



Is your patient's rhinitis allergic or non-allergic?

**Test with Allergenex to
differentiate the diagnosis
and to target treatment**



ALLERGENEX™

The First Step to Better Health

Upper Respiratory Disease Patient Management



PATIENT PRESENTS WITH SYMPTOMS
Nasal Congestion, Rhinorrhea,
Increased Secretions, Sneezing



History and physical exam



Allergenex

“Rhinitis should be classified by etiology as allergic or non-allergic and differentiated from conditions that mimic symptoms of rhinitis.”

-AAAAI/ACAAI Joint Task Force on Practice Parameters

THE VALUE OF POSITIVE SPECIFIC IgE TEST RESULTS

- ✔ Identify specific allergens to reduce exposure
- ✔ Formulate an appropriate therapy plan based on objective evidence indicating an allergic cause
- ✔ Decide if and when referral is appropriate

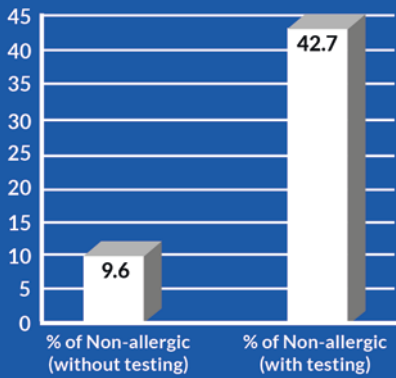
THE VALUE OF NEGATIVE SPECIFIC IgE TEST RESULTS

- ✔ Rule out allergies and get to the underlying cause
- ✔ Formulate an appropriate treatment plan based on objective evidence indicating a non-allergic cause
- ✔ Decide if and when referral is appropriate

When used in conjunction with patient history and physical exam, Allergenex results offer objective evidence to help:

- Rule in/out atopy as the cause of allergic symptoms
- Select appropriate targeted treatments for allergic or non-allergic rhinitis
- Identify specific allergic triggers ^{3,8}
- Implement targeted exposure reduction methods

The difference testing makes ⁹



With the use of specific IgE testing, the diagnosis of non-allergic patients increased from 9.6% to 42.7% ⁹

“Diagnosing and controlling allergic rhinitis- through avoidance measures, pharmacotherapy or a combination of these- is an important part of an overall allergy management plan”

- American Academy of Family Physicians



Rhinitis

Allergic or non-allergic? Knowing makes a difference.

Not all rhinitis is allergic

- Symptoms overlap- but the underlying cause and therapy selection can be different ^{2,3}
- Allergic rhinitis is over-diagnosed: among patients diagnosed as having allergic rhinitis and prescribed non-sedating antihistamines, approximately 65% are not allergic ^{4,5}
- Differentiation between allergic and non-allergic rhinitis requires evaluation of specific IgE antibodies in addition to thorough history and physical exam ^{2,3,6}

Results of 2 studies ^{4,5}



Without specific IgE testing, allergic rhinitis is often the presumptive diagnosis

- The majority of patients presenting with rhinitis symptoms are not allergic ^{4,5}

The cumulative effect of allergens ⁷



Situation A

Specific IgE is present but there are no symptoms

Situation B

Third allergen exposure creates symptoms when no exposure reduction measures are taken

Situation C

Third allergen exposure does not produce symptoms if exposure reduction measures are taken for allergens I and II

Non-sedating antihistamines are not effective in non-allergic rhinitis

- Non-sedating antihistamines and leukotriene receptor antagonists will only work if the symptoms are caused by allergic inflammation
- Non-sedating antihistamines and leukotriene receptor antagonists are not effective for non-allergic rhinitis ^{1,2}

Targeted treatment requires targeted diagnosis

- Your patients with rhinitis symptoms have likely already failed on over-the-counter non-sedating antihistamines
- Use normal test results to aid compliance with medications effective in non-allergic disease (decongestants, intranasal steroids)

Allergic Triggers

- Dust Mite
- Cockroach
- Dog Dander
- Cat Dander
- Trees
- Weeds/Grasses
- Molds

Different causes can trigger the same symptoms ^{2,3}

The Need

Patients want relief from their symptoms

The Challenge

Symptoms of allergic and non-allergic causes are similar ³

- Nasal Congestion
- Rhinorrhea
- Increased secretions
- Sneezing
- Pruritus

Non-Allergic Triggers

- Cigarette Smoke
- Air Pollution
- Perfume
- Temperature Change
- Alcohol
- Infection

Allergenex makes it easy for clinicians to test

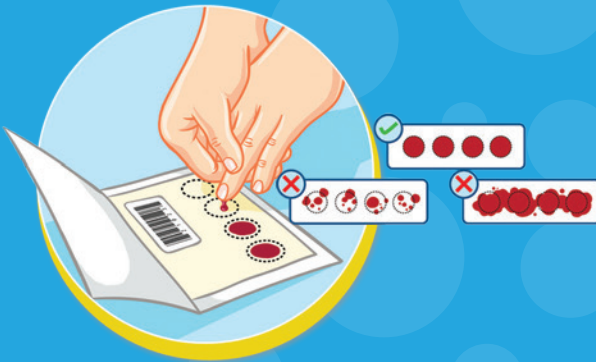
1. Fill out the form



2. Lancet Patient Finger



3. Apply Blood to Card



4. Mail Back in Envelope Provided

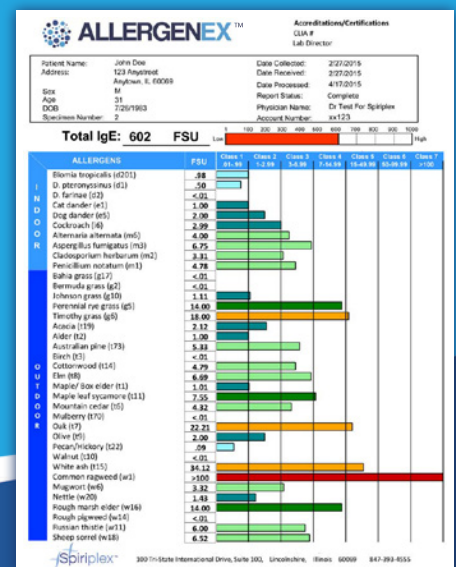


Easy to use

- Simple in office fingerstick blood collection
- Patients do not need to stop medications
- Comprehensive respiratory profiles test for common inhalant allergens

Concise Reports

Lab reports are quantifiable and graphical on a single page. Reports contain Total IgE and a profile of thirty-seven specific allergens for unsurpassed positive and negative predictive values. Efficient for the clinician and educational for the patient.



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The Allergenex test results are in

What do I do now?

✓ Make a plan

Positive specific IgE test results

- Use appropriate medications to target allergic etiologies
- Rank positive results in order from high to low IgE measurements
- Emphasize reducing indoor triggers as these may be easier to control
- With multiple positive results, reduce exposure to the trigger with the highest IgE levels. Do this for 4 weeks, and if symptoms improve, continue therapy. If not, instruct patient to avoid the next most likely contributor to symptoms while continuing to avoid first allergen

Negative specific IgE test results

- Explore other possible symptom causes
- Use appropriate medications to address non-allergic etiologies

✓ Educate the patient

Positive specific IgE test results

- Stress the need to reduce exposure to the relevant allergens based on the patient's documented sensitization
- Encourage compliance with targeted medications to achieve symptom relief

Negative specific IgE test results

- Encourage compliance with targeted medications to achieve symptom relief
- Reduce needless exposure reduction strategies and associated costs

✓ Schedule a follow-up appointment or consider an appropriate referral

References

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www.spiriplex.com

100 Tri-State International, Suite 100 Lincolnshire, IL 60069 PH: 847-393-4555

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