

ALLERGY INVESTIGATIONS: BACK TO BASICS

Greetings Colleagues

I feel honoured and it is a privilege to have the opportunity to be guest editor for this issue. The theme of this edition is laboratory investigations of allergic conditions, and the topic lies close to my heart. The main purpose of the articles in this edition, is to bring back the basics of allergy testing, based on the pathophysiological principles of the allergic conditions. The articles will be informative to primary healthcare clinicians, as well as specialists in the field.

The prevalence of allergic conditions worldwide have shown a dramatic increase over the past two decades. In South Africa it is estimated that up to 25% of the population are affected by an allergic condition. In spite of the development of allergology as a specialist discipline, most patients in South Africa will not have the privilege to see an allergy specialist. The majority of patients with allergy seeking healthcare, will be managed in the primary health care setting.

A large proportion of patients managed in a general practice will have an allergy related condition. This can include conditions such as eczema, asthma, allergic rhinitis, etc. The management of any allergic condition starts with an accurate clinical diagnosis. Mismanagement of these conditions can have a significant physical, as well as psycho-social effect on the individual, often with a significant negative impact on the patient's quality of life. Ineffective diagnosis and management of allergic conditions may drain resources over a prolonged period of time placing a huge burden on the individual's or state health-care systems.

The primary health care system in South Africa is gene-

rally overloaded. With little time to spend per patient, and often not enough resources, allergic diagnoses are often missed. Conversely, in a setting where the resources for allergy laboratory testing is available, the system is often misused by inappropriate special investigations to "make the diagnosis" of an allergy, instead of starting with a good clinical history. The correct application and interpretation of allergy tests can be cost-effective and provide valuable clinical information regarding the management of the patient. The diagnosis of an allergic condition should be based on:

1. A careful evaluation of the patient's exposure **history** (description of the type of symptoms, timing between exposure and symptoms and severity of symptoms, in relation to an eliciting factor);
2. Findings at **physical examination**; and
3. Appropriately requested and interpreted **laboratory test** results.

Allergy tests should be interpreted carefully. Their limitations should be realised and the results should always be correlated with specific clinical reference, as a positive allergen specific-IgE or skin test only denotes a sensitised state of the individual (Figure 1).

With a good history of allergic disease and an understanding of the allergy tests available, the diagnosis and appropriate management of the patient should be possible. I hope that you find the information contained in this issue appropriate for use in your practice, and that it will contribute to better management of allergy patients.

Regards

Mariana Lloyd

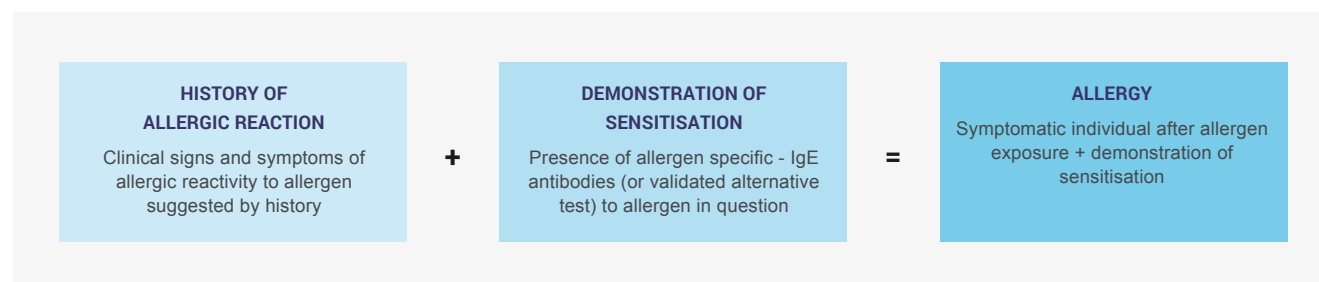


Figure 1: Allergy diagnosis is made based upon demonstration of sensitisation correlating with clinical symptoms in an individual.