

#0589 - Prospective adherence to specific immunotherapy in Europe (paste) - a three year survey

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Introduction

In order for allergen immunotherapy (AIT) to induce long-term immunological and clinical effects prolonged administration is required. Therefore adherence to treatment is crucial for its efficacy. There is currently limited data available on AIT adherence beyond clinical trials i.e. in real-life clinical practice.

Objectives

This EAACI Immunotherapy Interest Group endorsed survey aimed to prospectively evaluate adherence to sublingual and subcutaneous immunotherapy in adults with allergic respiratory diseases and Hymenoptera venom allergy in real life practice across different European countries. In addition, the reasons for lack of adherence and discontinuation of treatment were explored.

This was a prospective, multi-centre, observational survey which took place in eight countries: Czech Republic, Georgia, Germany, Greece, Italy, Poland, Portugal and Spain. Data collection involved an online survey that followed participants four-monthly for a period of 36 months from the start date of AIT.

Results

A total of 1,336 participants were included in the analysis. The average age was 36.52 ± 13.09 years with the majority (53.97%) being male. The conditions being treated with AIT were allergic rhinitis (81.76% of participants), asthma (35.14%) and Hymenoptera venom allergy (15.24%). 52.03% of participants suffered with the condition for over 5 years prior to receiving AIT. 83.86% were treated by the subcutaneous route and the rest sublingually. The main allergens treated included grass pollens, house dust mite, Parietaria and Hymenoptera venoms.

Preliminary analysis of the three year follow up data, showed good adherence to AIT with 88% of participants not missing any doses per 4-monthly period. Commonest reasons for missing doses were acute illness and forgetfulness. 19.9% (n=266) of participants that initially started AIT, discontinued treatment. The discontinuation rate for those receiving sublingual immunotherapy was 15.98% compared to 20.68% for the subcutaneous route. Reasons for discontinuation included financial cost and time/work commitments.

Conclusions

Compared to reported adherence rates for pharmacological treatments of other chronic medical conditions, adherence to AIT in real life practice is very good. Discontinuation rates in daily practice are comparable to those previously reported from clinical trials. Targeting the reasons for non-adherence and discontinuation will improve AIT practice.