

Clinical & Experimental Allergy

A call to arms

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Asthma is one of the most prevalent long-term diseases causing a massive impact to patients and their families and a huge expense to national health services. Large gaps still exist in our understanding of asthma. We need to close these if we are to make further large advances into controlling this disease. In an editorial in this issue, Walker et al. [1] advocate a partnership approach to tackling the challenges of asthma on behalf of the European Asthma Research & Innovation Partnership (EARIP: (www.earip.eu)) (free access). They are asking the asthma community to sign up to their statement calling for more investment (www.asthma.org.uk/AsthmaNeedsResearch) and to join them at a European Respiratory Society symposium in London on Monday 5th September.

Randomized controlled trials of new therapies for allergic disorders are typically lengthy, expensive studies. A large number of participants need to be recruited into studies to overcome the huge variation between allergen exposure between individuals and their



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Caption to cover illustration: Mechanisms associated with early and late phase nasal responses during an allergen challenge. [see figure 2 in A. O. Eifan and S. R. Durham (pp. 1139–1151)].

 This logo highlights the Editor-in-Chief Editorial articles on the cover and the first page of each of the articles.

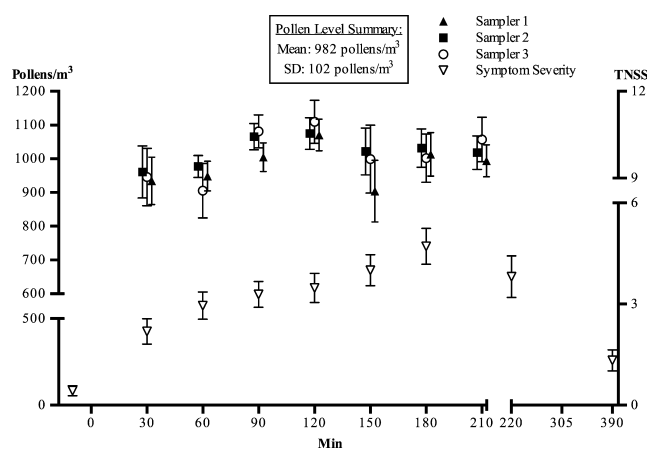


Fig. 1 Pollen exposure relatively constant over 3½ hours of exposure with increasing symptom score.

individual response to allergen. Environmental exposure chambers have been developed to allow homogeneous allergen exposure between participants providing definitive results from relatively small phase II studies. But how is homogeneous exposure achieved? Kenney et al. [2] describe one system in this issue (Fig. 1).

There is now evidence to suggest that early-life microbial exposure is a key factor in the development of childhood asthma. Mulder et al. [3] have examined whether there is an association between prenatal antibiotic use and asthma in preschool children using routine data. They compared children with asthma to both sibs and other children without asthma to control for potential confounders. Both analyses demonstrated that antibiotics in the last trimester were associated with an increased risk of asthma. We now need to consider how we might be able to alter this risk and so reduce the development of asthma.



Bianca Mulder

In this issue, Smith et al. [4] assess whether a structured allergy assessment, covering history and skin prick testing, with specific advice can improve outcomes in children with asthma and rhinitis in primary care (free access). A randomized controlled design was used with a blinded observer assessing outcomes at 12 months. The intervention was associated with less rhinitis symptoms and improved quality of life. Interestingly, there were no changes in asthma outcomes. While it is great to see a positive impact on rhinitis, the lack of benefit for asthma does beg the question, did the intervention lead to a clinically important reduction in exposure to relevant allergens. Actual allergen exposure is perhaps an important factor to assess in such an interventional study particularly as there is always the potential for the control arm changing their behaviour just by being part of the study. This study does though demonstrate the value of an allergy assessment in primary care. It would be good to see data from other parts of the UK where specialist allergy support is less available.



Helen Smith

Finally, we are all increasingly relying on guidelines to optimize the management of our patients. But how good are these guidelines? Rusczyński et al. [5] have systematically assessed the quality of the current cow's milk allergy guidelines. They found 15 publications from the last 6 years. They used the Agree II approach to assessing quality. This is an approach that is now widely used, and it assesses purpose, stakeholder involvement, rigour, clarity, applicability and editorial independence. One of the challenges here is that this approach can only assess what is detailed in the guidelines. Two guidelines managed to achieve a 100% overall score, including the one published by the BSACI [6]. Some publications fared less well. It might be perceived as being unfair to appraise guidelines from different groups with very different resources to support their generation. However, they all aim to guide the management of patients and so really ought to be assessed in a similar way. Like all systematic reviews, the devil is in the details, and to really understand the results, a reader needs to go further than looking at the summary marks for each guideline.

References

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- 4 Smith H, Horney D, Jones C *et al.* Pragmatic randomized controlled trial of an allergy intervention for children aged 6–16 with asthma and rhinitis in general practice. *Clin Exp Allergy* 2016; **46**:1227–35.
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