About the Editor

Cristoforo Incorvaia

Cristoforo Incorvaia works as an Allergy Specialist at the Istituti Clinici di Perfezionamento (Milan, Italy). He serves in the Steering Committee of the Italian Society of Allergy and Clinical Immunology. He is Associate Editor of the official journal of the Society *Review of Allergy and Clinical Immunology* and regional Editor of the journal *Recent Patents on Inflammation and Allergy Drug Discovery*. His main fields of interest are food allergy, respiratory allergy, insect sting allergy and allergen immunotherapy. He has coauthored more than 200 publications in peer-reviewed journals.

For reprint orders, please contact: reprints@futuremedicine.com

Foreword

Current approaches to allergic rhinitis

Cristoforo Incorvaia

Allergic rhinitis (AR) is one of the most common diseases currently affecting not less than 15–20% of the general population, but its prevalence is steadily increasing both in children [1] and adults [2]. AR is often considered of negligible medical importance, but a number of aspects oppose to this perception, including the relevant economic impact [3] and the significant impairment of patient's quality of life [4]. The Allergic Rhinitis and its Impact on Asthma guideline defined the clinical classification of AR, distinguishing intermittent from persistent forms and mild/moderate from severe forms, suggesting the appropriate treatment for each variant [5]. The cornerstones of management of AR are allergen avoidance, drug treatment and allergen immunotherapy. The first is always indicated but rarely its outcome is actually effective in the clinical control of symptoms [6]. Drug treatment is mainly based on antihistamines and nasal topical corticosteroids, the latter offering comparable efficacy to systemic administration while minimizing the known side effects of these agents. However, drugs work on symptoms but not on natural history of AR, which instead is influenced by allergen immunotherapy. This treatment was introduced more than one century ago, but in the latest decades has developed to a high grade of clinical effectiveness, as shown by a number of meta-analyses on the two forms of subcutaneous and sublingual immunotherapy [7]. This book provides the reader with updated knowledge on all aspects of AR, including clinical presentation, pathogenesis, diagnosis and treatment, with the aim to

provide the tools to appropriately manage this common and underestimated disease.

Financial & competing interests disclosure

C Incorvaia is a scientific consultant for Stallergenes (Milan, Italy). The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

References

- 1 Asher MI, Montefort S, Bjorksten B *et al.* Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC phase one and three repeat multicountry cross-sectional surveys. *Lancet* 368, 733–743 (2006).
- 2 Pleis JR, Ward BW, Lucas JW. Summary health statistics for U.S. adults: National Health Interview Survey, 2009. *Vital Health Stat.* 249, 1–207 (2010).
- 3 Meltzer EO, Bukstein DA. The economic impact of allergic rhinitis and current guidelines for treatment. *Ann. Allergy Asthma Immunol.* 106(2 Suppl.), S12–S16 (2011).
- 4 Baiardini I, Braido F, Brandi S *et al.* Allergic diseases and their impact on quality of life. *Ann. Allergy Asthma Immunol.* 97, 419–428 (2006).
- 5 Bousquet J, van Cauwenberge P, Khaltaev N. ARIA Workshop Group. World Health Organization. Allergic rhinitis and its impact on asthma. *J. Allergy Clin. Immunol.* 108(Suppl. 5), 147–334 (2001).
- 6 Simpson A, Custovic A. The role of allergen avoidance in the secondary prevention of atopic disorders. *Curr. Opin. Allergy Clin. Immunol.* 5, 223–227 (2005).
- 7 Incorvaia C, Frati F. One century of allergen-specific immunotherapy for respiratory allergy. *Immunotherapy* 3, 629–635 (2011).