

Table 3C. Asthma Treatment: Immunotherapy

Referral Guideline	Rationale	Evidence Type
<p>Consider referral for allergen immunotherapy for asthmatic patients if there is a clear relationship between asthma and exposure to an unavoidable aeroallergen to which specific IgE antibodies have been demonstrated and:</p> <ul style="list-style-type: none"> • Poor response to pharmacotherapy or avoidance measures • Unacceptable side effects of medications • Desire to avoid long term pharmacotherapy • Coexisting allergic rhinitis • Long duration of symptoms (perennial or major portion of the year) 	<p>The efficacy of allergen immunotherapy in the treatment of allergic asthma has been demonstrated in many double-blind placebo controlled studies to multiple allergens: e.g. pollen, animal allergen, fungi, dust mite.¹⁻⁴</p> <p>Referral to an asthma specialist is recommended if immunotherapy is considered.⁵</p>	<p>Indirect outcome evidence (immunotherapy)</p>
<p>Consider referral for children with allergic rhinitis because immunotherapy may potentially prevent the development of asthma</p>	<p>Allergen immunotherapy has been shown to reduce development of asthma in children with allergic rhinitis compared with group of children treated with medication alone⁶. Benefits have also been seen in adults.^{7,8} Immunotherapy may also prevent the development of new allergen sensitivities.⁹⁻¹¹</p>	<p>Indirect outcome evidence (immunotherapy)</p>

References:

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