

# The Particular Challenge of Sublingual Immunotherapy

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## Introduction

Sublingual immunotherapy is the up-and-coming choice of therapy in hypo sensitization. Especially in children, this therapy seems to be preferred because of its excellent safety profile and good tolerability. Additionally, numerous studies have validated and verified the efficacy of. Although is -managed and convenient, poor adherence has been reported, as for many other treatments of chronic conditions. Several surveys and clinical trials have concluded that the causes for nonadherence to are no perception of efficacy, side effects, and costs. An Italian study investigating the causes for nonadherence surveyed physicians who stated no perception of efficacy as the most common motive for a to discontinue treatment.

## Description

At the same time, other studies have proven the efficacy of the regimen. Finally, several studies have yielded conflicting results with respect to the problem of poor adherence to. An extensive study disclosed the immense burden of allergic rhinitis in children and backed the proposition that, next to adverse events, a lack of therapy effectiveness is the most common reason for nonadherence in children and adult populations. Recently, studies have begun to explore the effect of on general. Since only little research on general has been done so far, we conducted this generic health survey to acquire data from at one practice and compare them to the data from the general population in. Literature addressing nonadherence to is rare. Our objective was to evaluate the general in a cohort and to prompt new thoughts on the reasons for nonadherence. This survey implemented the generic health survey in to assess quality of life. The investigator sent the questionnaire to the parents of pediatric who had been prescribed. Questionnaires were to be sent back to the investigator in a prepaid envelope provided to the. Because no clinical and demographical characteristics were documented for reasons of data protection, the questionnaires could not be traced back to the respective. Valid questionnaires were subsequently analysed. No follow-up was performed so that the questionnaires remained anonymous.

The questions contained in the health survey are standard items which are weighted, added up, and converted to obtain a physical component score and a mental component score. The is a standard measurement tool that evolved from in the has been shown to be a reliable, comparable, and valid instrument for health assessment. Evaluating the general health profile rather than disease-specific allows a comparison across conditions and populations. Considering the results of the generic physical component summary scores and mental component summary scores, our survey results can be compared to other generic outcomes. Adherence was to be evaluated separately for all at the participating practice who had completed a treatment cycle as recommended. Hence, adherence was to be assessed for who had started

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immunization therapy between and should theoretically have completed it did not use the questionnaires but rather the data to adherence. During this were defined as who ceased to seek consultation at the practice before completing their treatment cycle. The analysis of the health survey for the population showed results that were practically equal to those reported for the general population resulted for the population, which is almost identical to that determined for the general population. Calculations were performed using a standard procedure for analysis.

The responding to our survey who had been treated with assessed their almost identically as did the general population. To compare our data, we used a study examining the health status of the general population of countries and extracted from this the general in the population samples for this study were chosen representative for the general population in according to sex, age, and regional distribution. The results of this nationwide survey showed the participating in our survey who had been treated with had virtually the same mental and physical component scores as the general population as stated in the abovementioned study from in connection with these similar scores, it is important to consider that has been reported to be lower in suffering from allergies than in without them. Another study examined in suffering from allergic rhinitis and suffering from and allergic asthma compared to a control group. Aged was observed, and the study did not differentiate between perennial and seasonal allergies, similar to a population study. It used the generic health survey, the outcomes of which are comparable. The results of this study of young adults revealed a significant decrease in the mental component scores of suffering from [1-5].

## Conclusion

In summary, our results suggest that may have a positive impact on. Adherence at this setting was remarkably good. Not only does efficacy of a therapy appear to be crucial for adherence, but also a holistic approach, the physician- relationship, and the quality of treatment delivery are determining factors has begun to develop strategies for enhancing adherence to extensive education as well as constant therapy monitoring can perceptibly increase adherence. The clinical benefit of a full cycle of can only be achieved with better adherence, which is dependent on a number of factors relating to the, the disease, the treatment itself, the physician, and the healthcare system in general. Therefore of therapy needs further research and guidelines on how optimal adherence can be achieved for.

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## Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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