Lay summary

CHALLENGES IN THE IMPLEMENTATION OF THE EAACI AIT GUIDELINES: A SITUATIONAL ANALYSIS OF CURRENT PROVISION OF ALLERGEN IMMUNOTHERAPY

The EAACI AIT guidelines have looked at Allergen Immunotherapy (AIT) for rhinitis (hayfever), asthma, prevention (from the point of view of preventing allergies arising at all or if they are present, to stop them from getting worse) food allergy and venom (wasp and bee stings). Allergy can cause patients to have a poor quality of life with time off work, poor exam results and not being able to do things they enjoy.

AIT can come in tablets or drops known as sublingual therapy or injections known as subcutaneous treatments. AIT can have side effects which can be mild or occasionally serious: injections can have more side effects and are normally given in a specialist setting where patients need to be watched for about at least 30 minutes so that the doctors can detect and treat any serious side effect. For AIT treatments involving tablets or drops the first dose is usually given by specialists then the patient can use this at home as side effects are frequent but non serious. It’s important that the treatments are taken regularly. Not all patients will gain benefit from treatment so it’s important to look at each person and their whole story.

To understand the current situation for immunotherapy, we undertook a survey focusing on rhinitis, asthma and venom. The main things that we found were:

- AIT was available in most countries but there needs to be better awareness with policy makers so that patients can access care in the right place at the right time.
- Doctors in primary care need better training and education so they can help patients when they ask about allergy. In particular primary care needs to understand which patients would benefit from AIT and which ones require different treatments. They should be able to describe this in a language that patients understand.
- We need to improve the way we deliver care to patients. This would include accessibility (they are easy for patients to get to), ensure that patients don’t have to take too much time off work, that the treatment is affordable and safe. We also need to check that the AIT has worked and check for possible side effects. This should improve patients’ experience of care.

In conclusion, it is important that patients to have good access to allergy care in both primary care and specialist allergy clinics. All health professionals, including pharmacists, nurses and doctors, need to have good knowledge of allergy and understand the care pathways for allergy in their health system.