

WHAT DOES THE ALLERGIST/CLINICAL IMMUNOLOGIST DO?

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How a person becomes an allergist/clinical immunologist?

An allergist or clinical immunologist is a medical doctor with specialty training in the diagnosis, treatment and prevention of allergic diseases and diseases of the immune system. To become an allergist, a person must attain a bachelor degree from a Faculty of Medicine, and undergo residency training in either internal medicine or pediatrics (3 years each). Once board-certified, the internist or pediatrician may decide to obtain additional specialty training in allergy and clinical immunology, called a fellowship (2-3 years). An allergist or clinical immunologist who is board-certified has also passed an additional examination showing competence in the fields of allergy and clinical immunology.

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What types of patients do allergists/clinical immunologists see?

An allergist/clinical immunologist specialize in the management of allergic and immunologic diseases, which affect at least 10-30% of the population. This includes the evaluation, accurate diagnosis, assist in treatment and education for prevention of following allergic and immune disorders:

- Respiratory tract diseases: allergic rhinitis, chronic sinusitis, bronchial asthma, Hypersensitivity Pneumonitis
- Skin disorders: atopic dermatitis (eczema), contact dermatitis, urticaria (hives)
- Eye disorders: allergic conjunctivitis, allergic keratoconjunctivitis
- Gastrointestinal disorders: immune responses to foods, food allergy
- Adverse reactions to drugs and diagnostic testing materials
- Anaphylaxis
- Insect sting (venom) allergy
- Latex allergy
- Diseases associated with autoimmune responses
- Disorders caused by primary immunodeficiency

Usually a primary care physician refers a patient to see an allergist, although some patients will be sent to an allergist from another specialist, such as an internal medicine, a dermatologist, a pediatrician, an otolaryngologist, an ophthalmologist, a pulmonologist or a rheumatologist.

Why should a patient see an allergist/clinical immunologist?

An allergist/clinical immunologist can provide expert medical advice and treatment in the evaluation and management of patients with allergic diseases and immune system problems. This includes the ability to:

1. Taking a detailed history to identify triggers and exacerbating factors and conducting a physical examination to establish the diagnosis.
2. Perform and interpret allergy testing (in-vitro and in-vivo) for allergen identification and assessing the degree of sensitization
3. Expertise in prescribing and utilization education

of the different pharmacotherapy available for the control of complex allergic diseases

4. Allergen identification and avoidance education (Environmental therapy)
5. Prescribe allergy vaccine (allergen specific immunotherapy): subcutaneous immunotherapy (SCIT) and sublingual immunotherapy (SLIT)

When should a physician think to refer a patient to an allergist/clinical immunologist?

The following is a list of reasons which may warrant an evaluation by an allergist:

1. Recurrent allergic rhinitis symptoms that affect a patient's lifestyle or lead to recurrent sinusitis.
2. Bronchial asthma that is not controlled and causes frequent symptoms, affects school/work/sleep/exercise, or leads to frequent doctor or emergency room visits or hospitalization.
3. Pharmacotherapy is not helpful in controlling allergic rhinitis or asthma, or cause unwanted side effects.
4. Frequent or recurrent skin rashes, especially those that itch or may be related to allergies.
5. Any reactions secondary to food allergy, mild or severe.
6. Any severe reaction to an insect sting (bee, wasp, ant, mosquito).
7. Uncontrolled urticaria or recurrent swellings (angioedema).
8. Patients with uncontrolled moderate to severe atopic dermatitis.
9. Allergic reactions to medications for identification or desensitization.
10. The desire to reduce the need for medications and improve the control of allergic rhinitis, conjunctivitis or allergic asthma through treatment with allergy vaccine (immunotherapy).

REFERENCES

1. Leung D, Schatz M. Consultation and referral guidelines citing the evidence: How the allergist-immunologist can help? *J Allergy Clin Immunol.* 2006;117:S495-523.
2. http://www.acponline.org/patients_families/about_internal_medicine/subspecialties/allergy_immunology/
3. <http://www.aaaai.org/about/the-specialty/pages/default.aspx>
4. <http://www.aaaai.org/media/resources/allergist.asp>