
Allergy Testing for Pets: Questions and Answers

What does allergy testing entail?

Intradermal allergy testing involves making 65 small test injections into a patch shaved on the side of the chest. This is often done while your pet is sedated and while you wait (usually takes about 30 minutes). Redness and/or swelling at the injection sites allows us to determine which allergies are present. This test helps to diagnose environmental allergies. It does not diagnose food allergies. Food allergies can only be diagnosed only with a strict hypoallergenic diet.

What is the benefit of allergy skin testing?

After the cause of the allergy has been determined, it can then be treated specifically with an injectable allergy vaccine or in some cases with oral allergy drops (so-called sublingual immunotherapy) that is formulated based on the allergy test results.

Are allergies to flea bites treated with allergy injections?

Unfortunately injections for flea bite allergies do not work very well. Flea and tick prevention is important year-round for all dogs and cats. Please be pro-active. Don't wait until you see fleas to begin treatment.

Are there alternatives to allergy skin testing?

If skin testing is not performed it is still usually possible to control the symptoms of the allergy with medications although there may be significant side effects. The long-term use of cortisone drugs in particular may result in adverse side effects.

Blood allergy testing may be recommended in place of skin testing under certain conditions. Concurrent medical conditions or other skin issues may prompt a recommendation to perform blood allergy testing first.

When is the best time to skin test?

The skin test can be performed anytime, but for some seasonally allergic pets the best results may be obtained near the end of the allergy season (often in the early fall months).

How often are allergy injections given?

In the initial stages the injections are given on alternate days. Gradually the length of time between the injections increases to once every three weeks, but for some pets the injection schedule may need to be modified. Allergy injections will likely be necessary **for the life of the patient**. They help control symptoms, but they don't cure allergies.

Who gives the allergy injections ?

With guidance most owners can learn how to give the injections. The technique is simple, and adverse reactions to the allergy vaccine are very rare. Alternatively we can give the injections here in the office or perhaps your regular veterinarian may be able to help you.

Can allergens be given by mouth instead of by injection?

Injections of allergens have been used to control allergies for many decades, and studies have demonstrated their usefulness. Oral allergy drops (so-called sublingual immunotherapy) is another (newer) option to help control allergies. A few studies have shown that they are also effective in most patients, and we can present this as an alternative to allergy injections.

Other than the obvious differences in the route of administration what are the major differences between allergy injections and oral allergy drops?

While allergy injections are generally administered **every 3 weeks** oral allergy drops will need to be administered **twice daily**. In either case the treatments will need to continue **life-long** (since it's a means of control...not a cure). In some cases Dr. Buerger may make changes to the administration schedule.

How long does it take to see benefit from either allergy injections or oral allergy drops?

While some pets improve within weeks most pets require 3 to 9 months of therapy to see benefit. Some may take one to two years to show improvement. The response to the treatment may be total or it may be partial. If it is partial other medications may still be necessary to help control some of the symptoms.

During the first few months of the injection program many pets will require additional medications to help with comfort. As the allergy injections take effect, and as the symptoms subside these medications should be gradually weaned.

Approximately 25% of allergic pets do not respond to the allergy injections.



How is my pet prepared for the allergy skin test?

Cortisone tablets such as prednisone, Temaril-P, Veta-log, or Medrol must be stopped at least 4 weeks prior to allergy testing (longer in some instances). The waiting period may be considerably longer if the cortisone has been given by injection. Consult your veterinarian before stopping a cortisone as a gradual withdrawal may be recommended. Cortisone-containing eye and ear drops should also be stopped 7-10 days prior to the test if possible. Antihistamines such as Benadryl, hydroxyzine, and Zyrtec must be stopped at least 14 days prior to allergy testing. Apoquel®, Atopica®, or Cytopoint® do not have to be stopped: These will not affect test results.

Also your pet should not be fed within 12 hours of the skin test, and water should be withheld for 2 hours before the test. No tranquilizer should be given without first checking with Dr. Buerger.

What is the cost of allergy skin testing?

The total cost of allergy testing is usually in the range of \$850-1250+ which includes the first set of treatment allergens. This is a wide range because in some cases additional laboratory tests may be indicated, sedation is often necessary, additional medications may be necessary, and some pets will require **two** sets of treatment allergens (if they have a large number of allergies).

Once the results are known, what are the long-term maintenance costs associated with giving allergy injections or oral allergy drops?

Refill vials of prescription injectable allergens are \$262 and last about 6 months with the standard injection schedule (**given every 3 weeks...life-long**). The cost of syringes is extra. The cost of the allergy vaccine may be higher for certain types of allergies.

Refills of oral allergy drops are \$272 and last about 5 months with the standard schedule (**given twice daily...life-long**).

Robert G. Buerger, DVM, DACVD
Board Certified Skin Disease Specialist

Veterinary Dermatology Center
32 Mellor Avenue
Baltimore, Maryland 21228
(410) 788-8130

www.Vderm.com

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Pets with allergies: An overview

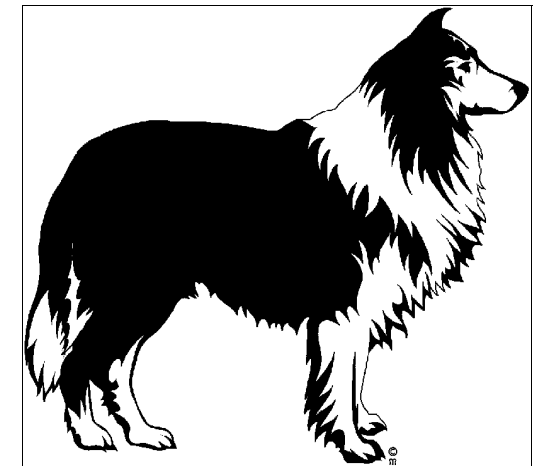
Licking, chewing, scratching, rubbing, and head-shaking are common signs of allergies in pets, and secondary infections (caused by bacteria and/or yeast) often are recurring problems. The areas commonly affected include the paws, abdomen, armpits, face, ears, neck, and thighs. Other diseases (including those caused by parasites) may result in similar symptoms so Dr. Buerger will need to understand your pet's medical history, do a thorough examination, and perform a few basic tests to exclude other potential causes and to be certain that allergy is indeed the problem. Allergic symptoms can be year-round or seasonal: It all depends on which allergies are present. Symptoms most commonly start between 6 months and 3 years of age, but they may begin at any time. Retrievers, terriers, and shepherds are more likely to develop allergies than other breeds. The tendency to develop allergies runs in families (as in people). Unlike people pets with allergies seldom "outgrow" them, and their allergies often get worse and less responsive to treatments with each passing year.

The symptoms of allergy can often be improved or controlled with one or more of the following: antihistamines, cortisone (i.e. prednisone) tablets, Apoquel® tablets, Atopica® capsules, Cytopoint® injections, frequent shampoos, flea preventatives, nutritional supplements, and in some instances restricted hypoallergenic diets. It's also important to maintain a clean and mat-free coat. These treatments are an acceptable means of control if the allergic symptoms are seasonal and of short duration (one to several months) and as long as the treatments do not result in severe or objectionable side effects. Allergy testing and more specific therapy with allergy injections or oral allergy drops (sublingual immunotherapy) should be considered in the following instances: (1) If the problems are prolonged (especially if they are year-round); (2) If the problems are not adequately controlled with symptomatic treatments; (3) If the treatment necessitates prolonged or repeated courses of cortisone drugs or antibiotics; or (4) If the treatments cause severe or objectionable side effects.

If you have any questions or concerns please feel free to discuss them with Dr. Buerger during your next appointment.

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