

Letter to the editor

Specific immunotherapy design questions

With interest we read the paper by Werfel et al. (1), describing the effect of specific immunotherapy (SIT) on eczema in atopic dermatitis. They found that SIT with house dust mite improved eczema and reduced the need for topical corticosteroids in patients with atopic dermatitis and sensitized to house dust mite allergen.

We would like to address a few points in order to fully appreciate the paper.

First, more information is needed about the selection of patients. Eighty-nine patients were included in the study. We are

curious whether this was the intended number of patients to be included when the study was planned. If so, was this number based on a certain clinically relevant improvement? How were these patients enrolled in the study? Possibly, more eligible patients visited the participating centres. Are the 89 selected patients representative for the total population, or is this a selected subgroup?

Second, we would like to know why the authors choose for a single-blind study with respect to safety. Possible reactions to

the injections could be observed by someone unaware of the allergen dose.

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Reference

1. Werfel T, Breuer K, Rueff F, Przybilla B, Worm M, Grewe M et al. Usefulness of specific immunotherapy in patients with atopic dermatitis and allergic sensitization to house dust mites: a multi-centre, randomized, dose-response study. *Allergy* 2006;**61**:202–205.