

Allergy

Respiratory Allergy Toolkit

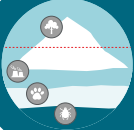


Patients are searching for answers. They can't stop sneezing and wheezing and their over-the-counter medications don't seem to be helping. You are going to be the first place they look to for answers.

When they can't find relief from their respiratory symptoms, it can significantly impact their quality of life. You can:



Help them understand allergic vs non-allergic triggers



Provide specific guidance based upon their sensitization profile to help them reduce exposure and associated symptoms



Optimize their medication selection



Provide improved patient satisfaction by providing insights and preventative medicine measures

We put this playbook together to help you **navigate the who, why and how to test to support a respiratory allergy diagnosis** – from symptoms to test codes and interpretation guides.

Wherever you are in your utilization of blood tests for sensitization to respiratory allergens, this toolkit can offer a helping hand. Start with the section appropriate to your circumstance and get the answers you need to help impact your patients' lives.

Who to test

Look for patients with symptoms and a history of:



Rhinorrhea



Coughing



Chest tightness



Itchy/watery eyes



Nasal congestion



Sneezing



Wheezing



Shortness of breath



Ear pressure



Asthma patients

It's important to test asthma patients for allergic triggers to help keep asthma controlled.¹ For most patients with asthma, inflammation is exacerbated by exposure to allergens to which they are sensitized.¹ This means asthma and allergies often go hand in hand.

Up to **90% of children** and **60% of adults** with asthma experience allergies.^{1,2}

What to order

Respiratory allergen profiles with reflex to allergen components contain the most common indoor and seasonal (location-specific) allergens.

Profiles contain:



Tree pollens



Molds



Weed pollens



Pet dander



Grass pollens



Mouse urine



Dust mites



Cockroach



By understanding the symptoms and the allergens potentially triggering them, you can pave the way for more targeted patient management and better outcomes.³

Why test

Specific IgE blood testing with respiratory allergens can help you uncover the full picture:

- 1 Rule in/rule out allergy:** The symptom overlap between allergic and non-allergic rhinitis can make it difficult to diagnose which disease is causing symptoms through patient history and physical exam alone.⁴ If you test your patient for specific IgE-mediated allergic triggers and get a negative result, it suggests that additional investigation of the underlying causes of their symptoms is required.
- 2 Identify triggers:** Identifying your patient's allergic triggers can help them stay below their symptom threshold—the point where they start experiencing allergy symptoms.⁵ For many people, their symptoms may appear only when they encounter multiple triggers at once.
- 3 Reduce exposure:** Reducing exposure to triggers can take several paths – from avoiding certain allergens completely to doing simple mitigation measures at home like dust mite covers for bedding and removing clothes you've worn outside. So, once triggers are identified, you can provide guidance to help patients reduce their exposure.
- 4 Improve symptoms:** All of this allows you to create more targeted and successful treatment plans.³ Testing is important for medication selection (especially when OTC meds aren't working) and efficacy. When your patients experience sustained symptom relief, they'll be more satisfied with their care.⁶

Empowering better patient management



Testing can enhance outcomes for your patients:

- Personalized, effective treatment plan³
- Appropriate use of medication²
- Reduced medication costs²
- Inform quality referrals to allergy specialists/ investigate allergen immunotherapy (AIT)⁷
- Better quality of life⁶
- Improved productivity⁶

How to order

ImmunoCAP™ Specific IgE blood testing can be ordered from national or local laboratories. The Lab Ordering Guide (LOG) helps you search for allergy profile test codes with confidence.

You can:



Filter by zip code and allergy profile type.



Discover recommended allergen profile test codes.



Receive customized search results from labs you already use.



Easily copy test codes for ease of ordering.

How to interpret

You've received results for your patient's specific IgE blood test. Now what?

- Combine test results with the patient's history, symptoms and physical exam findings to inform your understanding and decision making.⁸
- Results indicate the patient's level of sensitization to specific allergens, measured in kilounits of allergen-specific IgE per liter of blood (kU_A/l).

No room for confusion with interpretation guides

Once you have test results, you can use our interpretation guides to help you confidently understand the results, as well as potential clinical implications to aid in your diagnosis and patient management plan.

Management considerations

⊖ <0.1 kU_A/l

- Consider **other causes**
- A negative result for a suspected allergen sensitization **still aids in patient care**
- Negative results help **eliminate unnecessary** allergen avoidance or ineffective medications

⊕ ≥0.1 kU_A/l

- Rank results **from highest to lowest** specific IgE sensitizations
- Provide allergen avoidance plan to keep patient below symptom threshold⁸
 - Reduce exposure to allergens with **highest specific IgE levels first**
 - Focus on **indoor allergens**²
- Prescribe **appropriate medication**⁸
- If inadequate response or other considerations, **consider referral to specialist**⁸

Gain more allergen-specific guidance

[Watch this short video](#) to better understand how interpretation guides equip healthcare providers with knowledge that can aid in differential diagnosis, management considerations, and patient education.

Questions

If you still have questions about specific IgE blood tests for respiratory allergens

Visit our website to learn more about testing and find resources for test codes, interpretation and more:

thermofisher.com/respiratoryallergy

Find educational resources on all things allergy (which are also great to share with patients) here:

allergyinsider.com

Listen to our podcast with scientifically backed allergy information in easy-to-digest episodes: <https://thermofisher.com/immunocast>

Sign up to receive our bimonthly newsletter that keeps you up to date on everything related to allergies:

thermofisher.com/quickdraw



References

1. Allen-Ramey F, Schoenwetter WF, et al. Sensitization to common allergens in adults with asthma. *J Am Board Fam Pract.* 2005 Sep-Oct;18(5):434-9. doi: 10.3122/jabfm.18.5.434. PMID: 16148256. 2. Høst A, Halken S. The role of allergy in childhood asthma. *Allergy.* 2000 Jul;55(7):600-8. doi: 10.1034/j.1398-9995.2000.00122.x. PMID: 10921458. 3. Wallace DV, Dykewicz MS, Bernstein DI, et al; Joint Task Force on Practice; American Academy of Allergy; Asthma & Immunology; American College of Allergy; Asthma and Immunology; Joint Council of Allergy, Asthma and Immunology. The diagnosis and management of rhinitis: an updated practice parameter. *J Allergy Clin Immunol.* 2008 Aug;122(2 Suppl):S1-84. doi: 10.1016/j.jaci.2008.06.003. Erratum in: *J Allergy Clin Immunol.* 2008 Dec;122(6):1237. PMID: 18662584. 4. Szeinbach SL, Williams B, Muntendam P, O'Connor RD. Identification of allergic disease among users of antihistamines. *J Manag Care Pharm.* 2004 May-Jun;10(3):234-8. doi: 10.18553/jmcp.2004.10.3.234. PMID: 15228373; PMCID: PMC10437320. 5. Wickman M. When allergies complicate allergies. *Allergy.* 2005;60 Suppl 79:14-8. doi: 10.1111/j.1398-9995.2005.00852.x. PMID: 15842228. 6. Szeinbach SL, Seoane-Vazquez EC, Beyer A, Williams PB. The impact of allergic rhinitis on work productivity. *Prim Care Respir J.* 2007 Apr;16(2):98-105. doi: 10.3132/prj.2007.00015. Erratum in: *Prim Care Respir J.* 2007 Aug;16(4):257. PMID: 17404676; PMCID: PMC6634185. 7. Demoly P, Liu AH, et al. A Pragmatic Primary Practice Approach to Using Specific IgE in Allergy Testing in Asthma Diagnosis, Management, and Referral. *J Asthma Allergy.* 2022 Aug 16;15:1069-1080. doi: 10.2147/JAA.S362588. PMID: 35996427; PMCID: PMC9392458. 8. Papadopoulos NG, Bernstein JA, et al. Phenotypes and endotypes of rhinitis and their impact on management: a PRACTALL report. *Allergy.* 2015 May;70(5):474-94. doi: 10.1111/all.12573. Epub 2015 Feb 19. PMID: 25620381.