

LETTER TO THE EDITOR

SATISFACTION WITH ALLERGY TREATMENTS DEPENDS ON SYMPTOM SEVERITY BUT NOT ON ALLERGEN SPECIFICITY IN PATIENTS WITH ALLERGIC RHINITIS

G. CIPRANDI¹, C. INCORVAIA², S. SCURATI³, P. PUCCINELLI³, O. ROSSI⁴
and F. FRATI³

¹Department of Internal Medicine, IRCCS-AOU San Martino, Genoa, Italy; ²Allergy/Pulmonary rehabilitation, ICP, Milan, Italy; ³Scientific Department, Stallergenes, Milan, Italy; ⁴Department of Biomedicine, AOUC, University of Florence, Italy (on behalf of the SAT study group)

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Allergic rhinitis is characterized by troublesome symptoms that may be particularly severe. Most of rhinitics are dissatisfied with drug treatments. The dissatisfaction level depends on symptoms severity, but not on the type of causal allergen.

Allergic rhinitis (AR) is a very common disease, and its prevalence is still rising (1). The AR classification has been revised by the “Allergic Rhinitis and its Impact on Asthma” (ARIA) group: there are two forms based on the frequency and duration of symptoms: intermittent (IAR) and persistent (PER), symptom severity may be mild or moderate-severe (2).

WHO has published pocket guidelines on the AR management at the primary-care level (3). Rhinitis guidelines recommend that both oral antihistamines and intranasal corticosteroids should be generally prescribed as a first-line therapy (3). Nevertheless, it seems that there is discrepancy between the guidelines and the patients’ perception of the efficacy, safety, and tolerability of drug treatments (4). Therefore, the patients’ satisfaction with prescribed treatments represents a crucial issue that may significantly affect the treatment compliance and adherence. In this regard, there is a paucity of data concerning satisfaction with drug treatment

for AR. For this reason, an observational study (named SAT as acronym deriving for “Satisfaction with Allergy Treatment”) has been conducted in 11 Italian Allergy Centers for evaluating the satisfaction level concerning the different treatments for AR in a real life setting. Patients were evaluated by using a questionnaire addressed to evaluate the satisfaction level concerning the prescribed treatments. The study was approved by the review board of each participating centre, and informed consent was obtained from each patient. The preliminary results have just been published (5): they concern the general characteristics of patients, including severity of classification and symptoms, type of sensitizations and treatments (5).

A deeper analysis was successively performed on 289 AR patients (135 males, 154 females, mean age 33.1 years, S.D. 13.8, age range: 18-65). A detailed clinical history was taken and a complete physical examination was performed. The patients were included in the study on the basis of an AR diagnosis

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Mailing address: Giorgio Ciprandi, M.D.
DIMI
Viale Benedetto XV 6,
16132 Genoa, Italy
Tel: +39 010 35338120
Fax: +39 010 3538664
e-mail: gio.cip@libero.it

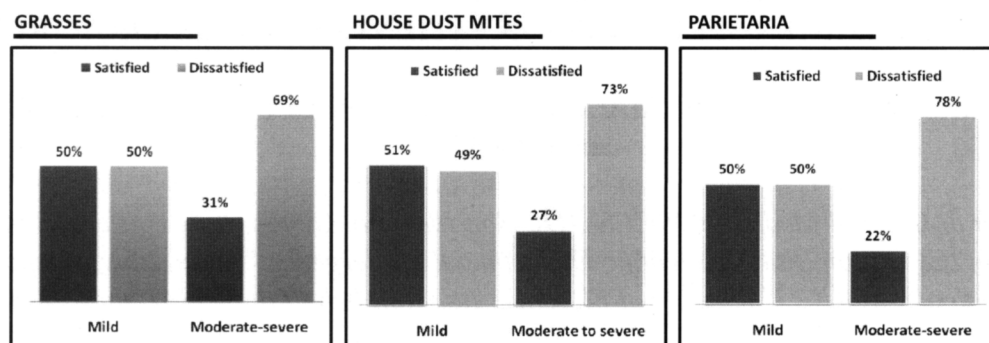


Fig. 1. Percentage of satisfied and dissatisfied patients, subdivided on the basis of symptom severity: mild or moderate-severe, and type of allergic sensitization.

made following the criteria proposed by the ARIA document (2). The symptom severity was classified as mild or moderate-severe (2). Patients were not included in the study if previously treated with allergen-specific immunotherapy.

Satisfaction with treatment was assessed by using a specific questionnaire (5). Patients had to declare whether they were satisfied or not with the prescribed drugs for AR. Different drugs were considered, including topical, oral and depot corticosteroids, intranasal and oral antihistamines, or other. The satisfaction score consisted of a 4 point scale: 1 (very satisfied), 2 (satisfied), 3 (quite satisfied), and 4 (very dissatisfied); 1 and 2 scores were considered as representative for satisfaction, whereas 3 and 4 for dissatisfaction as previously reported (5). *Chi-square* test was used.

Concerning the symptom severity: 109 (37.7%) patients had mild symptoms, whereas 180 (62.3%) had moderate-severe symptoms. The most relevant allergens, defined on the basis of the clinical history, were: Grasses in 116 (40%) patients, followed by *Dermatophagoides* in 104 (36%), and *Parietaria* in 69 (24%). Monosensitized patients were 12% in the Grasses group, 23% in the House Dust Mites group, and 17% in the *Parietaria* group. These findings represent an Italian specificity, because most European studies report a different order of

prevalence: mites, grasses, and cat dander. Oral antihistamines were the most used drugs.

The analysis of global population showed that 67% of patients were dissatisfied with prescribed treatments. Subdividing the patients on the basis of symptom severity: 55% of patients with mild symptoms were dissatisfied, whereas 77% of patients with moderate-severe symptoms were significantly dissatisfied ($p=0.002$). Furthermore, a successive analysis concerned the possible relationship between satisfaction grade and type of allergic sensitization. Therefore, the patients were separated into 3 groups: allergic to grasses, mites, or *Parietaria* (Fig. 2). In the grass group, 50% of patients with mild symptoms were dissatisfied, whereas 69% of patients with moderate-severe symptoms were significantly dissatisfied ($p=0.01$). In the mites group, 49% of patients with mild symptoms were dissatisfied, whereas 73% of patients with moderate-severe symptoms were significantly dissatisfied ($p=0.0001$). In the *Parietaria* group, 50% of patients with mild symptoms were dissatisfied, whereas 78% of patients with moderate-severe symptoms were significantly dissatisfied ($p=0.0001$). There was no statistical difference among these groups. The dissatisfaction was associated with an objective absence of clinical improvement in very few cases, more frequently it was associated with partial defect

of clinical improvement.

The present study has been conducted in real-life and the findings underline the concept that AR is particularly troublesome and most AR patients are dissatisfied with prescribed drugs. In fact, patients preference and satisfaction are relevant factors to be carefully considered when taking a decision on drug treatment options. Moreover, the patients referring to the allergist are often affected by severe symptoms.

This study demonstrated that patients with moderate-severe AR were largely dissatisfied with pharmacological treatments, therefore an unmet therapeutic need still existed for these subjects. The dissatisfaction level was not related to the type of allergen responsible for allergic nasal symptoms, but to the symptom severity. Therefore, an etiological complete treatment, such as allergen-specific immunotherapy, should represent the correct option for this sub-group of severe patients, dissatisfied with symptomatic drugs.

In conclusion, this study strengthens the concept that satisfaction with drug treatments is a relevant aspect in allergic patients and must be carefully evaluated. However, to fully confirm these findings,

further studies on such a topic are needed.

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