immediate treatment of 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 injectors are designed to be used in emergencies by non-medical people, including patients themselves, if they are not too unwell.
2. Allergen avoidance is essential in the management of severe allergies to foods, insects and drugs (medications). It is important to have plans 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. Treatments for allergic rhinitis can be recommended by a pharmacist and/or doctor. These include non-sedating antihistamines (tablets, syrups, nasal sprays, eye drops), saline (salt water) nasal sprays and rinses, intranasal corticosteroid (INCS) sprays, or sprays containing a combination of INCS and antihistamine.
5. Allergen immunotherapy (AIT) for aeroallergens (such as pollen and dust mites) 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 allergic rhinitis when symptoms are severe. AIT is also known as desensitisation.
6. Venom immunotherapy (VIT) for allergy to venom from insects (such as bees, wasps and stinging ants) reduces the severity of allergy symptoms and can prevent anaphylaxis. It involves regular administration of gradually increasing doses of allergen extracts, usually over a period of three to five years, given as injections. It is usually recommended for severe allergies to stinging insects. VIT is also known as desensitisation.
7. Oral immunotherapy (OIT) 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.
8. Immunomodulation and other therapies for severe atopic dermatitis (eczema) are now listed on the Pharmaceutical Benefits Scheme (PBS) in Australia. A clinical immunology/allergy specialist or dermatologist may consider prescribing this treatment for eligible people.

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