

Lay summary

EAACI GUIDELINES ON ALLERGEN IMMUNOTHERAPY: PREVENTION OF ALLERGY

Allergic diseases, such as asthma, eczema, hay fever and food allergy, are common. Many people are affected by more than one allergic disease. Together they can cause people a huge amount of problems. At present, there are no strategies in routine practice to prevent people developing allergies.

Allergen immunotherapy (AIT) is a treatment that allergists use to reduce the likelihood that patients will have an allergic reaction to an allergen (usually a harmless substance such as a food, pollen or house dust mite). Allergic reactions can have many manifestations including an itchy rash (urticarial) or swelling (angioedema), runny or blocked nose (rhinitis or hayfever), breathing difficulties (as in asthma) or a generalised reaction (severe allergic reaction known as anaphylaxis). By exposing the patient to the allergen using allergen immunotherapy, the likelihood of reacting to the allergen in future is reduced. There are a number of different approaches involving drops, dissolvable tablets or injections. Some approaches gradually increase the dose while others start with the maintenance dose; treatment is usually advised for at least 3 years.

The European Academy of Allergy and Clinical Immunology (EAACI) has developed a clinical practice guideline to provide evidence-based recommendations for using allergen immunotherapy for preventing the development of allergies. The guideline was written by a multi-disciplinary expert working group who reviewed all the available published, peer reviewed evidence.

The guideline recommends that a three year course of subcutaneous (injection) or sublingual (drops or tablets) AIT can be recommended for children and adolescents with moderate to severe allergic rhinitis (hayfever) triggered by grass or birch pollen allergy to prevent the development of asthma.

Other studies have been published looking at how immunotherapy can be used to prevent the development of allergies in other circumstances. At present, the multi-disciplinary expert working group felt that there was insufficient evidence to recommend allergen immunotherapy in these circumstances. They felt that there was an urgent need for more high-quality clinical trials to look further at these areas.

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