

Implementation of guidelines, allergy programs, and the October issue

Yoon-Seok Chang*

Division of Allergy and Clinical Immunology, Department of Internal Medicine, Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam 463-802, Korea

As the prevalence of allergic diseases such as asthma, allergic rhinitis, and atopic dermatitis increased worldwide, the role of not only allergy specialists but also general practitioners has become more important. During past years, international guidelines and consensus statement on allergic diseases have been developed. However, there is still huge gap between recommendations from guidelines and real practice. This issue of *Asia Pacific Allergy* features important issue on the management of allergic rhinitis in general practitioners by Wang [1]. The author describes that allergic rhinitis is one of the top-ten reasons for a visit to the primary care clinics and that allergic rhinitis was estimated to be 10-40% of the total patient visits in about 50% of the primary care clinics. Thus implementation of guidelines in general practitioners is essential for the standard management. For the successful implementation of guidelines, internal barriers such as doctor's prescription habits and preference and external barriers such as health insurance policy should be analyzed [2]. We have to find a way to overcome these barriers.

In the same issue, Haahtela et al. [3] described the Finnish Allergy Program 2008-2018 and the scientific rationale and

practical implementation. The 10-year implementation program is aimed to reduce burden of allergies both at the individual and societal levels. As an outcome, not only the awareness of healthcare professionals and allergic patients improved, but also emergency visits and hospital days caused by asthma are in steady decline (54% during the last 10 years). The authors suggest that networking of allergy experts with primary care doctors and nurses as well with pharmacists is the key for effective implementation. In Asia Pacific region, many countries such as Australia and Korea also run government-supported Allergy Programs [4]. It will be worthy to compare Allergy Programs from each country and to organize international network for Allergy Programs.

Readers of this journal will also find a review article on eosinophilic esophagitis whose prevalence is increasing in both adult and children. Ridolo et al. [5] address the possible role of food and inhalant allergens in eosinophilic esophagitis.

Radiocontrast media is a major cause of drug induced hypersensitivity reactions whose incidence is 3.8 to 12.7% (severe reactions: 0.1-0.4%) for hyperosmolar ionic contrast and 0.7 to

Correspondence: Yoon-Seok Chang

Division of Allergy and Clinical Immunology, Department of Internal Medicine, Seoul National University Bundang Hospital, Seoul National University College of Medicine, 82, Gumi-ro 173 Beon-gil, Bundang-gu, Seongnam 463-802, Korea

Tel: +82-31-787-7023

Fax: +82-31-787-4052

E-mail: addchang@snu.ac.kr

Received: October 26, 2012

This is an Open Access article distributed under the terms of the Creative Commons Attribution. Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

3.1% (severe reactions: 0.02–0.04%) for low-osmolar ionic contrast [6]. Ho et al. [7] reported the immediate hypersensitivity reactions to IV non-ionic iodinated contrast in computed tomography from Australia in this issue including a seasonal variation in the incidence.

Readers will find original articles on differences in airway inflammation according to atopic status in patients with chronic rhinitis [8], the effect of interferon-alpha on airway eosinophils and hyperresponsiveness in a guinea pig asthma model [9], and contribution of serum IL-4 and IgE to the early prediction of horse serum allergies in guinea pigs [10]. Readers may have an idea how to tell the patients of atopic dermatitis about the effect of bathing during summer season [11].

This issue contains an interesting case report of biphasic anaphylaxis to gemifloxacin [12]. The prevalence of biphasic anaphylaxis is about 2.2–23% [13–15]. Intramuscular injection of epinephrine is the treatment of choice for anaphylaxis. Even anaphylaxis resolved immediately after epinephrine administration, it is recommended to observe patients for several hours for possible biphasic anaphylaxis. For example, patients with moderate respiratory or cardiovascular compromise should be monitored for at least 4 hours, and if indicated, for 8–10 hours or longer, and patients with severe or protracted anaphylaxis might require monitoring and interventions for days [15].

REFERENCES

1. Wang DY. Management of allergic rhinitis in general practitioners. *Asia Pac Allergy* 2012;2:233-6.
2. Jo EJ, Kim MY, Lee SY, Lee SE, Kim MH, Song WJ, Kim SH, Cho SH, Min KU, Kim YY, Chang YS. The implementation of asthma management guideline and the obstacle factors in Korea. Abstract 5438. WAO International Scientific Conference 2012. Hyderabad, India.
3. Haahtela T, Valovirta E, Kauppi P, Tommila E, Saarinen K, von Hertzen L, Mäkelä MJ; the Finnish Allergy Programme Group. The Finnish Allergy Programme 2008-2018 - scientific rationale and practical implementation. *Asia Pac Allergy* 2012;2:275-9.
4. Kim YY. Past, present, and future of allergy in Korea. *Allergy Asthma Immunol Res* 2010;2:155-64.
5. Ridolo E, Montagni M, Olivieri E, Rogkakou A, de' Angelis GL, Canonica GW. Eosinophilic esophagitis: which role for food and inhalant allergens? *Asia Pac Allergy* 2012;2:237-41.
6. Kim MH, Park CH, Kim DI, Kim KM, Kim HK, Lim KH, Song WJ, Lee SM, Kim SH, Kwon HS, Park HW, Yoon CJ, Cho SH, Min KU, Kim YY, Chang YS. Surveillance of contrast-media-induced hypersensitivity reactions using signals from an electronic medical recording system. *Ann Allergy Asthma Immunol* 2012;108:167-71.
7. Ho J, Kingston RJ, Young N, Katelaris CH, Sindhusake D. Immediate hypersensitivity reactions to IV non-ionic iodinated contrast in computed tomography. *Asia Pac Allergy* 2012;2:242-7.
8. Kwon JW, Kim TW, Kim KM, Jung JW, Cho SH, Min KU, Kim YY, Park HW. Differences in airway inflammation according to atopic status in patients with chronic rhinitis. *Asia Pac Allergy* 2012;2:248-55.
9. Kikkawa Y, Sugiyama K, Obara K, Hirata H, Fukushima Y, Toda M, Fukuda T. Interferon-alpha inhibits airway eosinophils and hyperresponsiveness in an animal asthma model. *Asia Pac Allergy* 2012;2:256-63.
10. Xiao GN, Sun QP. Contribution of serum IL-4 and IgE to the early prediction of horse serum allergies in guinea pigs. *Asia Pac Allergy* 2012;2:264-8.
11. Kim H, Ban J, Park MR, Kim DS, Kim HY, Han Y, Ahn K, Kim J. Effect of bathing on atopic dermatitis during the summer season. *Asia Pac Allergy* 2012;2:269-74.
12. Yılmaz İ, Doğan S, Tutar N, Kanbay A, Büyükoğlan H, Demir R. Biphasic anaphylaxis to gemifloxacin. *Asia Pac Allergy* 2012;2:280-2.
13. Yang MS, Lee SH, Kim TW, Kwon JW, Lee SM, Kim SH, Kwon HS, Park CH, Park HW, Kim SS, Cho SH, Min KU, Kim YY, Chang YS. Epidemiologic and clinical features of anaphylaxis in Korea. *Ann Allergy Asthma Immunol* 2008;100:31-6.
14. Lertnawapan R, Maek-a-nantawat W. Anaphylaxis and biphasic phase in Thailand: 4-year observation. *Allergol Int* 2011;60:283-9.
15. Simons FER, Arduzzo LRF, Bilò MB, El-Gamal YM, Ledford DK, Ring J, Sanchez-Borges M, Senna GE, Sheikh A, Thong BY, for the World Allergy Organization. World Allergy Organization Guidelines for the assessment and management of anaphylaxis. *World Allergy Organ J* 2011;4:13-37.