



Diagnosing Allergies

Many allergy symptoms, such as sneezing, runny nose, or watery eyes — are easy to recognize after exposure to certain triggers like pets, pollen, or dust. However, allergies don't always appear in obvious ways. Some symptoms can be chronic, subtle, or mistaken for other conditions.

Because of this, **self-diagnosing allergies** can lead to unnecessary avoidance of foods, medications, or environments. Professional testing helps identify your specific allergies and ensures you receive the most effective treatment.

Step 1 – Medical History and Physical Exam

Your visit will begin with a detailed history and physical exam. Your provider will ask questions to better understand your symptoms and overall health. This helps determine whether allergy testing is appropriate.

You may be asked:

- What symptoms are you experiencing, and how long have you had them?
- When do your symptoms occur — seasonally or year-round? Indoors or outdoors?
- Do your symptoms worsen at home, at work, or during certain times of day?
- Does your family have a history of allergies or asthma?
- Do you have any other health conditions?

If your clinical history and symptoms suggest allergies, your provider may recommend **allergy skin testing** to identify specific triggers.

Step 2 – Skin Prick and Intradermal Testing

Skin testing is performed in-office and usually takes **60–90 minutes**. During the test, small amounts of common allergens (pollen, pet dander, molds, etc.) are placed on the skin using a gentle, plastic-tipped device. The number of tests varies and are determined by your provider based on your exam. The test area is typically the upper back, please wear clothing that allows easy access.

You will also receive two controls:

- **Positive (+) control** – confirms your skin can respond normally.



- **Negative (-) control** – ensures any reaction is truly allergic, not just skin sensitivity.

After application, you'll wait about **15–20 minutes** for results. Allergic reactions appear as small, raised “mosquito bite-like” areas called **wheals**, surrounded by redness, or **flare**. These reactions usually fade within an hour, though mild irritation may last up to 24 hours.

In some cases, your provider may also perform **intradermal testing**, which involves injecting a tiny amount of allergen under the skin (usually on the upper arm) to further clarify results.

Step 3 – Discussing Results and Treatment Options

After testing, your provider will review the results with you and discuss your personalized treatment plan. This may include:

- Avoidance strategies for identified allergens
- Symptomatic medications (such as antihistamines or nasal sprays)
- **Allergy immunotherapy (allergy shots or drops)** to reduce long-term sensitivity

When left untreated, allergic rhinitis and related conditions not only diminish quality of life due to fatigue, headaches, and annoying symptoms – untreated allergies can also lead to chronic inflammation, a weakened immune system, and an increased risk of developing other conditions like asthma, sinus infections, and ear infections. Early diagnosis and appropriate treatment can greatly improve daily comfort and overall well-being.

Preparing for Your Allergy Skin Test

To ensure accurate results:

- Avoid applying creams or lotions to your back or arms on the day of testing.
- Wear a top that allows easy access to the upper back and upper arms.
- **Stop taking antihistamines 7 days before testing.** Failure to do so may result in inaccurate results and require rescheduling of your testing appointment.
 - *Benadryl may be used up to 3 days before testing.*
- Inform your provider about **all medications** you take, including antidepressants, sleep aids, stomach medications, herbal supplements, and **beta-blockers**, as some may interfere with test accuracy.



- **Asthma inhalers** and **anti-leukotrienes** (e.g., Singulair®, Accolate®) do **not** need to be stopped.
- If you are feeling ill (e.g., fever, cold, or severe allergy symptoms) on the day of testing, please contact our office to discuss rescheduling.

MEDICATIONS TO AVOID 7 DAYS BEFORE TESTING:

Over-the-counter Medications:

- Allegra (Fexofenadine)
- Zyrtec (Cetirizine)
- Xyzal (Levocetirizine)
- Claritin (Loratadine)
- Alavert (Loratadine)
- Sudafed Sinus/Allergy
- Nyquil
- Tylenol Cold
- PM Medications (Tylenol PM, Sleep Aid)
- Pepcid (Famotidine)
- Tagamet (Cimetidine)

Prescription Medications:

- Clarinex (Desloratadine)
- Phenergan (Promethazine)
- Desyrel (Trazadone) will need to be stopped 7 days before testing

Several antidepressants and mood stabilizers can interfere with testing. Please inform providers if you are on any of these medications.

Nasal Sprays:

The nasal sprays listed below should be stopped 3 days before testing:

- Azelastine
- Astelin
- Astepro
- Pantanase
- Dymista
- Ryaltris

If you have any questions about allergy testing or how to prepare, please call us at (210) 616-0882. We're here to help make the process comfortable and informative.



Cost of Allergy Services

The cost of allergy testing is dependent on the allergy benefits covered under your specific plan. On the day of your appointment, you will be asked to pay a **deposit of \$150 prior to testing**. The deposit will be applied to the balance from your testing after all claims have been processed. Patients are responsible for the remainder of the testing balance after the claims are processed through your insurance.

You may contact your insurance company and provide the codes listed below to obtain additional details regarding your allergy coverage prior to your appointment/skin test.

<u>Allergy Testing</u>	<u>Allergy Serum</u>	<u>Injections</u>	<u>Custer/Rush</u>
95004	95165	98115	95180
95024		95117	
94010	*Could be multiple vials*		

ALLERGY IMMUNOTHERAPY

After testing, your provider may recommend **allergy immunotherapy (AIT)**. Immunotherapy is a highly effective and personalized solution that treats the root cause of allergies. Medications can only temporarily mask your symptoms while AIT offers a long-term solution to allergies by gradually desensitizing your immune system to the allergens that trigger your symptoms. **Allergy immunotherapy is an excellent treatment option** for patients allergic to animal dander, airborne allergens like pollen and mold spores, and indoor allergens such as dust mites and cockroaches.

AIT is available in two forms: Subcutaneous Immunotherapy, or **allergy injections/shots**, and Sublingual Immunotherapy (SCIT), or **allergy drops**.

Below is an overview to help you understand each option and what to expect.

ALLERGY INJECTIONS/SHOTS	ALLERGY DROPS (SLIT)
<ul style="list-style-type: none"> Administered in the office 2-3 times per week Injection copays and cost per serum vial depend on your insurance coverage and deductible Duration of the therapy is 3-5 years Self-pay rate per vial is \$200 	<ul style="list-style-type: none"> Administered at home Although not as effective as allergy injections, they offer a safe and reliable alternative for certain patients Allergy Drops are not covered by insurance. Out-of-pocket cost is \$200-\$250 per vial Each vial lasts one month; average duration of the therapy depends on the patient and their specific allergens

What Are Allergy Shots?

Subcutaneous allergen immunotherapy, or allergy shots, contain small amounts of the allergens that cause your symptoms. Over time, these injections help your immune system become less sensitive to these allergens, which can:

- Reduce allergy and asthma symptoms
- Decrease the need for daily medications
- Prevent the development of new allergies and reduce the risk of asthma developing in allergic children.
- Improve your overall quality of life

How Often Do I Get Shots?

Allergy shots are given in **two phases**:

1. Build-Up Phase

- Starts with a very small dose that gradually increases to a maintenance dose.
- There are **28 injections** in the build-up phase.
- Typically given **once per week**, but you may come **2–3 times per week** to reach maintenance faster.
- Accelerated options are also available (see below for *Rush and Cluster immunotherapy*).

2. Maintenance Phase

- Once the strongest dose is reached, shots are spaced out to **once per month**.
- Maintenance injections continue for **3–5 years** for lasting results.

Note: Each clinic location may have different injection schedules. Please refer to your location for specific hours. Our offices **do not** provide school or work excuses for routine injection appointments.

When Will I Start to Feel Better?

Most patients notice improvement in **4–6 months**, though for some it can take up to **one year**. Allergy shots are not a quick fix, but they offer the **best long-term improvement** for allergy sufferers.

You'll likely continue using your regular allergy medications during the build-up phase, with the goal of reducing or eliminating them as your shots take effect.



Why Continue for 5 Years If I Feel Better?

Allergy shots provide long-term benefits that can last **5–15 years** after treatment ends. Stopping injections early increases the risk of your symptoms returning. Completing the full course offers the best chance of lasting relief.

Are There Risks to Allergy Shots?

Because allergy shots contain the substances you are allergic to, reactions are possible.

Local Reactions

- Itching, redness, or swelling at the injection site
- Mildly uncomfortable but **not dangerous**

Systemic (Generalized) Reactions

These are uncommon but can be serious. Symptoms may include:

- Itchy or watery eyes
- Hives or widespread itching
- Lightheadedness
- Throat tightness or swelling
- Wheezing or shortness of breath
- Abdominal cramps
- Low blood pressure

These reactions typically occur within **20 minutes** of the injection, which is why it is **VERY IMPORTANT** to remain in the office for at least **20 minutes after each shot**.

Notify staff immediately if you experience any symptoms. Early treatment is effective and greatly reduces risk of complications. Severe reactions are extremely rare.

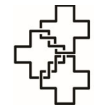
Can I Receive Shots at Home?

No. Home allergy injections are **not considered safe or acceptable** due to the rare but serious risk of anaphylaxis. If you live far from our office, your primary care provider may be able to administer your injections in their clinic. Please discuss with your AllergySA care team.

What Is Rush Immunotherapy?

Rush immunotherapy is an accelerated version of the build-up phase.

- You will spend **one full day** in the clinic, receiving injections every **30–60 minutes** under close supervision.



- This allows you to receive the equivalent of **15 doses in one day**, shortening the build-up period by several months and reducing the total number of visits.
- Because reactions are more likely with this method, patients are **premedicated for several days** before treatment to increase safety.

What Is Cluster Immunotherapy?

Cluster immunotherapy is another option that allows patients to reach maintenance phase quicker.

- You will attend **1-hour appointments once per week for 8 weeks**, receiving multiple doses each visit under supervision.
- By the **8th week**, you can reach your maintenance dose — saving several months off the traditional build-up schedule.

What Are Allergy Drops?

Allergy drops (sublingual immunotherapy, or SLIT) are a reliable, at-home alternative to allergy shots. Allergy drops are administered in small, increasing amounts in liquid drop form, placed under the tongue daily. Drops work well for patients who travel frequently, have difficulty getting to the office for shots, or have a skin condition that prevents injection administration.

Questions?

Our team is here to support you throughout your treatment. If you have questions about which immunotherapy option is best for you, please speak with your provider or one of our allergy nurses.

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