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Clinical Efficacy of Grass-Pollen Immunotherapy [Correspondence]

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To the Editor: In their discussion, Durham et al. state that other studies have

suggested that immunotherapy has a long-term effect, and two of the six references they cite are about immunotherapy with mite extract. We think it is a mistake to consider all these papers together, since there is no evidence of the long-standing efficacy of immunotherapy with mite extract.

The two studies cited actually do not suggest the long-term efficacy of specific immunotherapy for mite allergy. Price et al. [1] gave evidence of deterioration when treatment was stopped, since most of the children who received placebo after one year of active treatment had a relapse within months. Des Roches et al. [2] showed that the duration of efficacy of immunotherapy with *Dermatophagoides pteronyssinus* extract after its cessation can be increased by a period of treatment longer than 36 months. Even in the patients in the study by Des Roches et al., the rate of relapse three years after the discontinuation of treatment was as high as 48 percent (vs. 62 percent in the group that received short-term treatment).

Bousquet et al. [3] observed that about half the patients in their study had a recurrence of symptoms within six months after the treatment was discontinued. In the study by Van Bever and Stevens, [4] one year after discontinuing a one-year course of mite immunotherapy, children had a recurrence of a late asthmatic reaction at the same level as before immunotherapy was started.

There is no evidence that immunotherapy modifies the natural history of nonseasonal, perennial, mite-allergy disease through childhood and into adult life. Results found in patients allergic almost exclusively to pollens are not representative of those in patients allergic to house-dust mite.

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