

House Dust Mite Respiratory Allergy: An Overview of Current Therapeutic Strategies

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Summary*

Sensitivity to the house dust mites *Dermatophagoides pteronyssinus* and *Dermatophagoides farinae* can often be detected in patients with allergic rhinitis, allergic asthma or both.

A **sensitivity to house dust mites entails a great risk of developing allergic asthma.**

As the data from a study of adults in Denmark show, the risk of asthma developing in people with a sensitivity to house dust mites is greater than in those with a sensitivity to pollen or animal dander.

Diagnostic options in response to these complaints include a prick test and identifying specific IgE sensitivities via RAST. If a corresponding medical history is present, positive test results in one of the two procedures is adequate for clinical confirmation. In the event of negative findings in both tests along with a clinical history of complaints, molecular-biological test procedures are recommended to confirm a house dust mite allergy.

Measures to reduce house dust mites include the following

- The use of encasings
- Cleanliness in the home
- The use of acaricides

Preventive strategies are **especially recommended for infants and children** with a **greater genetic risk for asthma.**

Pharmacotherapy is efficacious but only limited to the period in which it is actively administered. By contrast, the effects of immunotherapy are sustained beyond the treatment period, although evidence of efficacy is much less robust than in comparison to pharmacotherapy. The authors point out that the degree of evidence increases in particular when sublingual immunotherapy with house dust mites is initiated.

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