



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

Frequently Asked Questions (FAQs)

Q 1: What is required for an accurate diagnosis of allergies?

Allergy is a science and evidence-based medical speciality, which relies on understanding the biological mechanisms of allergic disorders, including asthma, allergic rhinitis (hay fever), food allergy, insect venom allergy, drug allergy, atopic dermatitis (eczema) and severe allergic reactions (anaphylaxis).

Accurate diagnosis of allergies requires an examination of a person's clinical history, including symptoms that may be caused by allergies, by a qualified medical practitioner, combined with proven, evidence-based and reliable allergy testing to confirm the diagnosis. Test results alone may not always be relevant.

When considering allergy tests and treatments, advice needs to be 'evidence-based'. This means that there needs to be evidence that a particular test or treatment is reliable, based on studies of other patients with similar conditions.

Q 2: What are proven, evidence-based allergy tests?

Proven, evidence-based allergy tests are:

- Skin prick tests and blood tests that measure allergen specific antibodies known as immunoglobulin E (IgE), which should always be considered alongside the clinical history.
- Food or drug allergen challenges. being given the food or drug thought to have caused the reaction), which should always be medically supervised using published, consistent protocols, to confirm or exclude food or drug allergies.

Q 3: Why does ASCIA strongly advise against the use of online allergy testing services?

Even if proven tests and treatments are ordered online, advice should not be given without a consultation with a qualified medical practitioner, to review the condition and clinical history. This is because test results may not be relevant to the allergic condition, for example, food allergy tests are not required for hay fever.

Q 4: What are proven, evidence-based allergy treatments?

Immunotherapy is a proven, evidence-based treatment which is close to being a cure for allergy. It has been shown in published studies to reduce the severity and frequency of symptoms in most people.

- Allergen immunotherapy (AIT), by injections or sublingual tablets/liquids, in people with hay fever or allergic asthma with a confirmed allergy to inhaled allergens (such as pollen and dust mites).
- Venom immunotherapy (VIT), by injections in people with severe allergic reactions to stinging insects (bees, wasps, ants).

Other proven allergy treatments include adrenaline (epinephrine) for treatment of life-threatening anaphylaxis, non-sedating antihistamines and corticosteroid nasal sprays.

Allergen minimisation can be used to reduce exposure to inhaled allergens, whilst allergen avoidance is used to manage food, insect and drug allergy.

Oral immunotherapy (OIT) for food allergy is not currently a routine treatment in Australia and New Zealand. There are ongoing clinical research trials being conducted, to ensure that it is safe and effective.

Q 5: What are unproven, non evidence-based allergy ‘tests’ and ‘treatments’?

ASCIA strongly advises against the use of unproven, non evidence-based allergy ‘tests’ and ‘treatments’ that are provided by some unorthodox/alternative practitioners. There is currently no stringent government regulation of these methods, which include Vega (electro-diagnostic), bioresonance, cytotoxic, Bryan’s or Alcat tests, hair analysis, VoiceBio, kinesiology, allergy elimination and Immunoglobulin G (IgG) to foods.

Q 6: What adverse outcomes are due to unproven, non evidence-based allergy ‘tests’ and ‘treatments’?

Adverse outcomes due to the use of some non evidence-based allergy ‘tests’ and ‘treatments’ include:

- 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 person without allergies who is incorrectly diagnosed as having allergies.

Q 7: What questions should you ask providers of unproven allergy tests and treatments?

In the absence of government regulation of unsubstantiated claims for unproven, non-evidence-based allergy tests or treatments, patients should ask the same questions they ask about any tests or treatments before going ahead:

- What is the evidence it works?
- What are the risks and benefits?
- What might happen if I do not undertake this form of treatment?
- How much does it cost?
- Are there any side-effects?
- Why doesn’t my own doctor suggest this type of treatment?
- What are the qualifications of the practitioner recommending the treatment?
- Why can this one test of treatment detect or treat so many different problems?
- Is there a Medicare rebate for this test?

Q 8: Where can further information be obtained?

- ASCIA www.allergy.org.au/hp/papers/evidence-based-versus-non-evidence-based-tests-and-treatments
- Evidence based Medicine www.cebm.net/
- Cochrane Reviews www.cochranelibrary.com/
- Medline/PubMed database of published medical articles www.ncbi.nlm.nih.gov/entrez/query.fcgi
- Quackwatch www.quackwatch.org/index.html

© ASCIA 2021

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

ASCIA resources are based on published literature and expert review, however, they are not intended to replace medical advice. The content of ASCIA resources is not influenced by any commercial organisations.

For more information go to www.allergy.org.au

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