

# THE ALLERGY & ASTHMA CLINIC

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NEWSLETTER

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## New Study Results: Allergy Shots Reduce Children's Healthcare Costs

A large-scale study, published in the January 2010 edition of the Annals of Allergy, Asthma and Immunology, demonstrated "the potential for early and significant cost savings in children with allergic rhinitis (AR) treated with immunotherapy" and went on to add that "greater use of this treatment...could reduce...morbidity and its economic burden".

Allergic rhinitis (AR) is the third most common chronic disease in children. Up to 40% of the population under age 18 are affected.

Symptoms of untreated or inadequately treated AR:

- Impaired quality of life, poor school performance and/or learning ability
- Depressed mood
- Sleep disturbance and daytime fatigue
- Irritability and behavioral problems
- Interference with social interaction
- Decreased participation in sports and other outdoor activities
- Decreased appetite
- Poor growth
- Failure to thrive
- Worsening allergy symptoms

In addition to the misery of hay fever and sinus symptoms, medical complications of untreated AR include increased risk of:

- Asthma
- Allergic Conjunctivitis (itchy red watery eyes)
- Eczema
- Eustachian tube dysfunction
- Otitis media (Ear Infection)
- Swollen lymph glands
- Obstructive sleep apnea
- Recurrent sinusitis and other respiratory infections

In the US each year, 16.7 million office visits (child and adult), 2 million missed school days and \$2.3 billion in direct costs to children under the age of 12 are due to AR. The presence of AR in children with asthma significantly increases the use of health care services, including a 250% increase in hospitalizations. "Early diagnosis and aggressive treatment of this allergic condition are a priority due to the significant clinical and economic consequences."

Allergen immunotherapy has proven to be highly effective and safe in the treatment of AR although very infrequently used compared to standard OTC and prescription medications. Pharmacological treatments provide temporary relief of symptoms and do not remain effective after discontinuation of use. In contrast, studies of immunotherapy have shown that 3 to 4 years of consistent

treatment frequently results in sustained reduction of symptoms for a number of years after immunotherapy has been completed and stopped.

In addition to its long-term sustained benefit, immunotherapy is the only treatment proven to alter the course of allergic disease with reductions in the likelihood that children with allergies will develop asthma or other medical complications and new allergies to other allergens.

The authors conclude that immunotherapy remains an underused treatment for allergies in the US despite the large body of scientific evidence that supports its effectiveness and safety. Although the initial upfront costs may be more expensive, they are typically offset by the reduction in cost for medications, urgent and emergency healthcare visits and the greater productivity and improved performance most patients experience and achieve with this very effective treatment. Studies have shown that only 3 to 5% of US children and adults with AR, asthma, or both have received immunotherapy and these latest findings conclude "that more frequent use of immunotherapy could lead to not only improved clinical outcomes but also to early and consistent reduced direct medical expenditures in children with AR".