

Why recommend ASIT to our atopic patients?

Dr. Carmen Lorente Méndez, DVM, PhD, DipECVD. EBVS® European Specialist in Veterinary Dermatology.

Allergen-specific immunotherapy (ASIT), or hyposensitisation, is a recommended treatment in case of atopic dermatitis.

ASIT has practically no adverse effects, and it is the only treatment that can reverse the disease. ASIT helps the immune system not to hyper-react against environmental allergens.

How can we have a satisfied client with ASIT?

It is critical, for the owner compliance, to clearly explain the treatment efficacy and what they can expect from it. In the following lines, we give some essential information that can help you to get your clients to understand the treatment and make them feel comfortable using ASIT.

What your client should know about atopic dermatitis before starting ASIT?

1. Atopic dermatitis is a chronic disease with a genetic background that lasts a lifetime.
2. Clinical signs increase year by year in severity, in the number of acute episodes per year and in difficulty to control the disease.
3. ASIT helps the immune system to modulate its response to the environmental allergens. It reduces the severity of clinical signs, the number of acute episodes and improves the control of pruritus. Many animals are freed from clinical signs by ASIT, and can, therefore, live without receiving antipruritic drugs.

How to treat the clinical signs of atopic dermatitis?

In atopic animals, the hyper-reactivity of the immune system produces inflammation of the skin, pruritus, lesions due to scratching



Picture Laboklin

and biting, and secondary infections. Environmental allergens are scattered all over, making it impossible to avoid contact with them. It is necessary to treat pruritus to prevent lesions and secondary infections.



Picture Laboklin

Medical treatment must be all year round in animals with non-seasonal allergy.

Must the animal be medicated for life?

Yes, atopic animals should receive life-long medical treatment. However, ASIT can reverse and control the disease, allowing a decrease or even a stop of further medications.



Picture Dr Carmen Lorente

How long can it take to see ASIT results?

ASIT has no immediate effect. The immune system needs time to learn. Some animals can have an excellent response in 4 – 6 months, but for others, it can take up to 1 – 2 years.

A recent study of 145 animals treated with ASIT, describes a significant improvement in clinical signs at a mean time of 4.7 ± 2.7 months after initiating treatment. After this period, 58% of the dogs were exclusively controlled with ASIT¹.

Do antipruritic drugs have to be stopped when initiating ASIT?

No. If the animal has pruritus, it has to be controlled with antipruritic / immunomodulatory drugs.

ASIT is a long-term treatment, and until it is free of clinical signs, the animal has to be medicated. Remember to use the lowest effective dose.

How to know when to stop medical treatment?

Short-term antipruritic drugs can be stopped for 1 – 2 days. If the animal begins to scratch, the drug must be reintroduced. After the withdrawal of the medical treatment, the animal should be re-evaluated regularly to detect an increase in pruritus and the need for antipruritic drugs.

How efficient is ASIT?

In the author's experience, ASIT is over 90% efficient. However, this does not mean that the antipruritic drugs can be withdrawn in all the cases. Most of the more severe and chronic cases may still need antipruritic drugs. Nevertheless, the flares are reduced or disappear, and the overall control of the disease improves.

ASIT is a safe treatment, in any case. It always stops the progression of the disease, which otherwise worsens over time.

In the study mentioned above, 72% of the atopic dogs treated for more than ten months with ASIT showed significant improvement of their clinical signs, and the use of concomitant medication was decreased¹.

What can cause “failure” of ASIT?

The main cause of failure of ASIT is discontinuing the treatment. Many owners stop ASIT, or they fail to order maintenance treatment to continue the therapy.

In the above-mentioned study, 23% of the owners of 145 dogs discontinued ASIT before completing ten months¹. Approximately half of these owners did not order refill treatment. Thus, the animals were treated for less than ten months. It is likely that if the treatment had continued, the animals would have had a good treatment response over time.



Picture: Artuvet

It is essential that you inform owners clearly about the life-long duration of treatment and the delayed onset of clinical improvement, and that you follow these animals and their disease closely.

The first year of ASIT is the most crucial one.

How long must the animal receive ASIT?

ASIT must be administered for life. Continuous treatment is needed for the immune system to avoid developing a new hyper-reactivity against environmental allergens.

Is ASIT an expensive treatment?

The monthly cost of ASIT is much lower than the medical treatment and the expenses of the veterinary consultations needed for an atopic animal that is not well-controlled.

As a start, ASIT should be used together with medical treatment and frequent veterinary consultations. The owner may feel it costly at the beginning, but within a year, the economic cost of the atopic animal will diminish due to ASIT.

Emotional factors, owner devotion, and deterioration of the quality of life of owner and animal are also relevant costs of this disease. ASIT reduces all these costs, which should be considered more critical than the economic ones.

- **BattLab** offers aluminium-free allergen-specific immunotherapy.
- Our allergy tests are specific for IgE (based in the Fcε receptor) and the use of CCD blockers avoids false-positive results.
- You can, therefore, trust your **BattLab** allergy test results to select which allergens to include in the ASITs for your patients.

Bibliography

¹Efficacy of allergen-specific immunotherapy in dogs with atopic dermatitis: a retrospective study of 145 cases. *Ramió-Lluch L, Brazís P, Ferrer L, Puigdemón A. ESVD-ECVD Abstracts 2020.*