Theoretically, this may also reduce whealing capacity to histamine. In general, have been shown to decrease allergen induced wheal.

decrease of skin reactivity to histamine, which may last for a few days. Tricyclic Antidepressants: These exert a potent and sustained effect on antihistamines. The duration of this suppression may be variable and the length of suppression varies, and is dependent on the type of antihistamine used. Antihistamines: Response to histamine is suppressed by antihistaminic drugs. Histamine acts as a potent vasodilator when released from mast cells.

Drug Interactions

Histamine solutions for percutaneous testing have been given safely in infants and young children. 2.3,4,5 Neutrophils and infants have lower skin test reactivity to histamines as well as common allergens. 3.4.5.6 About 20% of infants less than six months of age have been observed to have a negative reaction to histamine hydrochloride (1 mg/mL of salt). 4 Skin test reactivity gradually increases to age six and plateaus to approximately 2.3. Therefore, small skin test reactions should be anticipated in children under age six.

ADVERSE REACTIONS

Local:

Reactions such as wheal, erythema and localized pruritus are to be expected, but if very large (i.e. greater than 4+ as described dosage and administration) may be the first manifestation of a systemic reaction.

Systemic:

Following the injection of large doses of histamine, systemic reactions may include flushing, dizziness, headache, bronchial constriction, urticaria, asthma, marked hypertrophy or hypotension, abdominal cramps, vomiting, metallic taste, and local or generalized anergic manifestations (see also OVERDOSAGE).

OVERDOSAGE

A large subcutaneous dose of Histamine Phosphate may cause severe ocular headache, blurred vision, anginal pain, a rapid drop in blood pressure, and cyanosis of the face. Overdose may cause severe systemic reactions including vasoconstrictor collapse, shock, and even death. Epinephrine Injection 0.01 mg/kg to a maximum of 1.0 mg given subcutaneously or intramuscularly should be used in cases of emergency due to severe reactions (see Precautions). An antihistamine preparation may be given intramuscularly to ameliorate systemic reaction to overdose.

DOSAGE AND ADMINISTRATION

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

For Prick, Puncture and Scratch Testing

Histamine base 1 mg/mL (Histamine Phosphate 2.75 mg/mL) should be used to give a reaction. (Refer to Interpretation Section.) Prick, Puncture or Scratch Test Techniques

1. The skin in the test area should be cleansed with alcohol and air dried.

2. The histamine control skin test solution should be placed at the same site with the other skin test antigens, either on the patient’s back or on the volar surface of the forearm. The patient should be placed in a comfortable position before the testing is begun.

3. For the prick test, a sharp needle is used to puncture the skin, but not to draw blood. If the scratch test is to be used, care must be taken to scratch the skin with a sterile scarifier. Do not draw blood. Each scratch should be about 2 mm - 4 mm in length.

4. A small drop of the histamine base 1 mg/mL (Histamine Phosphate 2.75 mg/mL) is placed on the abraded skin site no closer than 4 or 5 cm from an adjacent test site. Some physicians prefer to place the solution on the test area and then prick through the drop with a sharp needle.

5. Use a separate sterile scarifier or needle for each patient.

6. The test should be read at 15 minutes: if a large wheal reaction occurs before that time the test site should be wiped free of histamine.

Interpretation

The patient’s response is based on the size of: erythema (degree of redness) and/or size of wheal (smooth, slightly elevated area) which appear after 10 minutes. For intradermal skin testing, histamine base 0.1 mg/mL (Histamine Phosphate 0.275 mg/mL) or 0.01 mg/mL should be used to give a positive reaction. The available 0.1 mg/mL concentration must be diluted ten-fold to achieve this dose. All positive reactions should be interpreted against an appropriate negative control.

In two successive years of testing, the Committee on Standardization of the American College of Allergy reported positive reactions at histamine base doses of 0.01 mg/mL and higher. Mean sum of wheal diameters was approximately 14 mm ± 4.8 mm and sum of erythema diameter was approximately 52 mm ± 21.6 mm following intradermal doses of 0.01 mg/mL histamine base. When 0.01 mg/mL of 0.1 mg/mL histamine base was injected, the sum of cross-diameters of wheal ranged from 15-20 mm and the sum of cross-diameters of erythema ranged from 60-80 mm.

REFERENCES


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