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Editorial

Japanese guidelines for allergic diseases 2020

In Allergology International (AI) Vol. 69, Issue 3, we feature six review articles covering new guidelines for the management of various allergic diseases in Japan, namely, childhood asthma,¹ allergic rhinitis,² allergic conjunctival diseases,³ atopic dermatitis,⁴ food allergy,⁵ and occupational allergic diseases.⁶ These guidelines are based on the Japanese Guidelines for Allergic Diseases 2019 (JAGL2019), published in 2019.

Immunoglobulin E (IgE) has been well recognized to play a pivotal role in allergic diseases such as asthma, allergic rhinitis, atopic dermatitis, and food allergy. Even before the discovery of IgE by Drs. Kimishige and Teruko Ishizaka in 1966, allergic diseases had been assumed or hypothesized to share the same pathway to develop various symptoms specific to each allergic disease. In fact, we allergists often see patients having two or more allergic diseases at the same time or presenting with one allergic disease and then with others as time passes. Since the first Japanese guidelines for asthma were published in 1993, guidelines for various allergic diseases were published separately. In 2007, Dr. Sankei Nishima and the members of JSA's guideline committee jointly wrote up guidelines specific to each allergic disease and published them as in a single book, as JAGL, for to make it easier for allergists to understand the various allergic diseases that may exist in a single patient. Since then, JAGL has been updated every three years, in order to offer the newest information.

Through our progress in understanding allergic diseases, evidence-based therapeutic strategies have been published as guidelines for various allergic diseases. This evidence is now available throughout the world, and guidelines based on global evidence are helpful. However, due to environmental factors and racial differences, the types of allergic diseases that cause problems in each country are different. Indeed, individuals sensitized to cedar pollens comprise the majority of the Japanese population.⁷ We want to introduce treatment strategies used in Japan to people in other countries. Thus, we began publishing an English version of JAGL in 2011.

JAGLs have built a solid reputation, dealing with most of the common allergic conditions. These guidelines offer useful information to clinicians who see patients having two or more allergic diseases requiring diagnosis and treatment, without their having to move from one specialist to another. This new version, JAGL2020, contains the most current information and recommendations for

diagnosis and management of allergies, outlining new guidelines for each allergic condition. As you will note, each condition shares the same basic pathways and pathogenesis, leading to similar therapeutic approaches.

This English version of JAGL2020 will add updated information to global guidelines, enabling people around the world to understand how we Japanese specialists successfully treat allergic patients. We hope to receive comments on our diagnostic and therapeutic strategies as we disseminate our views more widely. Our goal is to find treatments that can cure allergies so that no one is bothered by allergic diseases throughout life.

Conflict of interest

The author has no conflict of interest to declare.

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References

1. Arakawa H, Adachi Y, Ebisawa M, Fujisawa T; Committee for Japanese Pediatric Guideline for Childhood Asthma, The Japanese Society of Pediatric Allergy and Clinical Immunology; The Japanese Society of Allergology. Japanese guidelines for childhood asthma 2020. *Allergol Int* 2020;**69**. xxx-xxx.
2. Okubo K, Kurono Y, Ichimura K, Enomoto T, Okamoto Y, Kawauchi H, et al. Japanese guidelines for allergic rhinitis 2020. *Allergol Int* 2020;**69**. xxx-xxx.
3. Miyazaki D, Takamura E, Uchio E, Ebihara N, Ohno S, Ohashi Y, et al. Japanese guidelines for allergic conjunctival diseases 2020. *Allergol Int* 2020;**69**. xxx-xxx.
4. Katoh N, Ohya Y, Ikeda M, Ebihara T, Katayama I, Saeki H, et al. Japanese guidelines for atopic dermatitis 2020. *Allergol Int* 2020;**69**. xxx-xxx.
5. Ebisawa M, Ito K, Fujisawa T; Committee for Japanese Pediatric Guideline for Food Allergy, The Japanese Society of Pediatric Allergy and Clinical Immunology; The Japanese Society of Allergology. Japanese guidelines for food allergy 2020. *Allergol Int* 2020;**69**. xxx-xxx.
6. Dobashi K, Usami A, Yokozeki H, Tsurikisawa N, Nakamura Y, Sato K, et al. Japanese guidelines for occupational allergic diseases 2020. *Allergol Int* 2020;**69**. xxx-xxx.
7. Yamada T, Saito H, Fujieda S. Present state of Japanese cedar pollinosis: the national affliction. *J Allergy Clin Immunol* 2014;**133**:632–9. e5.

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