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SCIT-SLIT and more: Part 1: the diagnostic path and individual choice of therapy

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Introduction:

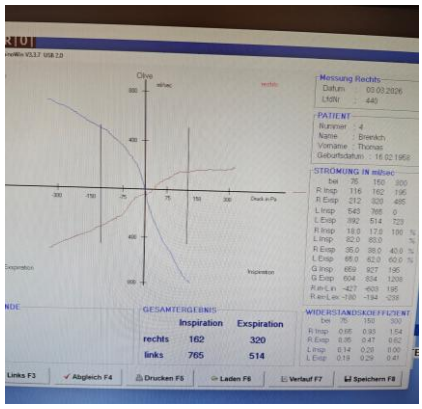
20 – 30 % of the world‘s population suffer from allergic disease of the upper airways. Ophthalmological symptoms include itching and watery secretion, nasal symptoms include rhinorrhea, sneezing and nasal blockage. Symptoms of the lower airway may develop and present as asthmatic disease. Overall tiredness and fatigue may occur, causing diminished performance at school and work.

Diagnostic path:

A thorough H+P starts the diagnostic path:

- Symptom intensity: persistent vs intermittent
- Symptom duration
- Asthma / lower airway disease present?

Further work-up is based on three pillars:
Skin prick testing (SPT), blood work (total IgE count, IgE subclasses), nasal provocation testing (NPT)



Left to right show our three diagnostic pillars:

- SPT assessment sheet
- IgE blood work including sub-classes
- NPT diagramm

Therapeutic consequences:

After establishing the diagnosis and isolating the main symptom-causing allergen, shared decision making is used to decide how to proceed:
Allergen avoidance (rarely possible), symptomatic treatment only or proceeding with AIT: the only disease-modifying treatment with proven long-lasting efficacy available to us. The aim is to reduce the symptom burden as well as the economic burden on the patient and society, prevent new sensitizations and prevent or reverse lower airway involvement.
AIT can be performed as sublingual immunotherapy (SLIT) or subcutaneous immunotherapy (SCIT). Several substances are available containing the major allergen, efficacy is shown by multiple studies reviewed by the Paul-Ehrlich-Institut (PEI).

All diagnostic and therapeutic procedures (except for the actual blood work up) are in-office procedures that we practice at our institution in roughly 600 cases per year.

From left to right: office location, authors, office front desk.