UK PIN STEERING GROUP POSITION STATEMENT

HOME-ADMINISTERED IMMUNOGLOBULIN THERAPY IN PRIMARY ANTIBODY DEFICIENCY: ROUTINE PRESCRIPTION OF ADRENALINE (EPINEPHRINE)

On the basis of published evidence concerning the low overall incidence of infusion-related reactions (and the absence of severe adverse reactions) in primary antibody deficient patients self-infusing intravenous (IVIg) or subcutaneous (SCIg) immunoglobulin outside the hospital setting, the UK PIN Steering Group has agreed the following position statement:

Immunoglobulin replacement therapy is a well-tolerated and effective treatment modality for patients with primary antibody deficiency in the hospital, home or other suitable community-based setting. Present UK consensus practice and guidance for patients self-administering IVIg and SCIg (less uniformly across all centres in respect of the latter) outside hospital is to have adrenaline available for self-injection in the event of a severe infusion-related reaction. Whilst the practice of making adrenaline available in the home, and in other situations outside hospital, is generally safe it is associated with definable risks and costs. In addition, current available evidence from the UK and Scandinavia shows that the risk of an IVIg or SCIg infusion-related adverse event requiring adrenaline is minimal. In light of this evidence the UK PIN Steering Group supports the position that it is unnecessary to prescribe or supply self-injectable adrenaline as a standard, routine safety measure for primary antibody deficient patients who are established on IVIg or SCIg and who are infusing, or are undergoing training to infuse, outside hospital.

In specific circumstances availability of adrenaline may be considered desirable and local policies should determine the position for each patient on the basis of individual patient factors, previous experience with IVIg/SCIg and regular risk assessments. It is, however, anticipated that, in the great majority of patients selected as suitable for Home Therapy and who are adequately trained, supported, educated and monitored, this assessment process will determine that routine prescription of adrenaline is unnecessary on the basis of existing information and experience. If supply of adrenaline is deemed necessary on the basis of specific factors or individual circumstances this should be done only after suitable training, supply of written information and within a structure of regular review and focused update and refresher re-training.

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Chairman, UK PIN Steering Group
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