

## Preparation for Allergy Skin Testing

**Skin Test:** This is a method of testing for allergic antibodies (IgE). Allergy skin tests are generally preferred to blood testing due to the higher sensitivity of skin tests, meaning they have an increased ability to accurately detect those truly allergic. Skin testing can be performed for airborne allergens, foods, venoms, and some medications. Airborne allergens include pollen from trees, grasses, weeds, as well as molds, dust mites, and animal danders. A skin test consists of introducing small amounts of the suspected substance, or allergen, into the skin to assess for the development of a positive reaction (which consists of a welt or hive with surrounding redness). The results are read at 15 to 20 minutes after the application of the allergen. The skin test methods are:

*Prick Method:* The skin is pricked with a very short needle or sharp plastic coated with a drop of allergen

*Intradermal Method:* This method consists of injecting small amounts of an allergen into the superficial layers of the skin.

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergic antibodies do not necessarily correlate with clinical symptoms. For food allergens in particular, testing is done at the discretion of the doctor due to the only moderate specificity of the test (reliability of a positive test result).

Prick tests are usually performed on the back but may also be performed on the arms. Intradermal skin tests may be performed if the prick skin tests are negative; these are performed on upper arms. A positive test will result in a red, raised, itchy bump appearing within 15-20 minutes. This is caused by histamine being released into the skin. These positive reactions will gradually disappear over a period of 30 to 60 minutes and, typically, no treatment is necessary for this itchiness. Rarely, local swelling at a test site will begin 4 to 8 hours after the skin tests are applied, most often at sites of intradermal testing. These reactions are not serious, do not indicate a meaningful allergy, and will disappear over the next couple days or so. They should be reported to your physician at your next visit.

In total, skin testing will take approximately 30-60 minutes.



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If you are scheduled for other skin tests, such as to antibiotics, local anesthetics, venoms, or other biological agents, the same guidelines apply.

**To prepare:** please review the following information. Certain medications will prevent accurate testing and need to be withheld several days in advance of testing.

Medications to Withhold	Length of Time to Withhold
Topical anti-inflammatory or steroid (creams, lotions, gels, ointments, or solutions)	Do not apply the morning of test
Long-lasting antihistamines: Cetirizine (Zyrtec), fexofenadine (Allegra), desloratadine (Clarinx), levocetirizine (Xyzal), loratadine (Claritin), hydroxyzine (Atarax/Vistaril)	Withhold 5 days prior to testing
Other antihistamines: Actifed (chlorpheniramine), Dimetapp (brompheniramine) and Benadryl (diphenhydramine)	Withhold 5 days prior to skin testing
Nasal and eye medications: Patanase/Pataday/Patanol (olopatadine), Astepro/Optivar/Astelin/Dymista (azelastine)	Withhold 2 days prior to skin testing
Biologics: Xolair (omalizumab)	Withhold for 6 months prior to skin testing
Reflux medications: Pepcid (famotidine) and Tagamet (cimetidine)	Withhold for 1 day prior to skin testing
Psychiatric Medications: Amitriptyline (Elavil), clomipramine (Anafranil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), and trimipramine (Surmontil) have antihistaminic activity.	Withhold for 2 weeks prior to skin testing
Nausea Medications: Promethazine, Dramamine (dimenhydrinate)	Withhold for 5 days prior to skin testing
Sleep Medications: Trazadone	Withhold for 3 days prior to testing
Muscle Relaxants: Flexeril (cyclobenzaprine)	Withhold 2 weeks prior to skin testing



If there are any questions whether or not you are using an antihistamine, you may ask your referring doctor or contact our office. In some instances a longer period of time off these medications may be necessary. If the condition requires continuous administration of any of the above medications, or if you have a question about a certain medication, please notify us so we may discuss this and determine whether alternative tests are indicated.

**The Following Medications May Be Taken Prior To Skin Testing:**

Nasal Steroids Flonase/Veramyst (fluticasone), Rhinocort (budesonide), Nasonex (mometasone), Nasacort (triamcinolone), Omnaris/Zetonna (ciclesonide), QNASL (beclomethasone), and Nasarel (flunisolide)	Asthma Inhalers Inhaled steroids Albuterol/Atrovent rescue inhalers Albuterol/Atrovent nebulizers
Leukotriene Receptor Antagonists Singulair (montelukast) Accolate (zafirlukast)	Theophylline Theo-Dur, T-Phyl, Uniphyl, Theo-24 Prednisone

Skin testing will be administered with Dr. Everist present since rare reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances.

Please let Dr. Everist and nurse know if you are:

1. Pregnant as allergy testing may be postponed until after pregnancy.
2. Taking beta blockers, medications that may make the treatment of the reaction to skin testing more difficult.

Please note that these reactions rarely occur but in the event a reaction would occur, the staff is fully trained and emergency equipment is available. After skin testing, you will consult with Dr. Everist, who will make further recommendations regarding your treatment.