

Information

FOR PATIENTS AND CARERS



Evidence-Based Versus Non Evidence-Based Tests and Treatments for Allergic Disorders - Fast Facts

This document has been developed by <u>ASCIA</u>, the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. For patient or carer support contact <u>Allergy & Anaphylaxis Australia</u> or <u>Allergy New Zealand</u>.

- 1. Allergic disorders such as asthma, allergic rhinitis (hay fever), food allergy, insect allergy, drug allergy and severe allergic reactions (anaphylaxis) rely on scientific and evidence-based medical practices to be diagnosed, treated and managed effectively.
- 2. Accurate diagnosis of allergic disorders requires an examination of a person's clinical history by a qualified medical practitioner, combined with proven, evidence-based and reliable allergy testing methods including:
 - Skin prick tests and blood tests to measure allergen specific antibodies, known as immunoglobulin E (IgE).
 - Medically supervised food or drug allergen challenges.
- 3. ASCIA does NOT recommend the use of online allergy testing services. Without review of the person's medical history by a qualified medical practitioner, these tests may not be relevant to the allergic condition. The results may be inaccurate or interpreted incorrectly.
- 4. Proven allergy treatments include adrenaline (epinephrine) for treatment of life-threatening anaphylaxis, allergen minimisation, non-sedating antihistamines and corticosteroid nasal sprays.
- 5. Immunotherapy is a proven, evidence-based treatment which reduces the severity and frequency of symptoms in many people with allergy. It is the closest therapy to a "cure" for allergy, and includes:
 - Allergen immunotherapy (AIT), by injections or sublingual tablets/liquids, in people with a confirmed allergy to inhaled allergens, with conditions such as hay fever and allergic asthma.
 - Venom immunotherapy (VIT) injections for people who have severe allergic reactions to insects.
- 6. Oral immunotherapy (OIT) for food allergy is not routinely offered as a treatment in Australia and New Zealand. The safety and effectiveness of OIT has not yet been fully assessed.
- 7. ASCIA does NOT recommend the use of non evidence-based allergy 'tests' and 'treatments' offered by unorthodox/alternative practitioners. These include cytotoxic food testing, kinesiology, hair analysis, vega testing, electrodermal testing, pulse testing, reflexology, bioresonance, Bryan's or Alcat tests, VoiceBio, allergy elimination techniques and Immunoglobulin G (IgG) to foods.
- 8. Non evidence-based allergy 'tests' and 'treatments' can lead to a number of negative outcomes including:
 - Impact on employment and social functioning, due to unnecessary avoidance of 'allergens'.
 - Impaired growth, food anxieties and malnutrition, due to unnecessary avoidance of foods.
 - Delayed access to more effective diagnostic tests and treatments for allergic disorders.
 - Lost productivity and income from inadequately controlled allergic disorders.
 - Significant costs to the person with allergic disorders and their family or carers.

© ASCIA 2023

Content updated June 2023

For more information go to <u>www.allergy.org.au/patients/allergy-testing</u> and <u>www.allergy.org.au/patients/allergy-treatment</u>

To support allergy and immunology research go to www.allergyimmunology.org.au/donate