



Brussels, July, 2014

## **SUBJECT: Request for Support in the Development of Allergology Education – ALERT PAPER**

We are contacting you today on behalf of Europe's allergic patients, health care professionals and researchers working in the field of allergy in order to underscore a topic of key importance in the field of healthcare. The European Federation of Allergy and Airways Diseases Patients' Associations (EFA), the European Academy of Allergology and Clinical Immunology (EAACI), the European Union of Medical Specialists (UEMS), the International Primary Care Respiratory Group (IPCRG) and Allergic Rhinitis and Its Impact on Asthma (ARIA), formally request endorsement from the responsible national authorities for **three** fundamental changes to healthcare systems across Europe regarding pre- and postgraduate medical education:

1. The formal recognition of a full medical specialty in Allergology and of a formally recognized sub-specialty of Pediatric-Allergology throughout all EU member countries.
2. The increase in quality and the harmonization of education for allergists and primary care physicians (PCPs)
3. The development and implementation of an educational model of Allergology in Medical Schools across Europe. Every medical student should participate and perform a course of clinical allergology as a requirement in every medical school across Europe.

Recent statistics clearly reveal an increasing shortage in the number of allergists and a growing number of severe allergy patients across Europe. Allergies are the most frequent chronic diseases in Europe today, affecting, with the most conservative estimates, the daily lives of more than 60 million people. Both, their prevalence and severity keep on increasing.

The trend previously described is extremely worrisome for the medical community; however, of even greater concern is the lack of knowledge amongst PCPs in the field of allergology. For experts in allergy, it is one problem to see a growing deficit in healthcare for the allergy patient but a tangible knowledge gap between experts and the general practitioners seeing allergic patients more routinely is an even greater concern. As a result, EFA, EAACI, IPCRG, UEMS and ARIA are united in stating a crisis is pending in public health where an increase in allergy prevalence is mounting pressure on a medical community with inadequate education in the field.

The current trends suggest, especially since so many people in Europe already suffer from allergic diseases, every second patient from 2015 seeing a primary care physician may have an allergy. By 2040, EAACI predicts that about half of the EU population will suffer from some type of allergy. There is a need for family physicians/general practitioners to increase their skills in identifying ways to differentiate between patients with mild allergies from those who have **moderate** to **severe** allergies in order to avoid unnecessary high costs to society. Community pharmacists also play a role in the identification of people with moderate and severe allergies.

Patients with severe and even life-threatening allergies will also consult primary care physicians. As a result, primary care must have competence to treat allergy and understand how a referral to allergy specialists can improve the standard of life for their allergy patients. Without the proper knowledge and information available to them, many allergy patients could be at risk of accepting their condition as “normal.” By this rationale, allergology must be introduced as a true and discrete medical specialty and should be on the curriculum of medical schools in every European country, meaning every medical student must get the basic knowledge and skills to diagnose, treat and follow-up with the patients who have the most common allergic diseases.

We realize there is a surplus of allergy specialists in some countries (e.g. Italy or Spain) while in other countries (e.g. UK or France) a lack of allergologists exists. However, the free movement of allergologists is hampered by some bureaucratic issues, even if Allergology is an officially recognized specialty in those countries.

Although a patients' acceptance of their disease as a “normal condition” is a tragic consequence of the lack of specialist management on the one hand with the general under-education of PCPs in the other, there are additional consequences as well. In the present time of economic recession and austerity, the effects of allergic diseases are especially relevant. Statistical evidence clearly show declines in productivity at work among adults and in schools among children. It is estimated that the annual cost of asthma in Europe is over € 18 billion; allergic rhinitis may cost up to € 100 billion, according to unpublished data from the Global Allergy and Asthma Network of Excellence, GA<sup>2</sup>Len, investigators. Skin allergy care costs may be as high as that of asthma (see details in the attached literature). In addition, the costs within healthcare systems of allowing allergy patients to remain untreated are enormous and extremely difficult to ignore. The burden of allergic diseases on society arrives in the form of absenteeism from work and school, strains upon entire family units, creating problems with concentration and sleeping abnormalities. The cumulative risk to European society of allowing the growing epidemic of allergic disease to go unnoticed is both expensive and irresponsible.

EFA, EAACI, IPCRG, UEMS and ARIA jointly request the commitment of the responsible national authorities to endorse the following suggestions be implemented across Europe:

1. The recognition of a common educational curriculum, realized through educational programmes in medical schools and nurse training, including post-graduate specializations in allergology for ALL EU countries.
2. The admission of PCPs to similar programmes to ensure the guarantee of quality education in the field of allergology.
3. It is essential to harmonize education for allergologists across Europe, by founding a common educational model in the field of allergology. Mutual recognition of allergology among all member states would be a first step.

In summary, the current trend for allergic diseases in Europe will not reverse itself without proper attention from the medical community and policymakers. Best practice models, such as the National Allergy Programme in Finland, are emerging to show how the burden of allergic diseases on Europeans can be effectively alleviated. Nevertheless, such models are an exception to the general status quo for most European healthcare systems struggling to cope with the needs of an increasing number of allergy patients. EFA, EAACI, IPCRG, UEMS and ARIA strongly encourage the responsible national authorities to act as swiftly as possible to begin to reverse the tide of allergic disease.

Yours sincerely,



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Enclosure:

Relevant Literature (in the follow up of the year of publication)

- 1) Nikolaos G Papadopoulos, Savvas Savvatianos: The vital need for Allergy Training: removing the doubts. *Prim Care Respir J* 2013; 22(x): xxx-xxx
- 2) Bousquet J, Schünemann HJ, Samolinski B, et al. Allergic Rhinitis and its Impact on Asthma (ARIA): Achievements in 10 years and future needs. *Allergy* 2012; 130: 1049-1062.
- 1) Calderon et al: EAACI: A European Declaration on Immunotherapy. Designing the future of allergen specific immunotherapy. *Clinical and Translational Allergy* 2012 2:20.
- 2) Chivato T, Valovirta E, Dahl R, de Monchy J, Thomsen A, Palkonen S, Jacobsen L. Allergy, Living and Learning: Diagnosis and Treatment of allergic Respiratory Diseases in Europe. *Investig Allergol Clin Immunol* 2012; 22(3): 168-179
- 3) Jacobsen L, Wahn U, Bilo MB: Allergen-specific immunotherapy provides, immediate, long-term and preventive clinical effects in children and adults: the effects of immunotherapy can be categorized by level of benefit –the centenary of allergen specific subcutaneous immunotherapy. *Clin Transl Allergy*. 2012, 2:8
- 4) Papadopoulos et al. *Clinical and Translational Allergy* 2012, 2:21. Research needs in allergy: an EAACI position paper, in collaboration with EFA
- 5) Virchow JC, Kay S, Demoly P, Mullol J, Canonica W, Higgins V: Impact of ocular symptoms on quality of life (QoL) work Productivity and resource utilization in allergic rhinitis Patients – an observational, Cross sectional study in four countries in Europe. *J Med Econ*. 2011, 14(§): 305-314.
- 6) Kohen D. Asthma and school functioning. *Health Rep*. 2010; 21 (4): 35-45
- 7) Wertz DA, Pollack M, Rodgers K, Bohn RL, Sacco P, Sullivan SD: Impact of asthma control on sleep, attendance at work, normal activities, and disease burden. *Ann Allergy Asthma Immunol*. 2010, 105(2): 118-123.
- 8) Accordini S, Corsico A, Cerveri I, Gislason D, Gulsvik A, Janson C, et al: The socio-economic burden of asthma is substantial in Europe. *Allergy* 2008, 63(1): 116-124.
- 9) Biardini I, Braido F, Tarantini F, Porcu A, Bonini S, Bousquet PJ, et al: ARIA – suggested drugs for allergic rhinitis: what impact on quality of life? A GA2LEN review. *Allergy* 2008, 63(6): 660-669.
- 10) Haahtela T et al. Finnish Allergy Programme 2008-2018. *Allergy* 2008; 63:634-645
- 11) Mancini AJ, Kaulback K, Chamlin SL: The socioeconomic impact of atopic dermatitis in the United States: a systematic review. *Pediatr Dermatol* 2008, 25(1):1-6.
- 12) Walker S, Khan-Wasti S, Fletcher M, Cullinan P, Harris J, Sheikh A: Seasonal allergic rhinitis is associated with a detrimental effect on examination performance in United Kingdom teenagers: case-control study. *J Allergy Clin Immunol* 2007, 120: 381-387.
- 13) Council of the European Union: Review of the EU Sustainable Developmental Strategy (EU SDS): Renewed Strategy. 2006. 10917/06.
- 14) Passalacqua G, Bousquet PJ, Carlsen KH, Kemp J, Lockey RF, Niggemann B, Pawankar R, Price D, Bousquet J: ARIA update: I-Systematic review of complementary and alternative medicine for rhinitis and asthma. *J Allergy Clin Immunol*. 2006, 117(5): 1054-1062.
- 15) Malling H-J, Gayraud J, Papageorgiou-Saxoni P, et al. Objectives of training and specialty training core curriculum in Allergology and clinical immunology. *Allergy* 2004; 59: 579-588.
- 16) Reed SD, Lee TA, McCrory DC: The economic burden of allergic rhinitis: a critical evaluation of the literature. *PharmacoEconomics* 2004, 22(6): 345-361.

- 17) Stuck BA, Czajkowski J, Hagner AE, Klimek L, Verse T, Hörmann K, et al: Changes in daytime sleepiness, quality of life, and objective sleep patterns in seasonal allergic rhinitis: a controlled clinical trial. *J Allergy Clin Immunol* 2004, 113: 663-668.
- 18) Oude Elberink JN, Dubois AE. Quality of life in insect venom allergic patients. *Curr Opin Allergy Clin Immunol* 2003; 3: 287-93
- 19) Verboom P, Hakkaart- VanL, Sturkenboom M, De Zeeuw R, Menke H, Rutten F: The cost of atopic dermatitis in the Netherlands: an international comparison. *Br J Dermatol* 2002, 147(4): 716-724.
- 20) European Respiratory Society , [ERS]: European Lung Book. The first Comprehensive Survey on Respiratory Health in Europe.