MANIFESTO

Definition of Allergens 2013

Is there a need for Seasonal & Perennial?
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Reasons

for NOT using the classification of SEASONAL or PERENNIAL Allergens anymore

1. Limitations due to the current Nomenclature
2. More suitable treatment management related to a different definition
3. Eligibility of Patients to some treatments
4. Evidence of the Validation of “Intermittent” or “Persistent”.
SUPPORTING A NEW DEFINITION is important due to the following:

• Modification of Pollen Counts related to Climate Changes
• The current definition doesn’t work for occupational, mite and pet allergens
• Polysensitization in the vast majority of patients
• Cross-reactivity and PanAllergens
We know.......... 

ALLERGY SEASONs 

• The period and duration of pollen seasons (of the same pollen allergen) are different in different regions, both in terms of pollen counts and in terms of days. 
• Mite Allergens, usually referred to as “perennial” allergens have a seasonality too. 
• Minimal Persistent Inflammation in the target organs, in symptom-free patients, has been described during the exposure to pollens (subclinical threshold) as demonstrated in patients with allergy to mites. 
• The concept of seasonality cannot be applied to occupational, mite and pet allergens. 
• A variability exists in skin sensitivity (skin prick test) to the same aeroallergens
Modification of Pollen Counts related to Climate Changes

• A typical example of the influence of the Climate Changes on Pollen presence in the air is provided by a 27 years follow up of the pollen counts in the same region, demonstrating an increased presence of the Parietaria Officinalis pollen. 85 more days in a year, for a total of over 250 days.

• A persistent allergen exposure of 6 weeks a year shouldn’t be referred as *seasonal*. 

**We know..........**
We know...........

Polysensitization in the vast majority of patients

• The vast majority of patients, in clinical practice, are *polysensitized*, reporting a clinical history of symptoms related to both pollens and mites/pets/molds.

• The vast majority of patients display multiple skin test positivities, concurring with the above mentioned point.
We know.......... 

Cross-reactivity and PanAllergens

• Molecular Allergy Diagnosis is a current reality capable of demonstrating the presence of cross reactivities or the presence of Pan-allergens.
• Cross reactivity of food allergens/inhalant allergens can also be detected.
• Molecular Allergy Diagnosis is a useful tool for appropriate prescription of Allergen Immunotherapy.
We advocate

• A change in the definition of seasonal vs perennial allergens
• A change in the guidelines to reflect the overlap between seasonal and perennial allergens
• The removal of the terms seasonal vs perennial
• A change in the treatment approach to managing allergic diseases that reflects the overlap between seasonal vs perennial.

– To also take into account polysensitisation
– Pets/environmental
• Contact vs aeroallergens
We Recommend…

• The replace the terms seasonal and perennial with the classification “intermittent” and “persistent” disease & exposure to allergens.

• This change of approach should be reflected in the treatment approach to managing allergic diseases that reflects the overlap between seasonal vs perennial allergens.

• This should lead to an update of the Asthma, Immunotherapy and Atopic Dermatitis guidelines.
References

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