

Overview

Diagnosics and treatment of dust-mite allergies

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Summary

Some 20% of the general population has allergic rhinitis (AR), and of this cohort, approximately a third have a dust-mite allergy that affects them year-round. In patients with perennial AR, the disease is often associated with other comorbidities of allergic origin such as bronchial asthma and atopic eczema, sleeping disorders, chronic sinusitis, Eustachian tube dysfunctions, etc.

From a therapeutic perspective, **allergen-avoidance measures can be recommended in many cases**. Drug-based treatment of dust mite AR consists mainly of administering mast cell stabilizers, antihistamines, glucocorticoids, leukotriene receptor antagonists and decongestants. In addition to allergen avoidance, allergen-specific immunotherapy is the only form of treating dust mite AR which addresses the pathogenesis.

The goal of this approach is to reduce the number of mites to whatever extent possible and create unfavorable conditions for them. International guidelines state that a Der p 1-concentration < 2µg dust has to be achieved to prevent sensitization or <10 µg dust to prevent symptoms of AR and allergic asthma from manifesting.

The following approach is recommended:

- Clinically diagnosing a significant mite or mite allergen response
- Eliminating the existing mites
- Removing mite allergens
- Preventing exposure to mite allergens
- Creating unfavorable conditions for them

Appropriate covers known as “encasings” enclose the mattress, duvet and pillow entirely.

They can be used without any adverse effects to **reduce the concentration of house dust mite allergens in inhaled air by up to 98% within a few days, thus minimizing symptoms and the need for medication**. When it comes to the “ecosystem of the bed,” they are the most efficacious mechanism in terms of reducing exposure to mite allergens.