

einzugreifen. Zu berücksichtigen ist, dass eine vor allem unzureichend behandelte Asthmaerkrankung ein gesteigertes Risiko bei der Durchführung der SIT mit sich bringt.

Literatur

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A software to unify pollen counts, symptom counts and skin test results

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Recent studies indicate that a majority of patients living in "dry Spain" (the interior 2/3 of the Iberian peninsula) present positive skin tests to more than one type of pollen. This poses a problem for immunotherapy as its efficacy is dose-dependent and, because of this, the use of vaccines with multiple allergens has been shown to be ineffective [1]. One approach in these polysensitized patients could be to use allergy vaccines with a single type of pollen, but this would ideally require identification of the dominant pollen (the most potent inducer of symptoms). A possible means to identify this pollen type is through the association of the results of the skin tests, the period of pollination and the period of symptoms. However, in the history, the patient is rarely able to specify accurately the period of symptoms.

This approach may be achieved through linear regression studies, attempting to correlate the daily pollen counts (Burkard) with the daily symptoms of rhinoconjunctivitis and/or asthma (diary cards). However, although these diary cards are commonly used in research studies, they are rarely used in clinical practice due to the large amount of time required both by the patient and by the doctor.

To resolve this problem, we have developed a software utility, in collaboration with Inmunotek,

which enables the pollen counts, the symptom counts (diary cards) and the results of the skin tests to be correlated automatically (with a minimal time required on the part of the doctor) in order to identify the "dominant pollen" in polysensitized patients and, in this way, to attempt to prescribe a more efficient immunotherapy. The use of this software is clearly limited to those allergenic pollens that pollinate simultaneously (for example, grasses and olive) though it may prove effective for those which present different periods of pollination, such as Cupressus (January-February), Platanus (March-April), grasses or Olea (May-June) and Chenopodium (June-September), for which sensitivity co-exists in a large percentage of patients in the interior region of the Iberian peninsula.

Reference

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Schlüsselwörter

Polysensitized patients – immunotherapy – pollen counts – diary cards – skin tests – Alercon – PrickScan