

CANINE ENVIRONMENTAL ALLERGY LITERATURE QUOTES

COMMONLY USED ABBREVIATIONS:

ASIT = Allergen-specific immunotherapy, ASIS = Allergen-specific IgE serology, AD = Atopic dermatitis, IDT/IDAT = Intradermal testing / Intradermal allergy testing

Griffin CE and Hillier A (2001). The ACVD task force on canine atopic dermatitis (XXIV): allergen-specific immunotherapy. *Veterinary Immunology and Immunopathology*; **81(3-4): 363-383.**

"...multiple open studies and a large body of clinical observations suggest that ASIT is effective in controlling the clinical signs of dogs with AD".

Gow D and Jackson H (2017). Allergen-specific immunotherapy in small animal patients – part 1. *Veterinary Times*; **03.**

"ASIT has been used for many years to successfully treat human and veterinary patients with AD. It should always be considered and offered to clients with dogs and cats diagnosed with AD associated with exposure to environmental allergen(s) as an effective long-term treatment. Clients must be informed clinical improvement is not seen in every patient. The time for a clinically useful effect to be noted can be up to 12 months, therefore additional therapy is often indicated to achieve clinical improvement and a suitable quality of life for the dog".

Olivry T, DeBoer DJ, Favrot C et al. (2015). Treatment of canine atopic dermatitis: 2015 updated guidelines from the International Committee on Allergic Diseases of Animals (ICADA). *BMC Veterinary Research*; **11:210.**

"IgE serologies are helpful to identify hypersensitivity to environmental allergens in dogs with AD".

"Allergen-specific immunotherapy (ASIT) is an effective and safe way to reduce the clinical signs of AD in dogs".

Schnabl B, Bettenay SV, Dow K et al (2006). Results of allergen-specific immunotherapy in 117 dogs with atopic dermatitis. *Veterinary Record*; **158: 81-85.**

"The success rate was not affected significantly by the age of the dogs when the disease developed, or by their age or the period for which they had shown clinical signs when the treatment began; it was also unaffected by whether pollens, moulds or dust mites were used as antigens, or by whether the offending allergens had been identified by intradermal testing or by serum testing for allergen-specific immunoglobulin E".

Willemse T, Bardagi M, Carlotti DN et al. (2009). Dermatophagoides farinae-specific immunotherapy in atopic dogs with hypersensitivity to multiple allergens: A randomised, double blind, placebo-controlled study. *The Veterinary Journal*; **180: 337-342.**

"The results of this study indicate that in dogs with atopic dermatitis based on hypersensitivity to environmental allergens in addition to D. farinae, Df-restricted immunotherapy is insufficient to control the disease. Consequently, a solution for allergen-specific immunotherapy should remain customised".

Halliwell R (2016). The diagnostic approach to pruritus. In: *Proceedings of the 8th World Congress of Veterinary Dermatology, Bordeaux 2016.*

With regards to ASIT *"This is still regarded as the preferred treatment by many clinicians".*

"Hypersensitivity to the organism may be responsible for the clinical signs. This is the rationale for undertaking serology for Malassezia-specific IgE".

Marsella R (2016). Atopic dermatitis: What is the latest in therapy. In: Proceedings of the 8th World Congress of Veterinary Dermatology, Bordeaux 2016.

“Oclacitinib can also be used for long term therapy as well, and it appears to be safe. However, for patients requiring medication for many months to years it is always prudent to find alternative therapies when treatment is needed for extended periods of time. The long term strategy is typically composed of anti-inflammatory treatments (e.g. cyclosporine, oclacitinib or glucocorticoids) in combination with immunotherapy to modulate the hypersensitivity reaction and minimize future flare ups”.

“Allergen specific immunotherapy is still considered the best long term approach for young animals with symptoms present for many months to years. Although allergen specific immunotherapy is typically presented as “expensive”, when compared to the cumulative cost of other forms of management (e.g. cyclosporine in a large breed dog) it is actually cost effective as it can decrease the frequency of infections, therefore, the use of antibiotics and the risk of resistance as well as the need for other medications. In human medicine, allergen specific immunotherapy has been demonstrated to alter the course of the disease and decrease the number of sensitizations in the long run”.

Fischer NM, Rostaher A and Favrot C (2019). Allergen-specific immunotherapy in dogs with atopic dermatitis: a comparison of subcutaneous, intralymphatic and sublingual administration. In: Proceedings of the 31st Annual Congress of the European Society and College of Veterinary Dermatology, Liverpool, 2019.

“Allergen-specific immunotherapy (ASIT) is the only causative treatment of atopic dermatitis in dogs”.

Ramio-Lluch L, Brazis P, Ferrer L et al. (2019). Efficacy of allergen-specific immunotherapy in dogs with atopic dermatitis: a retrospective study of 145 cases. In: Proceedings of the 31st Annual Congress of the European Society and College of Veterinary Dermatology, Liverpool, 2019.

“Of the 112 dogs treated with ASIT for >10 months, 81 (72%) showed a significant improvement in clinical signs, measured in a disease severity score from 0 to 10 ($p \leq 0.001$, Student’s paired t-test)”... “The clinical signs began to improve at a mean time of 4.7 ± 2.7 months after beginning of the treatment. ASIT also was associated with a sparing effect of concomitant medication (specifically in local and systemic corticoids, oclacitinib, systemic and local antibiotics, $p < 0.001$). After this period, 58% of the dogs were treated exclusively with ASIT”.

Nuttall T (2017). Immunomodulation of atopic dermatitis. In: Proceedings of the 29th Annual Congress of the European Society and College of Veterinary Dermatology, Lausanne, 2017.

“Human and canine AD share many similarities. They are a chronic relapsing conditions that require ongoing management. AD is commonly complicated by recurrent staphylococcal infection, and maintaining remission is important in antimicrobial stewardship. Treatment involves avoiding flare factors, allergen avoidance and specific immunotherapy, improving skin barrier function, immunomodulation, and maintaining a healthy diverse microbiome”.

Hensel P (2017). What’s new in diagnostic procedures? Allergy diagnosis. In: Proceedings of the 29th Annual Congress of the European Society and College of Veterinary Dermatology, Lausanne, 2017.

“Severe clinical signs, duration of clinical signs for more than 3 months per year, and insufficient management with symptomatic therapy, due to side effects to the drugs used and/or poor owner compliance, justify in most cases allergy testing such as intradermal testing (IDT) or allergen-specific IgE serology”... “ASIS has several advantages over IDT, such as: no patient risk (no sedation required), less traumatic (no repeated injection required), and more convenient (no clipping needed, less time consuming)”.