



get to the true cause

of symptoms associated with **Upper Respiratory Disease (URD)**

- **Allergic Rhinitis**
- **Non-Allergic Rhinitis**
- **Sinusitis**

One third to one half of your patients present with Upper Respiratory Disease symptoms. A fraction of those have allergies. Which ones are they?

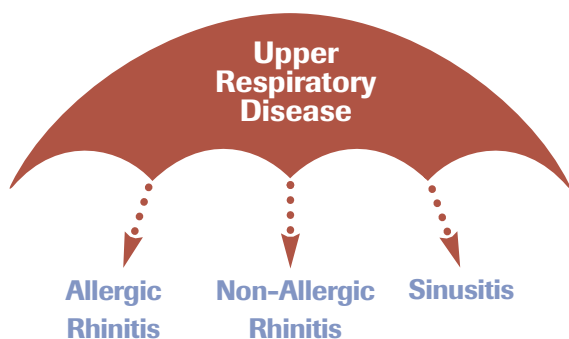
ImmunoCAP[®]
Specific IgE blood test

URD:
Easy to find.

Difficult to
diagnose.



Etiology Is Elusive



Specific IgE blood testing helps establish the diagnosis and therefore should be used extensively by primary care physicians who manage these patients.¹

Experts in allergy diagnosis have recommended use of *in vitro* allergen specific IgE blood testing by primary care physicians.²

Upper Respiratory Disease is defined as a collection of conditions that includes allergic rhinitis, non-allergic rhinitis, and sinusitis. The illnesses that fall under the URD umbrella share similar *allergy-like* symptoms, such as runny nose, itchy eyes, stuffy head, headache, and fatigue, making them difficult to differentiate and accurately diagnose with history and physical alone.

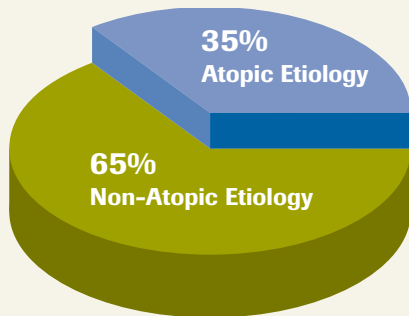
Differentiation between allergic and non-allergic rhinitis is essential because it can direct therapy appropriately.³

The Symptoms Are Everywhere.

Prevalence of URD in US Population

- 18% or 50 M with allergic rhinitis^{4, 5, 6}
- 18% or 50 M with non-allergic rhinitis^{4, 5, 6}
- 15% or 42 M with sinusitis^{4, 5, 6}
- 51% or 142 M total URD population^{4, 5, 6}

Actual Atopy and Antihistamine Use⁷



In this study, 65% of patients using prescription antihistamines were **not** allergic. In addition, in a recent survey, more than 65% of physicians said they are only **somewhat** satisfied with currently available medications for treating allergies.⁸

The combined results of these studies indicate that the dissatisfaction and poor patient outcomes are not necessarily related to medication ineffectiveness, but rather to misdiagnosis because of assessment based on symptoms and patient history alone.

Differential Diagnosis of Rhinitis.

Rhinitis should be classified by etiology as allergic or non-allergic.⁴

- Allergy is a common cause of rhinitis.⁴
- However, since approximately 50% of patients with rhinitis do not have allergic rhinitis, other potential causes must be ruled out.⁴

Allergic Versus Non-Allergic Etiology.

- Accurate diagnosis of an inhalant allergy requires history, physical examination, AND reliable allergy testing.³
- Differentiation between allergic and non-allergic etiologies is not always easy.³
- Specific IgE testing should be considered on all patients with a suspected diagnosis of allergic rhinitis.³
- Specific IgE test results can significantly influence treatment decisions.
- A definitive diagnosis should be made before formulating management.⁶

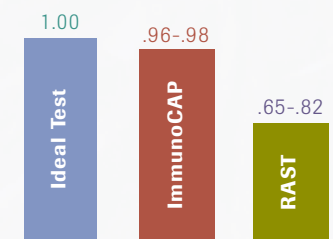
Get to the True Cause.

Objective evidence is needed to make a precise diagnosis and ensure proper and effective URD patient management. An accurate, definitive diagnosis based on objective laboratory evidence leads to

- more appropriate medication usage, including antihistamines and antibiotics
- greater patient satisfaction
- better control of costs associated with URD management
- more timely and appropriate referrals if needed

While allergic rhinitis is overdiagnosed, other etiologies of allergy-like symptoms are not being treated appropriately. ImmunoCAP[®] Specific IgE blood test can help you find out for sure.

Finally, an easy, **accurate** **differential** **test** for **primary care.**



ImmunoCAP Specific IgE blood test is vastly different from earlier *in vitro* technology such as RAST or modified RAST. ImmunoCAP compared favorably to the ideal standard in laboratory tests and is the preferred IgE testing method of primary care physicians and specialists worldwide.* (Ideal assay correlation coefficient of 1.0)

ImmunoCAP® Specific IgE blood test is a laboratory test used to add objective evidence in diagnosing patients with allergy-like symptoms. With one simple blood draw, ImmunoCAP provides a clinically relevant means of confirming or excluding the presence of atopic disease in patients with upper respiratory (allergy-like) symptoms. ImmunoCAP can also identify specific allergen sensitivities in those patients with confirmed allergy – which is helpful in practicing avoidance.

ImmunoCAP is a significant improvement over both original RAST™ technology and today's modified RAST tests. It has been accepted by the FDA as a truly quantitative measure of IgE. And, in recent studies, ImmunoCAP was shown to be the only specific IgE blood test to perform accurately and reliably across the entire clinical range. ImmunoCAP Specific IgE blood test provides accurate, quantitative results you can trust.^{4,9}

When you make ImmunoCAP part of your practice, you're adding essential evidence, leading to more confidence in the diagnosis of upper respiratory symptoms. Knowing the true cause means your patients will get the treatment they need to make them feel better.

References

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