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Short course specific immunotherapy for seasonal allergic rhinoconjunctivitis and its impact on quality of life

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INTRODUCTION

Conventional immunotherapy can contain long dosing regimens leading to a significant treatment and economic burden for both patients and hospitals, potentially resulting in poor adherence. Grass Modified Allergen Tyrosine Adsorbate (MATA) monophosphoryl lipid A (MPL) is a short course subcutaneous immunotherapy (SCIT) that has been reported to offer the same efficacy as conventional SCIT in a shorter treatment course. The allergens have been modified into allergoids by treatment with glutaraldehyde adsorbed onto L-tyrosine. The allergen extracts are standardised (in SU, Standardised Units) by biochemical methods and characterised, to provide a constant quality of allergen content and activity. The outcome of treatment would be an improvement in quality of life and symptoms.

METHODS

At our centre 47 patients with seasonal allergic rhinoconjunctivitis were treated with Grass MATA MPL. It was administered prior to the pollen season as a course of four subcutaneous 1.0ml injections:

- One 3000SU/ml injection
- One 800 SU/ml injection
- Two 2000SU/ml injections.

The first three injections were administered at 1 to 2 week intervals and the fourth injection was administered 1 to 4 weeks after the third injection. Patients receive a maximum of 3 years treatment.

All patients were asked to fill in a validated Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) prior to the start of treatment and at the start of each subsequent year of treatment. We report here on the comparison of these questionnaire results.

RESULTS

Table 1: Percentage Reduction within each Symptom Group

<table>
<thead>
<tr>
<th>Symptom Group</th>
<th>Year 1 (%)</th>
<th>Year 2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>32.26</td>
<td>17.44</td>
</tr>
<tr>
<td>Sleep</td>
<td>33.98</td>
<td>18.44</td>
</tr>
<tr>
<td>Non-Nose/Eye Problems</td>
<td>32.44</td>
<td>13.94</td>
</tr>
<tr>
<td>Practical Problems</td>
<td>31.35</td>
<td>17.01</td>
</tr>
<tr>
<td>Nasal</td>
<td>33.05</td>
<td>15.30</td>
</tr>
<tr>
<td>Eye</td>
<td>36.02</td>
<td>15.80</td>
</tr>
<tr>
<td>Emotional</td>
<td>37.18</td>
<td>19.02</td>
</tr>
</tbody>
</table>

Key to Graphs:

- Pretreatment
- Year 1
- Year 2

Statistics:

All statistics were done using a 2-tailed paired T-test. * p < 0.001
# p <0.05
NS None Significant

CONCLUSION

Use of a short course subcutaneous immunotherapy in patients with seasonal allergic rhinoconjunctivitis enhances all measured aspects of their quality of life significantly, even after only one year of treatment. This continues to improve during the second year but to a lesser extent.

REFERENCES

1 Ultra-Short-Course Seasonal Allergy Vaccine (Pollinex Quattro). McCormack PL, Wagstaff AJ. Drugs. 2006; 66(7): 931-8

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