

LETTER TO THE EDITOR

DOCTORS' AND PATIENTS' EDUCATIONAL LEVELS AFFECT IMMUNOTHERAPY PRESCRIPTION

G. CIPRANDI, M. LAROSA¹, C.F. TESI², G. CADARIO³, A. FIOCCHI⁴, A. ROMANO⁵
and F. FRATI⁶

Department of Internal Medicine, Azienda Ospedaliera Universitaria San Martino, Genova;

¹Department of Pediatrics, University of Catania, Catania; ²President of Italian Asthmatic Patients' Federation; ³Department of Allergy, Azienda Ospedaliera Molinette, Turin; ⁴Department of Pediatrics, Azienda Ospedaliera Macedonio Melloni, Milan; ⁵Department of Internal Medicine, University Cattolica, Rome; ⁶Scientific Department, Stallergenes Italy, Milan, Italy

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Cultural level appears to be a critical factor in the decision process of allergen-specific immunotherapy (SIT) both for doctors and patients. Thus, appropriate educational programs should be carried out to increase the number of allergic patients to be treated with SIT.

Allergen-specific immunotherapy (SIT) is the unique treatment for allergic disorders to improve the health status of the allergic patient (1). Its prescription is, however, quite stable even though the prevalence of allergic disorders is still increasing (2).

Numerous factors may affect SIT prescription both concerning doctors and patients. Diagnostic pathway may be very complex overall for non-specialist doctors, mainly concerning the evaluation of poly-sensitisations, the choice of allergen causal extract, route of administration, duration schedule, adverse event management, etc. Patients may have trouble understanding medical advice, duration of SIT, possible co-administration of drugs, possibility of adverse events, costs of SIT, and totally the complexity of the management.

Although guidelines have been extensively and widely spread, SIT prescription usually remains in the hands of allergists (3). Indeed, in the decision

process patients have to be carefully informed about indications, mechanism of action, contraindications, duration, use of drugs, adverse events, etc (4). Therefore, to evaluate the profile of doctors prescribing SIT and allergic patients assuming or not SIT a prospective, cross-sectional, and randomised telephone survey has been performed in Italy.

A validate methodology (CATI) (5) has been performed by randomised telephone interviews conducted by an specialised International company (Stethos Italy, Milan, Italy). In all, 500 patients with allergic rhinitis were interviewed, 50% of whom were treated with subcutaneous or sublingual SIT. In addition, 550 doctors were interviewed, 200 of whom were GPs, 60 allergists, 60 ENT specialists, 100 family paediatricians, 60 hospital paediatricians, and 60 pulmonologists. Both groups were homogeneous concerning age, sex, and geographic area.

The patients' interviews started by asking whether they suffered from allergic rhinitis, if the answer was

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Mailing address: Giorgio Ciprandi, M.D.

Semeiotica Medica I,

Padiglione 3,

A.O.U. San Martino,

Largo R. Benzi 10, 16132 Genoa, Italy

Tel: ++39 10 35331820 Fax: ++39 10 3537573

e-mail: gio.ciprandi@libero.it

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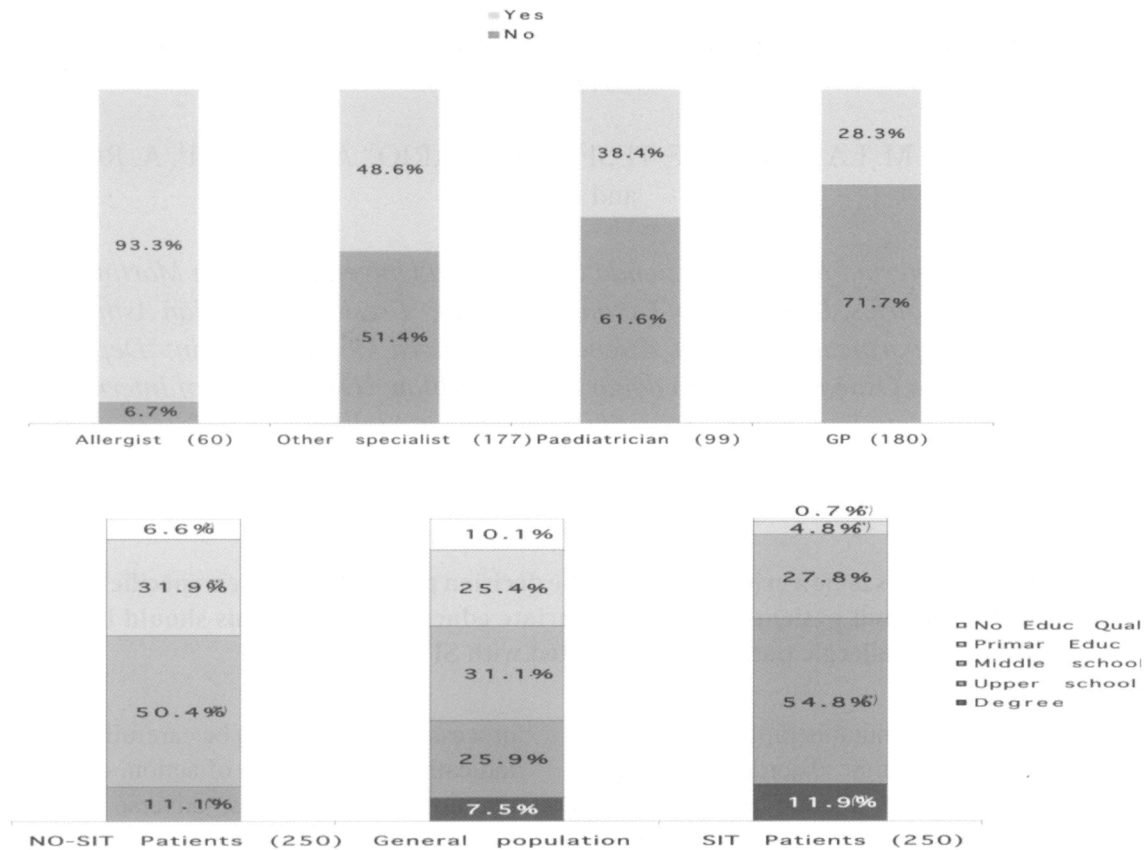


Fig. 1. Upper panel = mean percentage of patients treated with SIT (yes) or not (no) evaluated by different doctors. Lower panel = percentages of educational level in patients non-treated with SIT (left column), in the general Italian population (medium column), and in SIT-treated patients (right column) (** = $p < 0.01$ and * = $p < 0.05$). The percentages concern the level of education progressively decreasing (degree, upper school, middle school, primary education, and no education qualification)

positive the interview proceeded.

The first finding clearly highlights that the highest number of SIT prescription belongs to the allergist, followed by other specialists, family paediatricians, and lastly GPs (Fig. 1).

With regard to patients, the highest cultural level corresponds to subjects that are assuming SIT (Fig. 1). Indeed, there is a significantly higher number of SIT-treated patients with degrees and upper school graduation in comparison with the general population ($p < 0.01$ for both). Moreover, no untreated patient was graduate, and the level of education was significantly lower in the untreated group than in the general population ($p < 0.05$ and < 0.01 respectively). It is very obvious that the educational level appears to be fundamental both for doctors and patients.

Indeed, allergists are the clinicians most specifically trained for prescribing SIT disorders. On the other hand, GPs have poor knowledge of allergy and rarely prescribe SIT. In this regard, a very recent survey underlines that Italian GPs underestimate allergic rhinitis diagnosis, but widely prescribe antihistamines, commonly used for this disorder (6). This study thus confirms that GPs have little familiarity with allergic disorders.

Likewise, a high or medium-high educational level allows the choice for SIT. This issue is very interesting as it underlines the importance of having an adequate capacity of comprehending the doctor's prescription. Poor education may be also associated with reduced financial capacity. On the other hand, these findings may be understood from another

point of view: doctors explain in too complicated a manner and frequently use medical terms that are hardly comprehensible for most people with a poor education. Moreover, it is of note that in Lombardy, in Sicily and partly in Piedmont and Liguria, both SCIT and SLIT are refunded by the regional health services.

In conclusion, cultural level appears to be a critical factor in the decision process of SIT both for doctors and patients. Thus, appropriate educational programs should be carried out to increase the number of allergic patients to be treated with SIT.

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