New ARIA guidelines: Care pathways for allergic diseases

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In all societies, the burden and cost of allergic and chronic respiratory diseases are increasing rapidly. Most economies are struggling to deliver modern healthcare effectively. There is a need to support the transformation of the healthcare system for integrated care. As an example for chronic disease care, MASK (Mobile Airways Sentinel Network) [1], a new project of the ARIA (Allergic Rhinitis and its Impact on Asthma) initiative and POLLAR (Impact of Air Pollution on Asthma and Rhinitis, EIT Health) [2], in collaboration with professional and patient organizations in the field of allergy and airway diseases, is proposing real-life ICPs centered around the patient with rhinitis, and using mHealth monitoring of environmental exposure. Three aspects of care pathways are developed. (i) Patient participation, health literacy, and self-care through technology-assisted “patient activation”, (ii) implementation of care pathways by pharmacists, and (iii) next-generation guidelines assessing the recommendations of GRADE guidelines in rhinitis and asthma using real-world evidence (RWE) obtained through mobile technology. The EU and global political agendas are of great importance to support the digital transformation of health and care, and MASK has been recognized as a Good Practice in the field of digitally enabled, integrated, person-centered care by DG Santé. MASK, Fondation Partenariale MACVIA-LR, Montpellier, France, aims to provide an active and healthy life to rhinitis sufferers and to those with asthma multimorbidity across the life cycle, whatever their gender or socio-economic status, in order to reduce health and social inequities incurred by the disease and to improve the digital transformation of health and care. The ultimate goal is to change the management strategy in chronic diseases. MASK implements ICT technologies for individualized and predictive medicine to develop novel care pathways by a multi-disciplinary group centered around the patients. Stakeholders include patients, healthcare professionals (pharmacists and physicians), authorities, patients associations, private and public sectors. MASK is deployed in 23 countries and 17 languages. 26,000 users have been registered. Lessons learnt with MASK include (i) adherence to treatment is the major problem of allergic disease [3], (ii) self-management strategies should be considerably expanded (behavioural) [4], (iii) change management is essential in allergic diseases [5], (iv) education strategies should be reconsidered using a patient-centered approach, and (vi) lessons learned for allergic diseases can be expanded to chronic diseases.

Allergen immunotherapy (AIT) is a proven therapeutic option for the treatment of
allergic rhinitis and/or asthma. Many guidelines or national practice guidelines have been produced but the evidence-based method varies, many are complex and none propose care pathways. The decision to prescribe AIT for the patient should be individualized and based on the relevance of the allergens, the persistence of symptoms despite appropriate medications according to guidelines as well as on the availability of good-quality and efficacious extracts. Allergen extracts cannot be regarded as generics. Immunotherapy is selected by specialists for stratified patients. In adolescents and adults, AIT should be reserved for patients with moderate/severe rhinitis or for those with moderate asthma who, despite appropriate pharmacotherapy and adherence, continue to exhibit exacerbations that appear to be related to allergen exposure, except in some specific cases. Immunotherapy may be even more advantageous in patients with multimorbidity. In children, AIT may prevent asthma onset in patients with rhinitis. mHealth tools are promising for the stratification and follow-up of patients.

The selection of pharmacotherapy for patients with allergic rhinitis aims to control the disease and depends on many factors. GRADE guidelines have considerably improved the treatment of allergic rhinitis. However, there is an increasing trend to use real-world evidence to perform clinical practice, especially as randomized controlled trials are often limited with regard to the applicability of results. The MACVIA algorithm proposed an allergic rhinitis treatment by a consensus group. This simple algorithm can be used to step-up or step-down AR treatment. Next-generation guidelines for the pharmacologic treatment of allergic rhinitis were developed using existing GRADE-based guidelines for the disease, real-world evidence provided by mobile technology [4], and additive studies (allergen chamber studies [6]) to refine the MACVIA algorithm.

References


[●] vollständige Adresse, E-Mail-Adresse und Autorenportrait des Korrespondenzautors fehlen, bitte ergänzen [●]