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Reply

To the Editor:

Arkwright¹ presents an interesting case of chronic urticaria that was resistant to many therapeutic approaches, including corticosteroids and cyclosporine, but responded dramatically to rituximab. Because IgG₁ and IgG₃ contain the pathogenic autoantibodies in the autoimmune subgroup of patients with chronic urticaria,² the rationale for use of this agent is to target B-cell-producing IgG. The complete resolution of symptoms within 1 week of the first dose is not readily explicable by this mechanism because the half-life of IgG₃ (the IgG with the shortest half-life) is 7.5 to 9 days³; the half-life of IgG₁ is 18 to 23 days. Because the only other study of rituximab was negative,⁴ it is difficult to know whether the observation of Arkwright¹ represents a true response or a chance occurrence. In light of the unmet medical need in patients with chronic autoimmune urticaria, we agree that properly controlled studies of novel potential therapies should be considered.

The patient of Arkwright¹ is unusual because there is an associated immune deficiency characterized by hypogammaglobulinemia (including low IgE) and a mutation in the transmembrane activator and calcium moderator and cytophilin ligand interactor (*TACI*) gene. Although routine screening for *TACI* mutations in patients with chronic urticaria is not feasible, the coincidence of hypogammaglobulinemia and chronic urticaria is rare.

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Complementary and alternative medicine education: Need for expanded educational resources for American Academy of Allergy, Asthma & Immunology members

To the Editor:

When one searches the peer-reviewed medical literature using the terms *complementary medicine*, *alternative medicine*, *integrative medicine*, and *complementary and alternative medicine*, more than 5300 citations in the English language appear, with more than 90% dated after 1990 and more than 80% in the past decade alone. Meanwhile, the popular forum of the Internet, using the same combinations of terms, yields over 33 million hits in Google and more than 90 million in Yahoo search engines. The explosion of information in scientific journals dealing with complementary and alternative medicine (CAM) therapies has become overwhelming for allergists-immunologists and other traditional medical practitioners. In the face of increasing demands by patients and their advocates for support in the empiric trial of 1 or more CAM therapies, physicians are seeking balanced educational opportunities and trustworthy, as well as efficient, references addressing questions that arise in routine practice. The specialty of allergy-immunology is particularly challenged because conditions like allergic rhinitis, asthma, sinusitis, and immune deficiency are frequently cited as diseases that are responsive to nonallopathic medicines or practices.

The Complementary and Alternative Medicine Committee of the American Academy of Allergy, Asthma & Immunology (AAAAI) conducted a survey of the membership in the fall of 2007 to quantify the interest in development of expanded educational support and references related to objective reviews of CAM therapies. Between November 15 and December 15, 2007, a brief survey on membership interest in CAM therapies was distributed to more than 5000 members, with a total return of 420 surveys (approximately 8% return). In response to the lead question regarding interest in learning more about CAM, 80% (n = 337) responded yes, with 76% of respondents 40 years of age or older and the male/female ratio being 59%/40% (1% nonresponse).

Subsequent detailed questions were focused on understanding the scope of this interest and how it might affect AAAAI resource development in the future. The majority of respondents (87%) were physicians with more than 10 years in practice (69%). Only 3% of the responding membership had credentials or secondary licenses in CAM (mostly osteopathy). Only 6% have participated in prior CAM research, and 2% have published any articles on CAM,¹⁻³ but 39% indicated an interest in participating in further CAM research.

In response to the question about CAM therapeutic modalities of greatest interest to the respondents, more than 50% were interested in learning more about the following therapeutic modalities (ranked in order of interest from 88% to 27%, the top 10 from highest at 88% for herbal and botanical medicine through naturopathy at 51% are detailed in Table I). It is noteworthy that the interest to use CAM therapies for their patients mirrors the prioritization for interest in learning more and largely matches the top 10 modalities currently used (except for prayer at 11%). Definitions and descriptions of each of the therapeutic modalities are detailed on National Institutes of Health Web site.⁴

Of particular interest is the fact that when questioned about the use of CAM for themselves or their immediate families, the following uses were listed (n = 337): disease prevention (20.8%), disease treatment (18.1%), mental health (14.2%), relaxation

TABLE I. AAAAI survey respondents level of interest in CAM and current use of CAM

Therapy	Interested in learning CAM	Interested in using CAM with patients	Presently use CAM to treat patients
	Yes	Yes	Yes
(Herbal and) botanical medicine	88% (265)	48% (110)	8% (17)
Special diet therapies	67% (198)	45% (104)	14% (32)
Meditation	65% (188)	45% (102)	7% (15)
Mind-body intervention	60% (171)	44% (95)	8% (18)
Biologic therapies	67% (186)	39% (86)	8% (18)
Traditional Oriental medicine	79% (242)	37% (86)	3% (7)
Acupuncture	71% (212)	36% (82)	4% (9)
Massage	46% (129)	28% (63)	6% (13)
Mental healing	45% (123)	27% (59)	5% (12)
Naturopathy	51% (144)	25% (56)	2% (5)
Prayer	39% (108)	25% (56)	11% (24)
Homeopathy	49% (145)	24% (54)	3% (7)
Hypnosis	49% (138)	23% (52)	2% (5)
Ayurveda	49% (137)	21% (45)	1% (3)
Therapeutic touch	39% (107)	21% (44)	3% (6)
Energy therapies	39% (107)	18% (40)	3% (6)
Orthomolecular nutrition	36% (96)	17% (37)	4% (9)
Qi gong	45% (119)	16% (34)	1% (3)
Reiki	36% (100)	16% (33)	2% (4)
Other	23% (16)	15% (12)	8% (8)
Bioelectromagnetic therapies	36% (98)	14% (30)	3% (6)
Chiropractic	27% (74)	11% (23)	4% (8)

(29.1%), overall health and well-being (27.9%), and other modalities (3.9%, including infertility, pain relief, hot flashes, and musculoskeletal disorders).

As recently reported for CAM use in patients with cancer, there is considerable heterogeneity in patterns of use, and there is the additional challenge that beyond variations in users' reports of CAM, there are also discrepancies between users and professional conceptualizations of CAM that have not been previously addressed.⁵ The wide spectrum of therapies often considered within the CAM domain is illustrated by the broad definition by the Cochrane Collaboration, which includes "all such practices and ideas self-defined by their users as preventing or treating illness or promoting health or well-being" if they are not part of the "politically dominant health system or a particular society or culture" at a specific period in time.⁶ A 2006 survey of British medical students, interns, residents, and faculty demonstrated a strong positive attitude toward the use of CAM modalities; the authors recommend that CAM instruction should be focused on "acquiring knowledge of available CAM modalities and skills to appraise evidence to appropriately advise patients on best approaches to CAM use."⁷

Because the CAM committee is focused on expanding educational opportunities within the AAAAI, it was reassuring to see

that 29% were interested in supporting educational endeavors, 25% were interested in research endeavors with 28% as committee members, and 14% were interested in Web site development activities. Ninety-nine percent responded yes to the question "Would you find it useful to have a trustworthy internet accessible resource for checking ingredients, side effects, interactions, and evidence based efficacy data?" In addition, 56% wanted further contact regarding CAM and provided their E-mail addresses. The need for rapid access to high-quality information about CAM therapies so that advice on efficacy and safety is evidence based is an ever more critical need as patients and family members seek to use modalities based on anecdote alone.⁸

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