Pollodom : combined pollen and house-dust antigens.

POLLODOM

Combined Pollen and House-Dust Antigens

FOR HYPOSENSITIZATION OF PATIENTS SUBJECT TO HAY-FEVER

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COMBINED POLLEN AND HOUSE-DUST ANTIGENS

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Pollodom, a mixture of an extract obtained from various pollens combined with a purified antigenic fraction of house-dust, has been introduced because pollen-sensitive patients often react to house-dust and this may be clinically apparent in the pollen season as an exacerbation of the hay-fever syndrome or failure to respond fully to hyposensitization with pollens alone.

This solution is supplied as Pollodom Weak, Pollodom Medium, and Pollodom Strong. There is also available a Pollodom Special Weak Solution for children and highly reactive individuals.

The initial dose depends upon the degree of the sensitivity of the patient. **The dosage scheme presented here is a tentative guide on which may be based the treatment of the individual patient.**

Pollen hyposensitization in Great Britain is usually a preseasonal treatment that starts in January, February, or March ; and the injections are discontinued at the expected time of onset of hay-fever (usually at the end of May).

The course is customarily repeated at the same time annually. The patient may need each year 30 to 36 injections. This estimate makes allowances for several repeated dosages: consequently the

intervals between the injections depend on the date of starting. Note that it may be better not to attempt to reach the higher doses within the time limit rather than to hasten in the treatment by the injection of doses more frequently than twice a week.

The common practice is to give intramuscular or **deep** subcutaneous injections in the upper arm, preferably alternating the sides. A tuberculin syringe is used.

REACTIONS.—A local tissue reaction should follow an injection. The local reaction consists of redness and swelling at the site of the injection. This is the ordinary response.

Occasionally, a patient may also experience as a sequel to the injection a general reaction. This is far more severe and consists of urticaria, bronchial asthma, oedema of the mucous membrane of the mouth, pharynx, and glottis, and even shock. Such general reactions may be dangerous. For this reason, most physicians keep a patient in the waiting-room for half an hour after each injection. If a general reaction should occur, a tourniquet should be applied above the site of the injection and 0·5 ml. of adrenaline hydrochloride 1:1000 injected subcutaneously. In addition, an antihistamine drug should be given and an intravenous antihistamine may be considered. The treatment may require to be repeated after 20 to 30 minutes. A general reaction occurring later than 30 minutes after an injection is usually milder and subsides readily after the patient has taken an antihistamine drug. The patient should always carry such a drug with him.

If these reactions occur at all they are more likely to occur at the beginning of the course when the patient has not yet acquired protection, at the first injection of a strong solution, or at the end of the course when the strongest doses are being given. The dosages in this leaflet have been planned accordingly.

REPETITION OF INJECTION OF SAME DOSAGE.—Below are given indications for the repetition of a hyposensitizing injection:—

1. If the local reaction still exceeds an area of 3″ in diameter at 24 hours following the injection.
2. If the patient reports rhinorrhoea or bronchospasms following the injection.
3. If the interval between injections should be longer than 2 weeks.
4. If the patient has just had an intercurrent infection.

INDICATION FOR FALLING BACK ON PREVIOUS DOSE.—After a generalized reaction.

INDICATIONS FOR TEMPORARY DEFERMENT OF INJECTIONS.

1. Intercurrent infection.
2. A very tired patient.
3. Acute emotional stress.
4. Many hours having elapsed since last meal.
5. Furuncles.

LIST OF SOLUTIONS

Weak Solution—
Combined pollen extract. 375 Noon units per ml.
Antigenic fraction of dust. 0·0025 mg. per ml.

Medium Solution—
Combined pollen extract. 3,750 Noon units per ml.
Antigenic fraction of dust. 0·025 mg. per ml.

Strong Solution—
Combined pollen extract. 37,500 Noon units per ml.
Antigenic fraction of dust. 0·25 mg. per ml.

Special Weak Solution—
Combined pollen extract. 37 Noon units per ml.
Antigenic fraction of dust. 0·00025 mg. per ml.

The standard pack for these solutions is a bottle containing 5 ml. Larger volumes can be supplied.

The following is a suggested dosage scheme in the form of a chart:—

POLLODOM (Duncan)
Record

Name.....

Solution	Quantity ml.	Month	Day	Day of Repeat	Remarks
WEAK	0·10 ml.				
	0·12				
	0·15				
	0·20				
	0·27				
	0·36				
	0·48				
	0·64				
	0·85				
	1·00				
MEDIUM	0·10 ml.				
	0·13				
	0·18				
	0·24				
	0·32				
	0·44				
	0·60				
	0·80				
	1·00				
STRONG	0·10 ml.				
	0·13				
	0·18				
	0·24				
	0·33				
	0·44				
	0·53				
	0·60				
	0·72				
	0·86				
	1·00				

The same dosage scheme will apply for those patients having the Special Weak Solution but instead of being graded Weak, Medium, Strong, it will be Special Weak, Weak, and Medium.

B. 1000/11/55