Supplement – Questions asked in the 1st International Basic Allergy Course

1. CLINICAL MANIFESTATION

What is the percentage of people who have both combined food and inhalant allergy?

What is the difference between seasonal allergic rhinitis (SAR) and perennial allergic rhinitis (PAR)?

What is the reason for the difference in peak timing for PAR and seasonal allergic rhinitis SAR?

Some patients report sneezing or exacerbation of allergic rhinitis (AR) symptoms when washing face with cold water or touching their noses. Is there an explanation for this?

Till what age will AR persist?

**TOTAL: 5**

2. TREATMENT

I. General

Are there different treatment methods for different types of allergic disease? How can we ascertain what methods to use?

For patients with combined allergies, will treating the inhalant allergies alleviate the food allergies as well?

In Singapore, topical antihistamines are not available. What can be used to replace them?

If an allergic patient suffers from chronic inflammation of the nose due to anatomical variation in the osteomeatal complex (OMC), how long should medical treatment be administered before surgical intervention?

**TOTAL: 4**

II. Surgery

How would you manage septal deviation caused by turbinate hypertrophy?

For which type of AR patients would the use of surgery be considered?

**TOTAL: 2**

III. Pharmacology

How would you manage septal deviation caused by turbinate hypertrophy?

For which type of AR patients would the use of surgery be considered?

What is your view on the use of decongestants in children?

Is it safe to use intranasal corticosteroids in young children less than 1 year of age?

Anti-Leukotriene Receptor Agonists (Anti-LTRA) are recommended for adults and children greater than 6 years of age. What are the recommendations for children below 6 years?

Are they indicated only for SAR?

What is the dosage and treatment duration recommended for the use of oral and intranasal steroids in adults respectively?

Do you recommend the use of montelukast as first line therapy for asthma?

Could a patient be placed on both inhaled and intranasal corticosteroids?
It is recommended that antihistamines/intranasal corticosteroids are used in the morning. Does using it at other times of the day affect its effectiveness?

Is there a difference in effectiveness of intranasal steroids when taken at one sitting (2 puffs qd) and splitting it up into 2 doses (1 puff bd)?

Is there a difference between giving intranasal steroids upright and in the ‘Mecca’ position?

Should intranasal steroid be prescribed for a patient having bad rhinorrhea?

In your practice, what is the youngest age of the patient you have given intranasal steroid to?

How long should the treatment period be?

What is the recommended dose?

Is there a preferred intranasal steroid to prescribe for children?

Why are antileukotrienes only indicated in SAR? Is it due to their decongestant effect?

ARIA guidelines recommended the prescription of oral steroids in SAR. What is the dosage and for how long should it be used?

In the study ‘Clinical and immunologic effects of Sublingual Immunotherapy (SLIT) in patients with PAR: a double-blind, placebo controlled study’, Staloral is used 10 drops daily; whereas the recommended dose is 4 drops daily. Why is a higher dose used in the study?

TOTAL: 15

IV. Immunotherapy

Is there a minimum age and maximum age for administration of immunotherapy?

Can sensitivities to multiple allergens be treated together, or should they be treated separately?

Before starting the patient on SLIT, should a quantitative test be performed?

Where can the phenylated saline and glycerin be obtained for preparation of the vial of allergen mixture used during immunotherapy?

Can normal saline be used instead of phenylated saline?

Is it advised to treat patients with mild allergies to certain antigens?

Should allergy testing be repeated on a patient referred from another doctor? Could the patient’s existing results be used?

If a patient has a wheal of diameter 13mm response to the most diluted vial, is it safe to start therapy with that vial?

Since the volume of antigen is so small, what kind of syringes should be used?

What precautions could be used to prevent the antigen from sticking on the walls of the micropipette tips?

What are your thoughts on Rush Immunotherapy?

Which is a preferred treatment method?

What happens if the antigen used for testing and the antigen being administered in the vial comes from a different supplier? Can we use different antigen source in testing and administration?

Do you do the mixing of the vials yourself?

At the point of concentrate, can more than 5 antigens be mixed?

What is the criteria for which immunotherapy is indicated?

During treatment, would a rise in blocking IgG imply that immunotherapy is not working?

In an event where treatment is halted, when should the vial test be performed again?

Should it be done during the escalation phase?

Should it be done during the maintenance phase?
| Question                                                                 |
|------------------------------------------------------------------------|
| Although it is convenient, is vial-mixing safe and evidence-based?     |
| Should mixing of each antigen be done individually?                    |
| Is EpiPen given intramuscular or intravenously?                        |
| How should patients be monitored during immunotherapy treatment other |
| than observing the change in frequency and severity of symptoms?       |
| What are the criteria for prescribing antihistamines for allergic     |
| reactions after immunotherapy?                                         |
| Will there be changes in blood parameters after a few years of        |
| immunotherapy?                                                        |
| Can this be used to test the effectiveness of immunotherapy?          |
| If a patient has an anaphylactic reaction during the build up phase of |
| immunotherapy, should treatment be continued?                         |
| Have there been anaphylactic reactions to immunotherapy?              |
| When a patient on beta-blockers has an anaphylactic reaction,         |
| epinephrine will be administered and anti-hypertensives prepared in   |
| case of high blood pressure. Is the procedure the same for non-        |
| hypertensive patients?                                                |
| In Subcutaneous Immunotherapy (SCIT), groups of allergens are put    |
| into different vials to avoid proteolytic action of a group of        |
| allergens on another. Does the same concept apply to SLIT?            |
| Does the same protocol for immunotherapy apply to paediatric patients?|
| When should the efficacy of the immunotherapy treatment be evaluated? |
| What kind of medications should be avoided during SLIT?               |
| Is SLIT effective for treating food allergy?                          |
| Should patients undergoing immunotherapy be placed on antihistamines  |
| and topical ICS (or should they go cold turkey)?                      |
| With the new 5-day up-dosing method for SLIT (as opposed to 12 weeks), |
| will we expect more side effects to occur? Should patients undergoing |
| this be placed on antihistamines/steroids?                           |
| In my country, the use of SLIT is very expensive (about 4 times that  |
| of SC). Is that also the case in US?                                 |
| In your study, there is no decrease in IgE levels after a year. When  |
| do you expect the immunotherapy to start having an effect on IgE      |
| levels? Did you follow-up on your patient’s symptoms after the study  |
| ended?                                                                |
| Does immunotherapy have a role in treating asthma?                    |
| When is the best time to start immunotherapy?                        |
| What is the minimum age for children to start immunotherapy?          |
| When should a vial test be done after therapy has been discontinued   |
| for some time? What if there are discrepancies in earlier slots?      |
| If 10 allergens were placed in the maintenance vial, should 50%       |
| glycerin be added?                                                    |
| Do you use the same concentrate for SLIT as that for SCIT or do you   |
| use a special extract for SLIT? What is the difference between the    |
| extract used for SCIT and the one sold in EU for SLIT?                |

**TOTAL: 38**

**GRAND TOTAL: 59**
3. DIAGNOSIS AND TESTING

What kind of testing can be done for idiopathic rhinitis?

With the focus on IgE testing, will non-IgE causes of idiopathic rhinitis be missed?

What kinds of tests are used to diagnose allergy?

How should Skin Prick Test (SPT) results be evaluated?

Should all patients with rhinitis be subjected to SPT?

How should patients with dermatographism be handled?

Between SPT and Modified Quantitative Testing (MQT), which is better based on the evidence?

Based on current evidence, is SPT or Multi-Prick Test (MPT) a better diagnostic tool?

In selecting an antigen for SPT, is it possible to use fresh specimen antigen? (For example: Flour for patient who works in a bakery) If possible, how should the antigen be prepared (in terms of weight/volume)?

Is SPT more likely to generate a false positive or false negative?

What is the easiest (i.e. most user-friendly/convenient) test to identify skin allergies?

TOTAL: 11

4. PATHOGENESIS

What is the mechanism in allergic rhinitis that causes more severe attacks in the morning?

What is the immunological difference between SAR and PAR?

Does asthma cause tissue remodeling?

Is there an immunological reason causing children to be more affected by allergies than adults?

Why are allergies prevalent in childhood?

Is it good that the prevalence of allergies decreases?

After surgical treatment of sinusitis, allergic patients tend to fare worse than non-allergic patients. How do we diagnose and assess allergy? Which tests would you recommend?

Other than being weaker immunologically, why else is the occurrence of AR lower in elderly patients?

Why does regular frequent exposure to allergens not imitate immunotherapy, which produces blocking IgG?

E.g.: working in dusty environment and being allergic to house dust mites (HDM).

TOTAL: 9

5. EPIDEMIOLOGY

What protocols are there in place to maintain the facts and figures for the prevalence of allergies in the US, especially since US is vast with different living conditions and vegetations?
Why is there a rise in peanut allergies within the last 10 years?

TOTAL: 2

6. PREVENTION AND AVOIDANCE

Apart from washing linen at 60 degree Celsius, what else can patients do to get rid of the dust mites?

What is the percentage of tannic acid in regular black tea? Could regular tea be used in place of the costly tannic acid solutions available in the market?

In my hometown, patients are recommended to change the High Efficiency Particulate Air (HEPA) filter after every 2 years, if they can afford it. However in your presentation, it is advised that the filter be changed every 3 to 6 months. Would this not incur a high cost? Is this the recommendation in the US?

Can regular air filters/other filtration devices be used in place of HEPA filters?

According to Evidence-Based Medical Practice (EBMP), are avoidance measures helpful?
Which avoidance measures are mentioned in studies?
Which avoidance measures can be used in combination?

What is the strength of recommendation in using avoidance and environmental control for patients based on the evidence available?

To what extent do environmental chemicals and toxins contribute to allergies? Would becoming more environmentally friendly help?

What is the recommended bleach dilution for washing of linen?

How can we be sure that agents/allergens do not cross react?

TOTAL: 8

7. GUIDELINES AND PRACTICE

How can anaphylactic reaction and anaphylaxis be differentiated clinically?

Is it standard practice for staff (including nurses) to be BCLS/ACLS-certified?

Is there a need for the clinic to be situated near the emergency department or coronary care unit?

Are the terms “food intolerance”, “food allergy” and “food hypersensitivity” used interchangeably?

Do respiratory physicians in the US recommend immunotherapy?

Would you recommend the use of peak flow metres for self-monitoring at home?

Given that the efficacy of immunotherapy is in the range of 55 – 80%, in patients who do not experience improvement of symptoms or decreased medication use, when do you decide to stop therapy? What time frame would you give for immunotherapy to take maximal effect before stopping in ‘non-responsive’ patients?

TOTAL: 7

8. ALLERGEN

Is the peanut allergen presented differently when prepared in different ways?

What is your opinion on the possible impact of genetically-modified rice with peanut genes?

TOTAL: 2