

# For Evidence-Based Diagnosis In Upper Respiratory Disease

- Nearly two-thirds (of patients taking prescription antihistamines) ... were found to be Specific IgE negative (non-atopic) ... Specific IgE testing conducted for patients presenting with allergy-like symptoms may result in more targeted therapy and hence improved treatment outcomes. ... It is clear that the use of objective diagnostic evidence is essential for the primary care physician to manage patients with allergy-like symptoms successfully.”

Szeinbach S, Boye M, Mutendam P, O'Connor R. Diagnostic Assessment and Resource Utilization in Patients Prescribed Non-Sedating Antihistamines. Paper Presented at: ACOFP; March 2001.

- “Missing and misdiagnosing allergy can delay appropriate therapy. ... Confirm the diagnosis with objective measures ... skin testing or specific IgE *in vitro* assays are recommended. ... Specific allergen avoidance and treatment measures should be based on positive history and diagnostic testing.”

American Academy of Allergy, Asthma and Immunology. *Overview of Allergic Diseases: Diagnosis, Management, and Barriers to Care*. Milwaukee, Wis: AAAAI; 2000. *The Allergy Report*. Vol 1.

- “IgE immunoassays correlate with symptoms of natural exposure, will establish the diagnosis of allergic rhinitis, can form the basis for environmental therapy, and therefore should be extensively used by primary care physicians who manage patients with allergic rhinitis.”

American College of Physicians. Allergy and Immunology. In: *Medical Knowledge Self-Assessment Program*. Philadelphia, Pa: 1998;399-401.

- “Clearly one of the most frequent decisions a clinician makes is whether to order a test to diagnose a current disease. This is particularly important in the field of allergy, as many of the symptoms are quite common and difficult to differentiate from a number of other causes. This study points out that there is a surprisingly high rate of false-positive results predicted by the clinical history...”

Williams PB, Siegel C, Portnoy J. Efficacy of a single diagnostic test for sensitization to common inhalant allergens. *Ann Allergy Asthma Immunol*. 2001;86(2):196-202.

- “... Combining medical history with (diagnostic testing) resulted in a near-perfect discrimination of patients with and without nasal allergies; this discrimination was significantly better than that provided by the medical history alone. ... Another interesting finding in our study was that SPT (skin prick test) did not perform better than RASTs™; ... the tendency to perform better by most of the RAST criteria may be due to the use of the recently introduced (ImmunoCAP® Specific IgE blood test), which has a greater sensitivity than the older paper disk method.”

Crobach MJ, Hermans J, Kaptein AA, Ridderikhoff J, Petri H, Mulder JD. The diagnosis of allergic rhinitis: how to combine the medical history with the results of radioallergosorbent tests and skin prick tests. *Scand J Prim Health Care*. 1998;16(1):30-36.

- “...both SPT and RAST values exhibited excellent efficiency in the diagnosis of cat allergy. ... On the basis of these challenge results, the sensitivity, specificity, PPVs, NPVs, and efficiency were calculated for each test. ... RAST results were similar to those for SPTs. ... it is possible that the sensitivity would have been improved had we used the CAP-RAST (ImmunoCAP Specific IgE blood test) system for all subjects.”

Wood RA, Phipatanakul W, Hamilton RG, Eggleston PA. A comparison of skin prick tests, intradermal skin tests, and RASTs in the diagnosis of cat allergy. *J Allergy Clin Immunol*. 1999;103(5 pt 1):773-779.

- “...*In vitro* (IgE) testing by generalist physicians (is supported by specialists) to effectively manage and properly refer patients. ...It should be part of the role of the allergist to embrace this technology and educate clinicians on its value. ...”

Current issues relating to in vitro testing for allergen-specific IgE: a workshop report (editorial). *Ann Allergy Asthma Immunol.* 1999;82(5):407-412.

- “...diagnostic testing rather than signs and symptoms is necessary to differentiate isolated vasomotor rhinitis from allergic rhinitis.”

New England Medical Center Evidence-based Practice Center. *Management of Allergic and Nonallergic Rhinitis.* Evidence Report/Technology Assessment No. 54. AHRQ Pub. No. 02-E024. Rockville, Md: Agency for Healthcare Research and Quality; May 2002:30.

- “...not all commercial laboratories/assays for Specific IgE provide reproducible and accurate data. ...research has found (only) the Pharmacia CAP System to be reproducible, quantitative, and accurate. ...The clinical application of accurate and reliable IgE antibody test results interpreted within the context of the clinical history and physical examination can add significant objectivity to the evaluation of allergic patients.”

Szeinbach SL, Barnes JH, Sullivan TJ, Williams PB. Precision and accuracy of commercial laboratories' ability to classify positive and/or negative allergen-specific IgE results. *Ann Allergy Asthma Immunol.* 2001;86(4):373-381.

- “According to a national survey of allergists and primary care physicians (PCPs) released today, more than 65 percent of physicians say they are only somewhat satisfied with currently available medications for treating allergies. Consequently, more than 50 percent of allergists and 39 percent of PCPs said they prescribe more than one medication to their patients.”

American College of Allergy, Asthma, and Immunology. Doctors feel allergy patients don't get complete symptom relief from current treatment options (press release). November 15, 2001. Available at: <http://allergy.mcg.edu/news/surveypt.html>. Accessed April 30, 2002.

- “A number of diseases can appear to be allergies, but upon professional examination prove to have other causes. ...It is important to show proof of allergy whenever it is suspected because the treatments for allergic and non-allergic disease can be quite different.”

*A Closer Look at Allergies. Family Practice Recertification.* Reston, Va. Asthma and Allergy Foundation of America and the National Pharmaceutical Council.

- “The differential diagnosis of rhinitis is critical for optimal disease management.”

Ledgerwood GL. *Are You Sure It's Allergies?* Supplement to: *Family Practice Recertification.* Jamesburg, NJ: Dental Learning Systems Co Inc. 2001;23(6).

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