Clients should be offered multiple treatment options for CAD patients and given an explanation of costs and potential adverse effects. Given its safety, immunotherapy should always be offered as a treatment option. Clients should be educated that it may take 3–12 months before the pruritus improves, so most patients will require symptomatic anti-inflammatory and/or antimicrobial therapy and follow-up examinations during the first year of treatment. Immunotherapy is expected to be a lifelong treatment.

Immunotherapy may be managed by the general practitioner; however, referral to a veterinary dermatologist is recommended. Immunotherapy without regular follow-up visits often leads to lack of client compliance and discontinuation of ASIT before any clinical benefit.

The veterinarian must choose the ASIT testing method (ie, skin testing, serum testing) or use the RESPIT approach. Most serum test providers offer the subcutaneous and sublingual immunotherapy options; both forms are also available for RESPT. After intradermal tests are performed, immunotherapy may be directly provided because the antigens used to administer the test are also used for the immunotherapy formulation. Of note, the sublingual and subcutaneous immunotherapy formulations differ, with the former often glycerinated and higher in concentration.

The immunotherapy protocol typically involves a 1–3-month induction with increased concentration and volumes of antigen followed by a maintenance phase. With SLIT, protocols typically involve administration q12–24h; with SCIT, injections are given q48–96h in the induction phase and then once every 7–21 days. In the author’s experience, weekly maintenance therapy is more effective, particularly in the first year of therapy. Clients must be able to recognize an anaphylactic reaction and seek immediate treatment for the patient. Clients must also be instructed to contact the veterinarian if the pruritus increases during therapy so the dose may be adjusted as necessary.

Follow-up examinations should be performed ≥ q3mo during the first year of immunotherapy. Glucocorticoids, cyclosporine, and oclacitinib are routinely used in patients during the initial phase, with periodic tapering to assess the effectiveness of immunotherapy alone. The impact of these medications relative to the long-term response of immunotherapy is unknown. Weekly bathing is suggested for all CAD patients to remove pollens from the body and discourage development of secondary infections.

Multiple cytologic evaluations should be performed throughout therapy to assess for secondary bacterial and yeast infections. Infections should be treated topically; if they are deep or generalized, they should also be treated systemically for a minimum of 3 weeks, with follow-up to assess for clinical and cytologic response. Antimicrobial shampoos, wipes, or sprays in key areas can be used to prevent infection recurrence during the initial phases of immunotherapy.