

Allergy Review Series VIII: Allergy: a global problem

Editorial

Allergy as a global problem: 'Think globally, act globally'

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Allergic diseases were identified in the Antiquity but they have been characterized only within the past 200 years. John Bostock and Charles Blackley describing their own hay fever symptoms clearly stated that they were suffering from rhinitis, conjunctivitis and asthma. Coca and Cooke also attempted to define allergic diseases globally, since, in the definition of atopy, they included a genetic predisposition to develop several diseases including asthma, eczema and rhinitis (1). After the discovery of IgE (2, 3), it became clear that atopic diseases were associated with antibodies of this isotype which they were affecting the human body globally. This was the goal of the ARIA (Allergic Rhinitis and its Impact on Asthma) initiative to propose a guideline which was not disease-targeted. A revised nomenclature for allergy has recently been proposed (4) in order to classify allergic and related reactions independently of target organ or patient age group. It seems therefore that allergic symptoms should be considered globally, and not organ by organ, for a better management of the patient. In one of the articles of the series, Prof Walter Canonica proposes to treat the allergic patients globally.

Epidemiological studies confirm that rhinitis and asthma can be IgE-mediated diseases which often coexist (5), but the links between asthma and allergens are more complex than initially thought (6). In the first review in the series, Dr Julian Crane reviews the epidemiological links between asthma, rhinitis and allergy on a worldwide basis.

Allergic diseases should also be considered globally

from gene to molecular biology, cell biology, histopathology, symptoms and quality of life. It is clear that rhinitis and asthma coexist and that the social and physical domains of quality of life interact. It was found that, in asthmatics, social life was affected by nasal symptoms whereas exercise and physical activities were affected by bronchial symptoms (7). One of the articles of the series, written by Dr Gerth van Wijk, is devoted to quality of life in allergic diseases.

Allergic diseases start early in life, or even before birth (8) and continue throughout life in many, but not all patients (9). At least in asthma, remodelling processes are important in the natural course of the disease (10). The evolution of asthma in the elderly is another important issue which will be discussed by Prof Vignola later in this series.

Parasitic diseases are also associated with an increase in IgE (11) suggesting that, in tropical areas, allergic diseases may not be similar to those in countries with a low parasitic load (12). Moreover, the management of allergic diseases in Africa should consider many different aspects, including the prioritization of the health care resources, their importance among other chronic respiratory diseases, infectious diseases and noninfectious diseases as well as social, cultural and economic barriers. A multiauthored paper will be devoted to this subject with a focus on Sub Saharan Africa.

Thus, it is clear that when considering allergic diseases we must think globally and act globally.

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