continue AIT beyond 5 years: “symptoms came back after stopping” or “patient afraid to relapse.”

**Conclusions:** These results show regional differences on some points (especially AIT duration) and they suggest in which direction to plan further research in 2 areas to establish universal dose-adjustment plans for missed applications and define the usefulness (or lack of) of long-term AIT. Moreover, there is still room for improvement in the way AIT is dosed.

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**Development of a National Guideline on Skin Testing and Immunotherapy**

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**Background:** Several international guidelines exist on allergen immunotherapy (AIT)—e.g. American, European, British, Spanish, Italian— but local conditions that reign in each country limit their applicability. We present the steps we followed to develop a National Guideline on AIT, taking into account local legislation, extracts available, costs and patient preference.

**Methods:** Firstly a Nation-wide survey on the practice of skin testing and AIT was undertaken among all members of Mexican Allergist Societies. Secondly, based on the replies obtained with the survey clinical questions were formulated on critical points and issues susceptible for improvement, as diagnosed by the survey. Thirdly, all 6 Regional Allergist Societies were visited to obtain the opinion of their members on the clinical questions concerning how immunotherapy could best be practiced under local Mexican conditions. This led to the Consensed experience. Fourthly, 6 experts looked for the replies to the clinical questions reviewing the literature and assigning quality of evidence to the articles on the specific issues treated by each clinical question.

**Results:** To develop the final document the GRADE approach was used. For each clinical question both, knowledge from the local consensed experience and the evidence-based replies were taken into account, as well as cost, patient preference and safety to make a set of recommendations and suggestions on the most crucial aspects of skin testing and AIT. Forming centers of allergists in Mexico corrected the final draft. The final document came out as the January issue of *Revista Mexicana Alergia* and was presented by the authors in a National Course on Immunotherapy (May 2011), with—apart from the lectures—a more workshop-like part to allow for practical exercising and discussion. The updated questions on allergen immunotherapy for the final board exam are based on the Guideline. Allergy-residents developed a slide-show. In 2012 Regional Allergist Societies shall be visited again.

**Conclusions:** We present a democratic way of how a National Guideline can be developed, supported by evidence-based medicine and local experience in a country where little is legislated on this respect and quality improvement has to be stimulated by the professional community. We show how implementation can be enhanced.

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**Efficacy of Mite Sublingual Immunotherapy in 130 Children with Atopic Dermatitis**

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**Background:** Atopic dermatitis (AD) is a chronic inflammatory skin disease with increasing prevalence. The aim of this study was to investigate the efficacy and safety of mite sublingual immunotherapy (SLIT) in children with atopic dermatitis (AD).

**Methods:** A total of 178 AD patients IgE-proved (class ≥3) Dermatophagoides farinae sensitization. The treatment group (n = 130, 87 male and 43 female, age 2.5–14, SCORAD >7) were given sublingual drops of Dermatophagoides farinae. They received increasing doses and concentration. Conventional treatment was added in the beginning. The 48 AD cases in the control group were treated with conventional drugs. The treatment time of SLIT is from 7 months to 2.5 years.

**Results:** In the 130 patients of treatment group, 18 cases were considered cured, 39 got a marked effect, 58 were effective and 15 got no effect, for a total effective rate of 88.46% (115/130). In the control group, 8 got a marked effect, 20 were effective and 20 got no effect, the total effective rate was 58.33% (28/48). There is a statistically significant difference between the treatment group and the control group (p < 0.05). The patients’ status of asthma and / or allergic rhinitis were improved after they received the sublingual immunotherapy with no emergence of new allergic diseases or significant side effects.

**Conclusions:** SLIT appears to be an effective treatment of children with AD.

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**Clinical Efficacy and Mucosal/Systemic Antibody Response Changes After Sublingual Immunotherapy in Mite-Allergic Children: A Randomized Double-Blind, Placebo-Controlled Study in Brazil**

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**Background:** This study aimed to evaluate the clinical efficacy and mucosal/ systemic antibody response changes after sublingual immunotherapy (SLIT) using *Dermatophagoides pteronyssinus* (Dpt) allergens with or without bacterial extracts of mite-allergic Brazilian children.

**Methods:** One-hundred and 2 patients presenting allergic rhinitis with or without asthma were selected for a randomized double-blind, placebo-controlled trial and distributed into 3 groups: DPT (Dpt allergen extract, n = 34), DPT + MRB (Dpt allergen plus mixed respiratory bacterial extracts, n = 36), and Placebo (n = 32). Clinical evaluation and immunological analyses were carried out before and after 12 and 18 months of treatment, including rhinitis/asthma symptom and medication scores, skin prick test (SPT) to Dpt extract, and measurements of Dpt, Der p 1-, Der p 2-specific IgE, IgG4, and IgG1 in serum and -specific IgA in saliva and nasal lavage fluid.

**Results:** Clinical results showed a significant decline in rhinitis/asthma symptom scores in all groups, but medication use decreased only in active DPT group at 12 months. SPT results showed no significant changes and SLIT was generally safe, with no severe systemic reactions. SLIT using Dpt allergen alone induced increased serum IgG4 levels to Dpt, Der p 1 and Der p 2, and increased serum IgG1 and salivary IgA levels to Dpt and Der p 1. SLIT using DPT + MRB was able to decrease IgE levels, particularly to Der p 2, to increase salivary IgA levels to Der p 1, but had no changes on specific IgG4 and IgG1 levels.

**Conclusions:** Therefore, SLIT seems to be effective in ameliorating clinical symptoms, but only active SLIT was able to modulate the mucosal and systemic antibody responses. These findings support the role of specific serum IgG4 and IgG1, in addition to salivary IgA, as protective or blocking