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**Allergy Medicine Under The Tongue May Be Preferred Method**

Wednesday March 21, 2007 (0302 PST)

**ISLAMABAD: Placing an allergy drug under a child's tongue instead of giving a shot may become an option for thousands of patients in the United States.**

Immunotherapy, which includes the ubiquitous allergy shot, is standard treatment for respiratory allergies. While inoculation is still the primary form of this therapy in the United States, sublingual immunotherapy has been used in certain parts of Europe for the past decade or so.

Given the increasing incidence of asthma and allergic disease in the industrialized world, scientists are always looking for new treatments.

In addition, allergy shots are not recommended for children under the age of five, making treatment for this age group another research priority.

"Injection in children may have rare but important side effects," Dr. Giovanni Passalacqua, professor of clinical immunology at the University of Genoa in Italy told a news conference Saturday at the annual meeting of the American Academy of Allergy, Asthma and Immunology in San Antonio.

To address this latter topic, Passalacqua and colleagues tracked 126 three-to-five year olds, who represented about one percent of Italian children in this age group with allergies. Most of the children had allergic rhinitis and/or allergic asthma.

Researchers followed the children for two years, during which time about 39,000 doses of "allergy drops" were administered under the tongue. The children were given the same dose as older children get. Usually, the therapy was given in the morning before breakfast, and children had to keep the drops under their tongues for one to two minutes.

At the end of the study period, only nine side effects were seen in seven children, none of them severe. The most common side effects were itching in the mouth and different gastrointestinal effects. Most went away by themselves and, in others, a one-third reduction in dose took care of the problem.



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"It's a favorable safety profile," Passalacqua said.

"This study confirms that sublingual immunotherapy is really safe in very, very young children," he added. While the study did not look at effectiveness, Passalacqua said that anecdotal information from the parents indicated that it did have some effect. This study may form a prelude to clinical trials to determine the sublingual method's practical effectiveness with a large number of people.

A second sublingual study, also out of Italy, looked at those pesky house dust mites which Dr. Clifford Bassett, an allergy-asthma expert at the State University of New York, called the "No. 1 bad guy" of allergens.

Sixty-eight adults with mild rhinitis and/or asthma triggered by dust mites were randomly assigned to receive standard medications plus a placebo or standard medications plus sublingual immunotherapy (a soluble soft tablet). Twelve of the participants dropped out. The remaining volunteers had a "significant reduction of nasal obstruction, itching and cough and drug use for symptom relief," according to Dr. Carlo Lombardi, the lead author of the study. There also seems to be an improvement in sick time away from work for the sublingual method. Twenty-five percent of the sublingual immunotherapy group reported missing work, compared to 43 percent in the other group. "Sublingual immunotherapy provided a significant clinical and well-being benefit, a reduction in use of medication and allowed a socio-economic savings," said Lombardi, who is with South Orsola Hospital in Brescia, Italy and the University of Genoa.

Surprisingly, no quality of life improvements showed up, but the researchers said that this might have been because of the design of that particular questionnaire.

A third study found that allergy medicine may be more effective when placed under the tongue.

A lab experiment using in mice showed that sublingual immunotherapy worked by producing more allergen specific antibodies.

"It modulated immune response by activating the airway mucosa and produced blocking or neutralizing antibodies," confirmed Jens Kildsgaard, the lead author of the study and a research scientist at ALK-Abello in Hoersholm, Denmark.

Bassett said the U.S. Food and Drug Administration has approved only limited applications for sublingual immunotherapy. However, he added, "research is giving us a strong conviction that sublingual immunotherapy will be effective when given correctly and the safety seems to be quite good."

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