

Editorial

Breaking frontiers for better early allergy diagnosis

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Allergies are among the most common chronic diseases throughout the world (1–3). Genetic factors partly explain why allergies begin mostly in early childhood. Moreover, the environment influences the future of allergy-prone children. Most studies indicate that the prevalence of atopic diseases in childhood (atopic dermatitis, asthma, allergic rhinitis and allergic conjunctivitis) has significantly increased over the past 20–30 years (4,5). Our understanding of ‘the allergy march’ has progressed over the last two decades, thanks to information from cohort studies (6,7). The fact that early sensitization to common allergens (e.g. hen’s egg in infancy) can predict later development of atopic diseases, has changed our management of allergy-prone children (8,9). Furthermore, it has been widely recognized that typical symptoms of seasonal or non-seasonal respiratory allergy can occur early in life and this confirms the need for proper diagnosis and management.

Early allergy diagnosis in childhood is now well established in common practice by many allergists throughout the world. However, much too often, statements such as ‘allergy cannot be tested before school age’ is given to parents by non-specialized physicians. Furthermore, increased health costs, healthcare reforms, and possible shortage of specialized physicians in the future in many European countries explain why children at risk of allergy, or suffering from an allergic disease, cannot always be seen by pediatric allergists. The European Academy of Allergology and Clinical Immunology (EAACI) has recognized the necessity to increase awareness of non-allergists for better early allergy diagnosis, and has implemented diagnostic schemes also involving non-allergists such as the ones outlined in Figs 1 and 2. In 2003, a campaign coordinated by the EAACI Brussels office was launched at the EAACI annual meeting in Paris.

Several actions have been taken during the first year of the campaign: The EAACI section on pediatrics, instrumental for the scientific part of the campaign, has published in the July 2003 issue of *Allergy*, an article entitled ‘Allergy Testing in Children: Why, Who, When and How?’ which constitutes a raster for better early allergy diagnosis (10). These recommendations represent an integration of various regional diagnostic procedures, gathered by eight countries which constitute the core of the campaign – but not its exclusive area. Tandem groups of pediatric allergists and general practitioners (GPs)/general pediatricians from Denmark, France, Germany, the UK, Italy, Spain, Sweden and Switzerland joined efforts to edit the common guidelines outlined in the manuscript. The statement suggests early allergy diagnosis procedure by diseases and symptoms, and includes critical suggestions on tests, as well as on potential allergens. In a second step, representatives from these countries implemented the guidelines in their respective countries. They wrote position papers in their national journals, organizing common, local and national symposia for GPs and pediatric associations. It was our primary aim that this framework for diagnosis should remain throughout the campaign, but that the guidelines could and should be adapted, according to local constraints, e.g. with regard to the allergens to be included. From this aspect of the campaign, strong communication efforts promote expansion to other parts of Europe.

In conjunction to the reference paper published in *Allergy*, the EAACI Brussels office edited leaflets with short messages to GPs/general pediatricians and to parents, in seven different languages. These are distributed on a large scale at national meetings, and through national societies. The first year of the early allergy

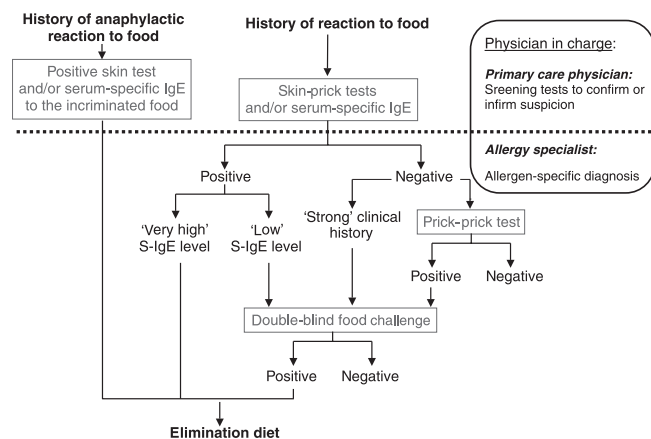


Figure 1. Diagnostic procedures for food allergy in young children.

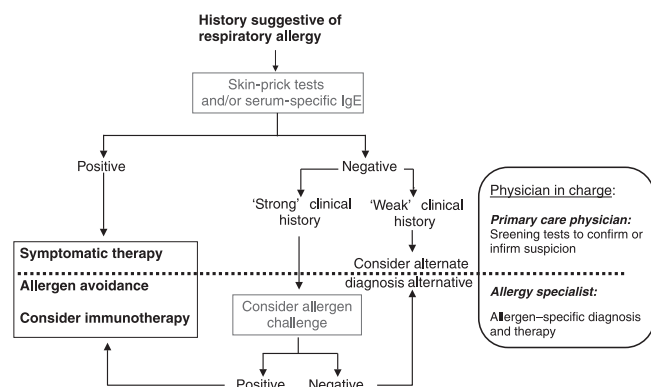


Figure 2. Diagnostic procedures for respiratory allergy in young children.

diagnosis campaign also included a symposium organized in Geneva by the EAACI section on pediatrics 'Advances in Pediatric Allergy' and primarily aimed at GPs and pediatricians. State-of-the-art plenary lectures, as well as workshops were most appreciated by a large audience of non-specialists, from all over Europe and abroad.

The Amsterdam EAACI Annual meeting in June 2004, saw the beginning of the second year of the campaign. A special event 'Early Allergy Intervention in Childhood' was held during the annual meeting with three scientific lectures and the intervention of EU and WHO speakers. We strongly believe that this event helped to promote the scientific aspect of the campaign, but also stressed the importance of informing and integrating EU and WHO policy decision makers. The section on pediatrics also plans to co-organize a 1-day symposium for GPs/general pediatricians at local level. This project called *PAPRICA* (Pediatric Allergy for PRimary CARE physicians) should allow us to address basic state-of-the-art review courses, and meet primary care physicians taking care of allergic children. By adapting to local constraints, we feel that we might provide a win-win situation to all three parties concerned: the allergic child, the primary care physician, and the allergist.

Better early allergy diagnosis is an ambitious and most important task for our academy in order to provide better care for the allergic child. We strongly feel the need to break our frontiers and address this issue with health professionals outside our 'natural' boundaries.

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