

Correspondence

Comments on Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines

To the Editor:

The Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines are widely used for guidance regarding the treatment of allergic rhinitis.¹ It is important to recognize the differences between ARIA, developed by a predominantly European committee, and the Practice Parameters on Rhinitis developed in the United States.² The Joint Task Force on Practice Parameters in The Diagnosis and Management of Rhinitis: An Updated Practice Parameter recommends in some respects a significantly different approach to the management of rhinitis compared with that recommended in ARIA.

ARIA recommends approaches to treatment not approved in the United States, such as sublingual immunotherapy, which is widely used in Europe. The Practice Parameters on Rhinitis could not appropriately recommend a therapeutic modality that has not been approved in this country. Another difference is that the Practice Parameters on Rhinitis look more favorably on the use of intranasal antihistamines and oral leukotriene antagonists in the management of allergic rhinitis, which is more consistent with current practice in the United States. Although, in developing the Practice Parameters on Rhinitis, the Joint Task Force on Practice Parameters has considered worldwide evidence on the diagnosis and management of rhinitis, it is important to remember that these parameters are developed for patient care in the United States. These evidence-based parameters are based on an extensive review of the literature using search tools such as PubMed. The evidence was graded by using a method described in the *British Medical Journal*.³

Use of different grading systems can lead to different recommendations by equally competent groups of experts on the management of a specific condition. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) assessment tool used in ARIA produced different evidence ratings than those based on the evidence grading system used in the Practice Parameters on Rhinitis. In addition, the experts who developed ARIA have reached different conclusions about the data in the literature than the experts who developed the Practice Parameters on Rhinitis. It is well recognized that groups of experts can reach very different conclusions about such data. Even an evidence-based document is subject to individual differences of opinion. Defining the practice of medicine on the basis of individual patient differences is by its nature imperfect. After review of the available medical literature, therefore, different groups of experts should not be expected to reach identical conclusions about all aspects of the treatment of rhinitis, reinforcing the need for further research. The practicing physician should always be the final judge in regard to the best way to treat a particular patient.

ARIA includes the importance of cost in the treatment of patients. However, with widespread and different insurance coverage in this country, cost may not always equate with the best treatment of patients. Furthermore, both patient preference and cost can be greatly influenced by the physician and health care system and shaped by the media and the patient's social environment.

Approaches to presenting the data that support a recommendation can also vary. Those who are developing practice parameters for allergists/immunologists in the United States believe that the practicing physician can best follow the logic of a recommendation if the key statements on an issue (summary statements) are followed by explanatory text that supports these summary statements, immediately followed by the references that support the text. With an accepted grading system, the data cited in the references can be graded, which then allows a grading of the strength of the evidence in the summary statements.

It is also important to consider the review process through which these 2 documents have proceeded to publication. The practice parameters developed in this country undergo a rigorous review process beginning with their development by a work group of experts in that particular area. This is followed by intense interaction and review with the Joint Task Force. The document then goes to the leaders of the American Academy of Allergy, Asthma & Immunology (AAAAI) and the American College of Allergy, Asthma & Immunology (ACAAI), who select reviewers with expertise in that area to evaluate the document and make recommendations. At the same time, the document is placed online for review and comments by the entire membership of these organizations. The comments by the selected reviewers in the AAAAI and ACAAI and comments from the membership are then reviewed by the Joint Task Force and the work group that developed the parameter initially. When the document is sent for publication, there may be additional review requested by the journal to which it has been sent.

The ARIA guidelines provide important considerations for the treatment of patients with rhinitis and should be read carefully by those who treat patients with rhinitis. It is equally important to recognize the degree to which they may be inconsistent with the management of rhinitis in the United States. In this regard, the Practice Parameters on Rhinitis developed by the Joint Task Force on Practice Parameters with the support and guidance of the AAAAI and the ACAAI, after intensive review, provide a more relevant approach to the treatment of patients with this condition in the United States.

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doi:10.1016/j.jaci.2011.01.071