

Correspondence

Clinical relevance of house dust mite immunotherapy

To the Editor:

The results from Bergmann et al¹ were at first sight encouraging in terms of showing statistically significant improvements with sublingual house dust mite allergen immunotherapy compared with placebo in allergic rhinitis. The enrolled subjects do not reflect those more usually encountered in an everyday clinic situation, because patients with cosensitization to other common aeroallergens were excluded and treatment with intranasal corticosteroids was not permitted. It is likely that greater improvements would have been achieved by initially treating patients with intranasal corticosteroids plus antihistamines, in which case immunotherapy would have resulted in little or no further symptom reduction. The lower 95% CI for the primary end point of average adjusted symptom score in comparison to placebo, although exceeding zero indicating statistical significance, did not exclude the minimal clinically important difference of 0.55 for this outcome, making the clinical significance uncertain.² Pointedly, the cost of generic topical corticosteroid and antihistamine is likely to be considerably less than the cost of sublingual

immunotherapy tablets for long-term treatment. Thus, the results of Bergmann et al¹ in a highly selected group of patients need to be placed in the context of a real-life clinical scenario. Further studies are therefore indicated in polysensitized patients with allergic rhinitis, powered to show clinically relevant superiority in comparison to conventional pharmacotherapy with topical corticosteroids and antihistamines.

Brian Lipworth, MD

From the Scottish Centre for Respiratory Research, Ninewells Hospital and Medical School, University of Dundee, Dundee, United Kingdom. E-mail: b.j.lipworth@dundee.ac.uk.

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REFERENCES

1. Bergmann KC, Demoly P, Worm M, Fokkens WJ, Carrillo T, Tabar AI, et al. Efficacy and safety of sublingual tablets of house dust mite allergen extracts in adults with allergic rhinitis. *J Allergy Clin Immunol* 2014;133:1608-14.e6.
2. Barnes ML, Vaidyanathan S, Williamson PA, Lipworth BJ. The minimal clinically important difference in allergic rhinitis. *Clin Exp Allergy* 2010;40:242-50.

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