

ALLERGY MOMS



AllergyMoms Newsletter

Greetings,

I hope your kids are safely settled at school this month. If you need help advocating for a safe and inclusive school environment, listen to the FARE webinar where I presented on [**What Every Parent Must Know About Managing Food Allergies at School.**](#)



In this issue, we're featuring a new interview with Dr. Mary Morris of the Allergy Associates of La Crosse on the effectiveness of allergy drops, also known as sublingual immunotherapy or SLIT.

"Dr. Mary" as she is affectionately known by her patients is a passionate advocate for a treatment that has been available in the LaCrosse clinic for over 40 years! Read more below and share your questions and comments with us on the [Allergy Moms Facebook page!](#)

Take care,

Gina Clowes

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Treatment on the Tip of Your Tongue?

Interview with Dr. Mary Morris

Gina Clowes: Let's start off with the basics. What is SLIT or sublingual immunotherapy?

Dr. Mary Morris: SLIT is drops that are made with antigen [allergen] extracts in a liquid base, typically with glycerin. They are administered under the tongue and held there for a minute. Like allergy shots (SCIT), SLIT doses are increased slowly until your body has built tolerance to the offending allergen under treatment.

Gina: There are a few forms of SLIT that are FDA approved, but most SLIT is not FDA approved for treating allergies or asthma.

Dr. Morris: We use the same antigens that are used for allergy shots or for allergy skin testing in the drops (SLIT) except that we prescribe them for use under the tongue. This is called "off label" use. It is very



common for doctors to prescribe or recommend drugs for off label use. We've been prescribing sublingual drops for over 40 years at our clinic with great success.

Gina: The FDA has approved some new SLIT tablets for environmental allergies. What do you think about this?

Dr. Morris: Yes, there are some single allergen SLIT tablets available for ragweed and grass, and there is one for dust coming soon.

The La Crosse Method protocol, which we use, is very different from these commercially available forms which are one-size-fits-all formulas. We customize our drops to match the severity of the allergy.

It's very important to customize the dose. Our method allows flexibility in treating a very complex patient as well as a more straight forward one.

The more severe the allergy, the lower the dose. We escalate very carefully as the person can tolerate. That is why we find the La Crosse Method to be so safe. The commercially approved version gives the highest dose from the very first day.

Gina: What does the latest research show?

Dr. Morris: There was a report in the March 29, 2013 JAMA based on a comparative effectiveness review from the Agency for Healthcare Research Quality that looked at 60 studies using SLIT and showed how effective it was for allergies and asthma in adults and children. The long-lasting effect of SLIT for inhalant allergens has been proven, now we're currently studying this for food allergies.

We're also currently developing a retrospective analysis of SLIT in our clinic for peanut and other food allergies in collaboration with Dr. Ruchi Gupta at Northwestern University.



Gina: That is great news! How is SLIT different from Oral Immunotherapy or OIT?

Dr. Morris: Oral immunotherapy is typically a powdered form of the food. It is mixed with food or drink. It is not held in the mouth or under the tongue. It is swallowed. The amounts given for peanut allergy OIT are up to 4000 milligrams.

So the dosage with SLIT is much smaller. The top dose with SLIT for peanut allergy is 2 milligrams. Because of the small amount of antigen (again, based on patient testing), we don't get the bad side effects that occur with OIT. The glycerin may also have a protective effect.

Gina: Would you explain why the area under the tongue is so important and unique?

Dr. Morris: Dendritic cells are special cells in the mouth and under the tongue. These cells are antigen presenting cells that inhibit the allergic response. They are found in the highest number in the body under the tongue.

When we present the antigen under the tongue with the drops, we bypass digestion. This is important as we get the benefit of stimulating the immune system with a much smaller amount of the antigen.

Also, in the sublingual [under the tongue] area of the oral mucosa, there are fewer reaction-triggering mast cells, basophils and eosinophils. This is a concern with OIT, which can induce the eosinophils and mast cells located in the esophageal mucosa and induce a stronger allergic reaction.

Gina: Do you see EoE or other eosinophilic disease with SLIT?

Dr. Morris: We have no reports of this at our clinic. We also do not get the vomiting which is fairly common with OIT. We don't see that with SLIT.

Gina: What kind of allergies can be treated with SLIT?

Dr. Morris: We treat for so many things: foods, animals, pollens, molds, dust.

In addition, our protocol allows us to treat for multiple allergies, food, environmental and seasonal allergies. It's very unusual to find patients who have issues with only one allergen, and we find benefit in treating allergens simultaneously as allergists have done historically with injections.

Gina: Yes! These drops have made a huge difference in my life. What kind of outcome are you looking for when using SLIT for food allergies?

Dr. Morris: It depends on the goal of the patient and family. I tell parents that the goal is to keep the child safe from an accidental exposure. We know that SLIT can do that today. It's not always so that they can eat a peanut butter sandwich every day. Most parents are good with that.

Researchers often look at a goal of being able to drink an 8- oz glass of milk, for example. For many families, being able to consume just part of that is a huge benefit. We're so happy to hear from parents about the child who accidentally took a bite of the wrong cookie and did not react!



Gina: Becoming "bite-proof" is life-changing! And you do have kids who are able to fully incorporate these foods into their diet as well.

Dr. Morris: We do. And we also have many wonderful stories about kids who were contact sensitive and having constant reactions who can now be around their allergens without reacting at all.

Gina: That is wonderful! Contact and airborne sensitivity adds another layer of terror to an already stressful existence.

How safe are the drops? Are there reactions from the treatment?

Dr. Morris: In general, there are very few reactions with SLIT and even less with the La Crosse Method. Most are localized itching in the mouth. Sometimes you'll see a stomach ache. Anaphylaxis is extremely rare. We have had none reported using the La Crosse Method.

Gina: Who is your ideal patient?

Dr. Morris: We have good success with patients with any kind of allergy, asthma, eczema. We treat patients at any age from around the world. In general though, the younger the child, the more quickly they respond to treatment. There seems to be a magic window that lasts until about age 8 where they can change course more quickly.

Gina: Whew. I think I got Daniel in to see you just under the wire! How long do most patients need treatment?

Dr. Morris: I'd say 3 to 5 years is pretty typical. Food and mold allergies seem to take longer to treat. Once treatment is complete though, it should last a lifetime.

Gina: Your clinic takes a holistic approach to healing the body. Would you share a little about your approach?

Dr. Morris: SLIT is just one part of what we do. We are very aggressive in figuring out why. We want to know exactly what you are allergic to, what you need to change in your diet and we look at anything we can do to harness the positive. We look at the whole patient and use any tool we have to help.

Ten years ago, if you said *leaky gut* or *dysbiosis*, people wouldn't know what you were talking about. Now, we are routinely checking for candida, vitamin D levels and prescribing supplements and probiotics. We're learning that we have to keep our gut healthy.

I still think the most important thing is one I learned from my dad when he started the clinic. He said "Listen to the patient and they will tell you what is wrong."

He was a real pioneer. Forty years ago, there was no allergy specialty in medicine and we did not have the skin and blood tests we have today. With very few tools, he found a way to treat his patients and improve their quality of life.

Gina: An amazing legacy! You are a very passionate doctor as well. I know you've been working in the clinic since you were 13 years old. What do you want people to know?

Dr. Morris: I want people to know that there is treatment available! There is hope. There is such a focus on a cure - especially for food allergies. But there is a whole generation of patients who need help right now!

My daughter has type 1 diabetes, and there are such parallels in that they are so focused on the cure-which would be great, but in the meantime, we need to focus on making life safer or better in the interim.

An insulin pump with continuous blood glucose monitoring is something that keeps the diabetic person safe. Their quality of life improves. It's really a step forward. We can still search for a cure, of course. But keeping patients safe is something we already have the ability to do.

It's the same thing with SLIT and allergies. We can provide that safety margin for kids.

With treatment using SLIT, most kids would not have a systemic reaction with an accidental exposure. The thought that anyone has to wait 10 years for something to help seems foolish. We have something extremely safe while we're working on the cure.

Gina: That is why we are so grateful to have found you! I love ending on such a lovely high note and I hope others will look into this easy, accessible treatment. Thank you for talking with me today.



Dr. Mary
Morris

For more information or to schedule an appointment with Dr. Morris or her associates, please visit www.lacrosseallergy.com or call 608.782.2027, or toll free at 800.950.9740.

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