



# 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”.*

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

***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

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

### ***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.....**

### ***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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