PERCEIVED EFFICACY OF HIGH-DOSE HYPOALLERGENIC POLLEN PREPARATIONS IN DAILY PRACTICE: TWO YEARS FOLLOW-UP

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BACKGROUND

Efficacy and safety of subcutaneous immunotherapy (SCIT) with high-dose hypoallergenic pollen preparations have been documented in several randomized trials12. The objective of this study was to determine the effectiveness of these subcutaneous high-dose modified pollen preparations in daily practice.

METHODS

A retrospective observational multicenter study with the participation of 21 researchers was carried out. From May to December 2013; 230 patients with pollen IgE mediated allergic rhinoconjunctivitis and/or bronchial asthma whose had started treatment with the high-dose hypoallergenic pollen preparations during 2010 were included. Conjunctival, nasal and/or bronchial asthma symptoms experienced by patients were classified as missing, infrequent (less than two days per week), frequent (2 to 5 days per week) or very frequent (more than five days per week) before starting the treatment and in the first and second pollen season after its starts. Also the need for symptomatic medication recorded in each one of the pollen seasons.

RESULTS

• 120 patients (51.7%) were female. 230 patients were diagnosed of allergic rhinitis and 145 of bronchial asthma. The mean age was 31.1 (SD 12.8) years old. Table 1.
Conjunctival symptoms: Clinical perceived improvement of 85.6% (p<0.0001) and 43.2% of asymptomatic patients after two years of treatment.
Nasal symptoms: Clinical improvement 85.6% (p<0.0001) after two years of treatment. Improvement sustained effect 45.5% (p<0.0001) in the second pollen season VS the first on
• Bronchial symptoms: Clinical perceived improvement 85% (p<0.0001) and 40% asymptomatic patients after two years of treatment. (Figure 1)
• Medication use: 47.2% of patients didn’t need “stable medication use” during the second pollen season. (Figure 1)

Figure 1. Clinical perceived improvement in the first and second pollen season.

Ocular symptoms: 220 patients
Perceived efficacy 1st pollen season: 81.4%. Sustained efficacy 2nd pollen season VS 1st season: 48.4% (p<0.0001)

Nasal symptoms: 232 patients
Perceived efficacy 1st pollen season: 78.9%. Sustained efficacy 2nd pollen season VS 1st season: 45.5% (p<0.0001)

Bronchial symptoms: 147 patients
Perceived efficacy 1st pollen season: 79.4%. Sustained efficacy 2nd pollen season VS 1st season: 39.8% (p<0.0001)

CONCLUSIONS

• Subcutaneous immunotherapy with these high-dose modified pollen preparations is effective in daily practice.
• Patients’s conditions improve remarkably being this effect observed in the first pollen season and sustained during both years of treatment.

DISCLOSURES

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REFERENCES