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OBSTACLES FOR ALLERGEN IMMUNOTHERAPY IN PATIENTS WITH RESPIRATORY SENSITIZATION TO HOUSE DUST MITES

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Zavod za alergijske i upalne bolesti pluća

Objective: Obstacles for allergen immunotherapy in patients with respiratory sensitization to house dust mites

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Allergic diseases are affecting the lives of millions of people around the world by influencing their work abilities and quality of life. These diseases result from the body's immune response to inhaled allergens, the leading cause being the house dust mite- *Dermatophagoides pteronyssinus* (Der p). The most common manifestations of these allergies are allergic rhinitis, asthma and sometimes even anaphylactic reactions. Allergen immunotherapy (AIT) is one form of immunomodulatory treatments that is considered to be the only etiological treatment. AIT can be defined as a repeated application of a specific allergen to a person who is allergic to it by the IgE-type of allergic reaction to achieve long-lasting improvement in allergy symptoms and reduce the inflammatory reaction after re-exposure to the same allergen. AIT practice began more than 100 years ago, in 1911, by Noon and Freeman. This treatment is still being underused and the possible reasons for this are challenges like still not documented

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efficacy, insufficient data on its cost-effectiveness, lack of awareness on AIT, and availability of allergen products for application.

AIT is a therapeutic option in treating allergic rhinitis and asthma patients who are not well controlled by optimal pharmacotherapy, who have had unacceptable side effects during pharmacotherapy, or do not want to undergo long-term pharmacotherapy.

Contraindications (absolute and relative) for AIT on patients who are sensitized to Der p are chronic rhinitis or respiratory symptoms for other reasons such as chronic sinusitis, COPD, irreversible secondary changes in the reactive organ, malignant disease, severe immunodeficiency (acquired and naturally occurring), autoimmune diseases, severe acute or chronic diseases, severe psychiatric and psychological disorders, poor patient compliance, severe, poorly controlled asthma or irreversible bronchial obstruction (FEV1 below 70%), significant cardiovascular disease (epinephrine contraindications), adrenaline-related contraindications, treatment with beta-blockers, pregnancy and breastfeeding. There are still ongoing debates about which biomarkers could select responders and calculate the objective efficacy, except specific IgE levels to allergens, lung function results, reduced need for corticosteroids and other therapy, so different models of questionnaires are under evaluation.