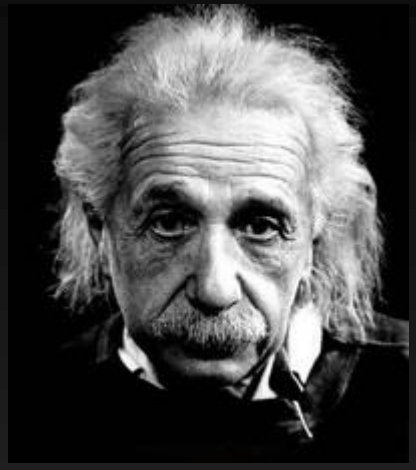
Astımda BİRİNCİL ve ikincil korunma

Dr. Ömer KALAYCI

ASTIMDA KORUNMA

- Astım bulgusu ve belirtisi baş göstermeden hastalığı önleme BİRİNCİL
- Astım riskini artıran (allerjk) hastalığı olanlarda astımı önleme İKİNCİL
- Astımı olanlarda çevresel önlemlerle tedavi ÜÇÜNCÜL



Bu seneki sorular geçen senekiyle aynı.

Evet,

ama bu sene yanıtlar farklı

HAVA KİRLİLİĞİ

- Traffic-related air pollution (TRAP)
  - NO2
  - PM 2.5

- Tütün dumanı

GINA 2017

Astımın ortaya çıkması ve devamı gen – çevre etkileşiminin bir sonucudur.

Astım heterojen bir hastalıktır

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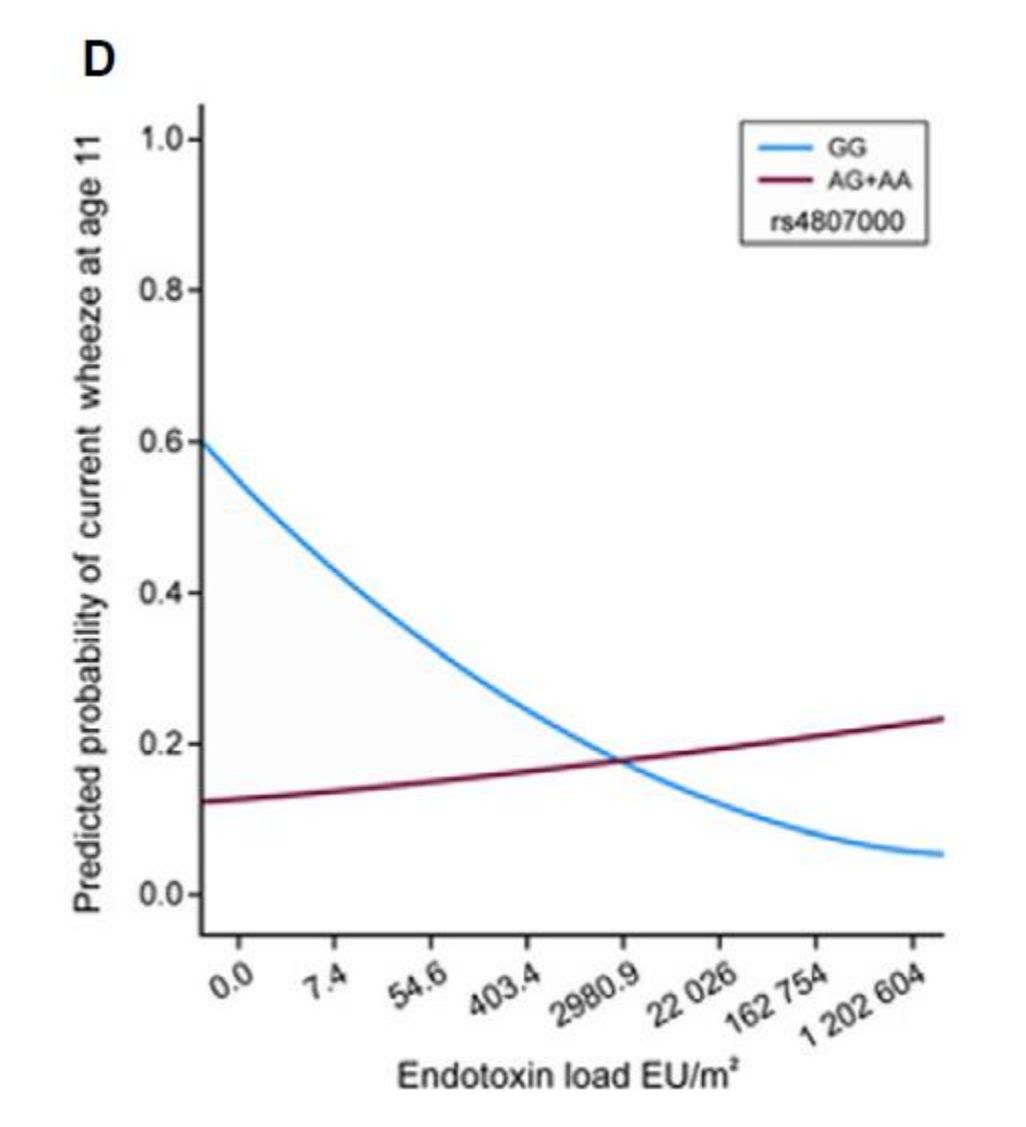


Sahiner U et al. Allergy 2014; 69: 1648–1658

Astımda heterojenite

N=613	Mean(SD) % (N)
Age at follow-up (years)	9 (3.0)
Sex (male)	64% (392/613)
BMI	18.4 (3.6)
Age of asthma onset (years)	5 (3.4)
Family history of asthma (yes)	30% (184/613)
Exposure to tobacco smoke (yes)	39% (240/613)
Skin prick test positivity	59% (361/613)
FEV_1% predicted	87 (14.3)
FVC% predicted	96 (15.1)
FEV_1/FVC (%)	86 (7.0)
Bronchodilator Reversibility (%)	17.1 (12.9)
Total IgE(kU/L)	228 (458)
Blood eosinophil (%)	4.4 (3.5)
Asthma Severity	
Mild	78% (476/613)
Moderate	20% (126/613)
Severe	2% (11/613)

Deliu M et al. Clin Exp Allergy 2017 Aug 22. doi: 10.1111/cea.13014

Türk çocuklarında astım fenotipleri

Feature/domain	Cluster 1 (n=132) *"Difficult asthma"*	Cluster 2 (n=210) *"Early-onset mild atopic asthma"*	Cluster 3 (n=153) *"Early-onset mild non-atopic asthma"*	Cluster 4 (n=105) *"Late-onset asthma"*	Cluster 5 (n=13) *"Exacerbation-prone asthma"*
Age of onset (years)	4.9 (2.3-7)	4.4 (3-6)	3.8 (2-6)	10.7 (9-12)	4.1 (2-5)
Asthma attacks Number, previous year	1.0 (0-1)	0.8 (0-1)	0.9 (0-1)	0.4 (0-1)	3.5 (0-7)
Allergic sensitization Sensitized	77/132 (58%)	183/210 (87%)	27/153 (18%)	67/105 (64%)	7/13 (54%)
Asthma severity					
Mild	46/132 (35%)	190/210 (90%)	141/153 (92%)	91/105 (87%)	8/13 (62%)
Moderate/severe	86/132(65%)	20/210 (10%)	12/153 (8%)	14/105 (13%)	5/13 (38%)
Cluster stability	**1.00**	**0.99**	**0.99**	**1.00**	**1.00**

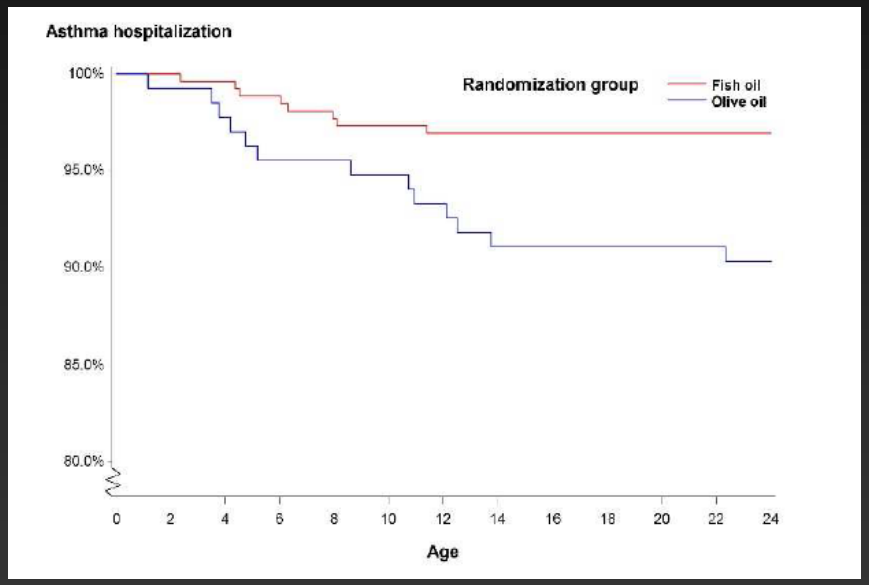
Deliu M et al. Clin Exp Allergy 2017 In press

İNTRAUTERİN DÖNEM

Gebelikte balık yağı
n-3 polyunsaturated fatty acids (PUFA)

	RANDOMİZASYON		
	Zeytinyağı N=136	Yağ yok N=131	Balık yağı N=266 (2.7g)
	İZLEM – 24 yıl		
Kayıt	134	126	262
Anket	104	90	188
Klinik	72	63	108

Hansen S et al. JACI doi: 10.1016/j.jaci.2016.02.042



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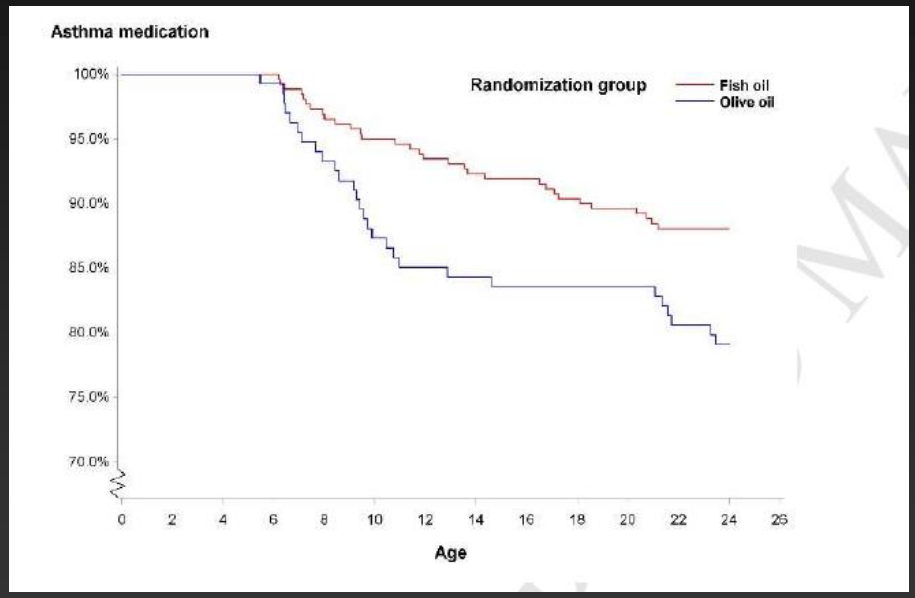


P= 0.02

Hansen S et al. JACI doi: 10.1016/j.jaci.2016.02.042

Fish Oil–Derived Fatty Acids in Pregnancy and Wheeze and Asthma in Offspring COPSAC

Table 1. Effects of n–3 LCPUFA on the Primary End Point.*

End Point	Children with Available Data (no. with primary end point/total no.)	n–3 LCPUFA (N=346)	Control (N=349)	Odds Ratio	Hazard Ratio	95% CI	P Value
		percent					
Follow-up to 3–5 yr of age							
All	136/695	16.9	23.7		0.69	0.49–0.97	0.035
Stratified according to maternal pre-treatment blood levels of EPA + DHA as % of total fatty acids							
Lowest third (<4.3%)	49/203	17.5	34.1		0.46	0.25–0.83	0.011
Middle third (4.3–5.3%)	31/202	14.4	16.9		0.85	0.42–1.73	0.656
Highest third (>5.3%)	41/203	19.3	21.5		0.85	0.46–1.57	0.605

İntrauterin 24 hafta - doğum sonrası 1 hafta

N Engl J Med 2016;375:2530-9.

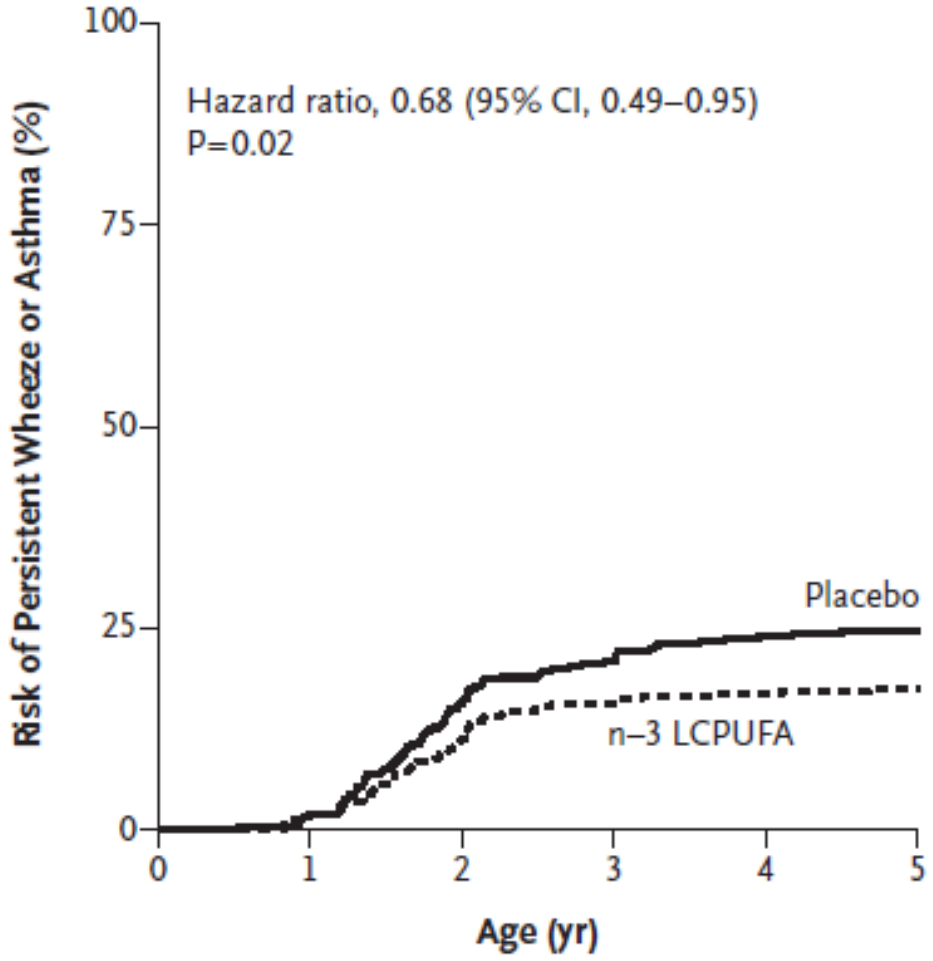
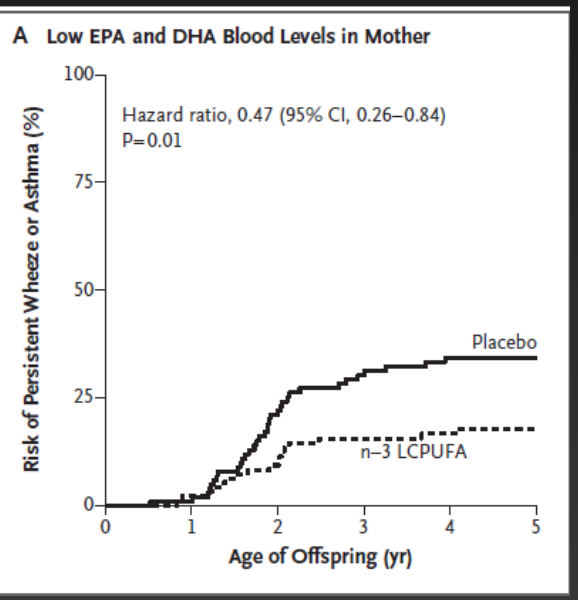
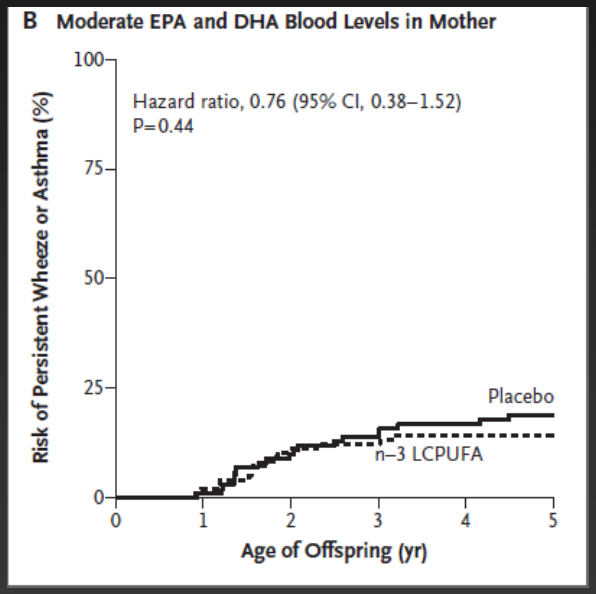


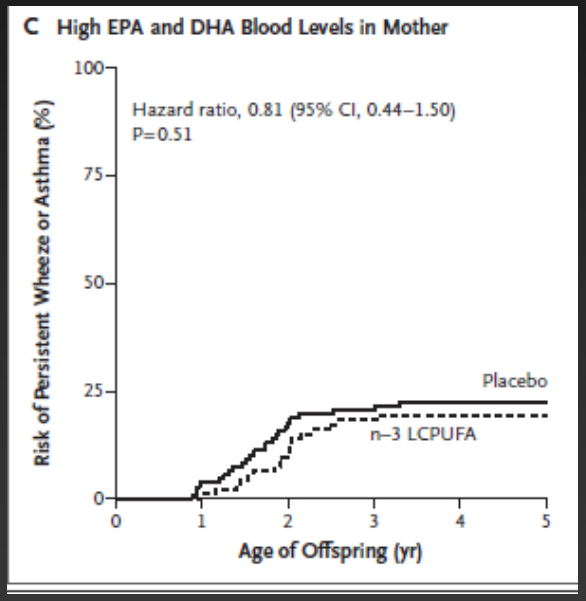
Figure 1. Risk of Persistent Wheeze or Asthma in Children According to n–3 LCPUFA Supplementation or Placebo during Pregnancy.

LCPUFA denotes long-chain polyunsaturated fatty acids.

N Engl J Med 2016;375:2530-9.







N Engl J Med 2016;375:2530-9.

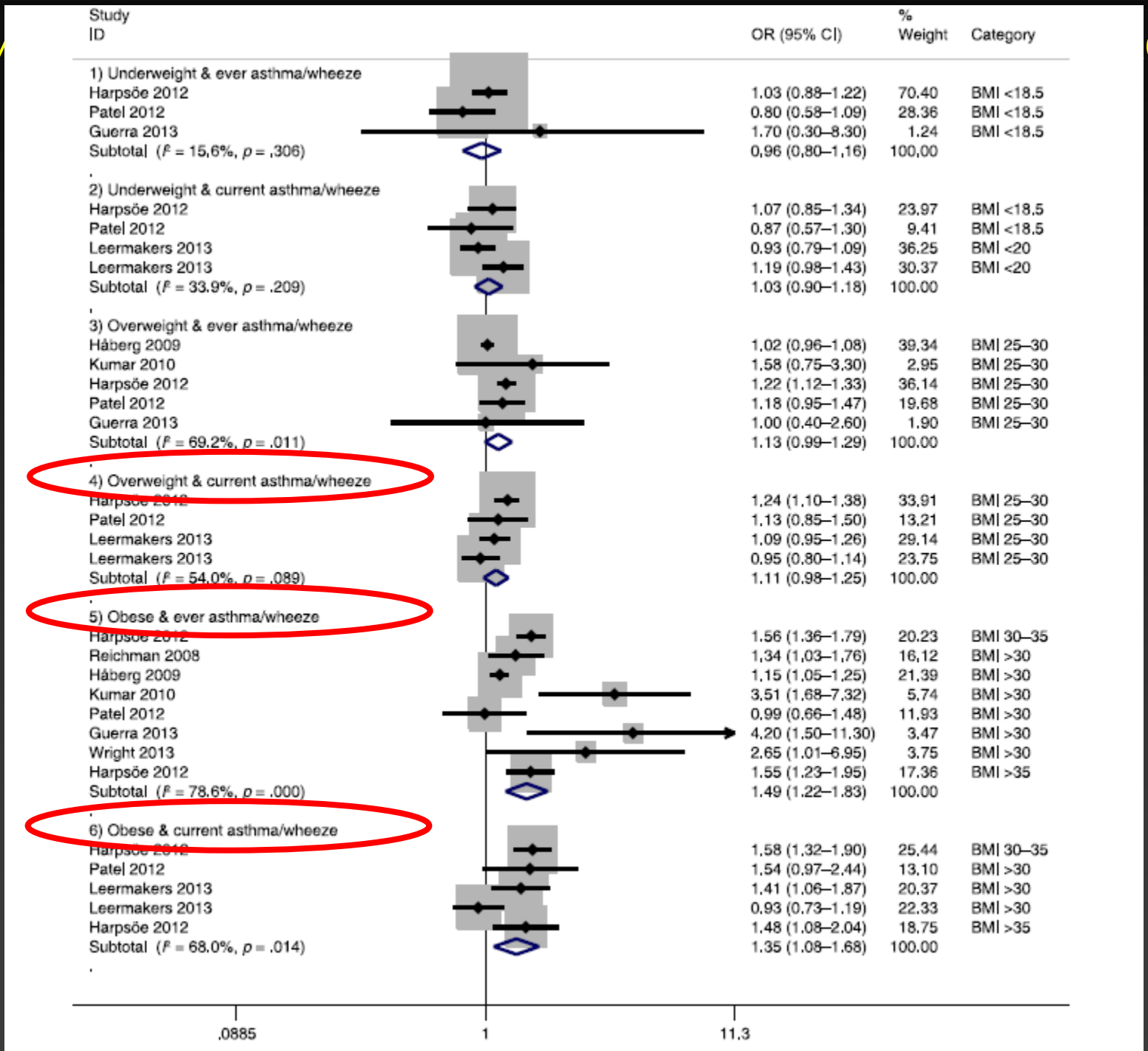
Öneriler

GINA

- Astımın önlenmesi için gebelikte diyet önerilmez

- Astımın önlenmesi için gebelikte diyet önermek için HENÜZ yeterli veri yoktur

- Ancak, bu umut vaat eden bir konudur


Study ID
OR (95% CI)
% Weight
Category
1) Underweight & ever asthma/wheeze
Harpsöe 2012 1.03 (0.88–1.22) 70.40 BMI <18.5
Patel 2012 0.80 (0.58–1.09) 28.36 BMI <18.5
Guerra 2013 1.70 (0.30–8.30) 1.24 BMI <18.5
Subtotal (I² = 15.6%, p = .306) 0.96 (0.80–1.16) 100.00
2) Underweight & current asthma/wheeze
Harpsöe 2012 1.07 (0.85–1.34) 23.97 BMI <18.5
Patel 2012 0.87 (0.57–1.30) 9.41 BMI <18.5
Leermakers 2013 0.93 (0.79–1.09) 36.25 BMI <20
Leermakers 2013 1.19 (0.98–1.43) 30.37 BMI <20
Subtotal (I² = 33.9%, p = .209) 1.03 (0.90–1.18) 100.00
3) Overweight & ever asthma/wheeze
Håberg 2009 1.02 (0.96–1.08) 39.34 BMI 25–30
Kumar 2010 1.58 (0.75–3.30) 2.95 BMI 25–30
Harpsöe 2012 1.22 (1.12–1.33) 36.14 BMI 25–30
Patel 2012 1.18 (0.95–1.47) 19.68 BMI 25–30
Guerra 2013 1.00 (0.40–2.60) 1.90 BMI 25–30
Subtotal (I² = 69.2%, p = .011) 1.13 (0.99–1.29) 100.00
4) Overweight & current asthma/wheeze
Harpsöe 2012 1.24 (1.10–1.38) 33.91 BMI 25–30
Patel 2012 1.13 (0.85–1.50) 13.21 BMI 25–30
Leermakers 2013 1.09 (0.95–1.26) 29.14 BMI 25–30
Leermakers 2013 0.95 (0.80–1.14) 23.75 BMI 25–30
Subtotal (I² = 54.0%, p = .089) 1.11 (0.98–1.25) 100.00
5) Obese & ever asthma/wheeze
Harpsöe 2012 1.56 (1.36–1.79) 20.23 BMI 30–35
Reichman 2008 1.34 (1.03–1.76) 16.12 BMI >30
Håberg 2009 1.15 (1.05–1.25) 21.39 BMI >30
Kumar 2010 3.51 (1.68–7.32) 5.74 BMI >30
Patel 2012 0.99 (0.66–1.48) 11.93 BMI >30
Guerra 2013 4.20 (1.50–11.30) 3.47 BMI >30
Wright 2013 2.65 (1.01–6.95) 3.75 BMI >30
Harpsöe 2012 1.55 (1.23–1.95) 17.36 BMI >35
Subtotal (I² = 78.6%, p = .000) 1.49 (1.22–1.83) 100.00
6) Obese & current asthma/wheeze
Harpsöe 2012 1.58 (1.32–1.90) 25.44 BMI 30–35
Patel 2012 1.54 (0.97–2.44) 13.10 BMI >30
Leermakers 2013 1.41 (1.06–1.87) 20.37 BMI >30
Leermakers 2013 0.93 (0.73–1.19) 22.33 BMI >30
Harpsöe 2012 1.48 (1.08–2.04) 18.75 BMI >35
Subtotal (I² = 68.0%, p = .014) 1.35 (1.08–1.68) 100.00
.0885
1
11.3

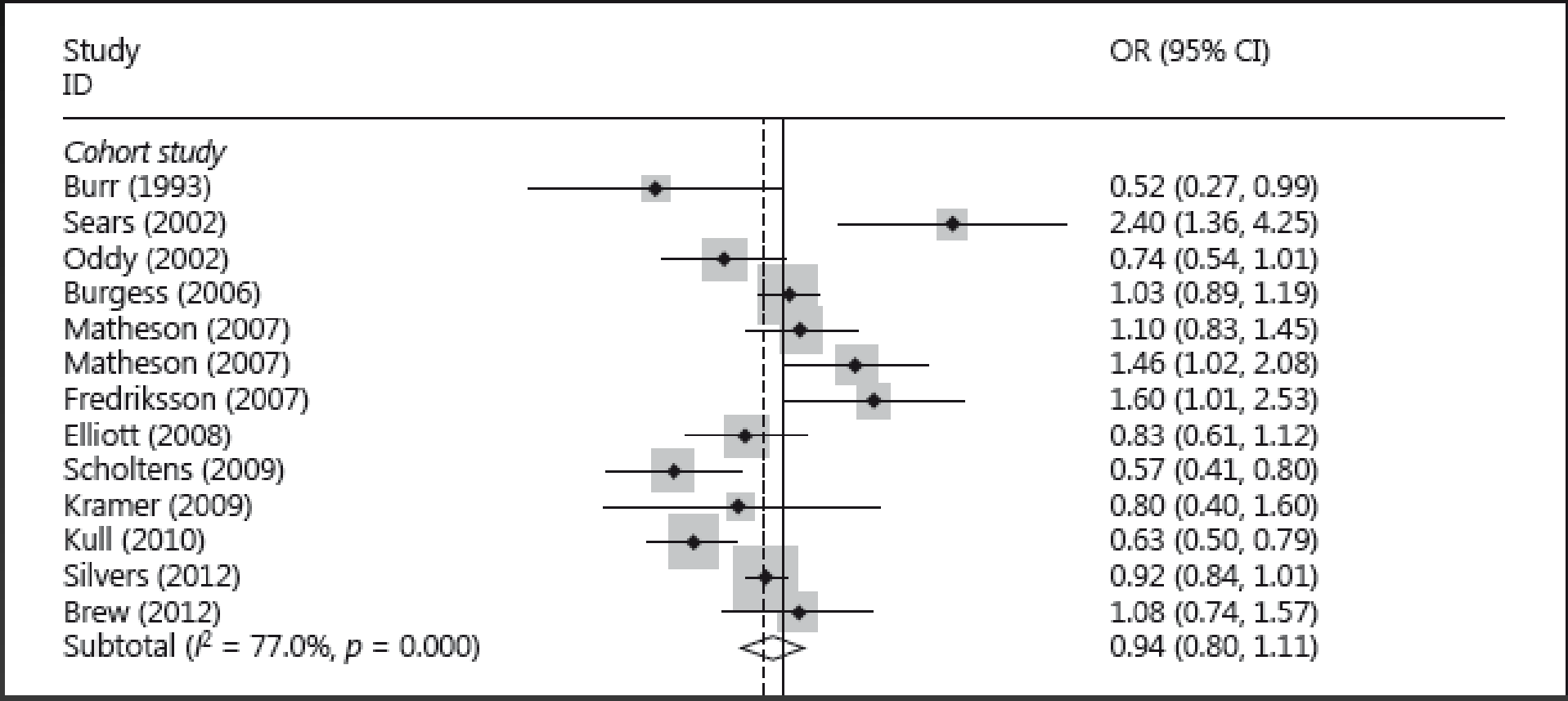
Gebelikte obesite ve hızlı kilo alımı çocuklarda astımla ilişkili olabilir

ANNE SÜTÜ

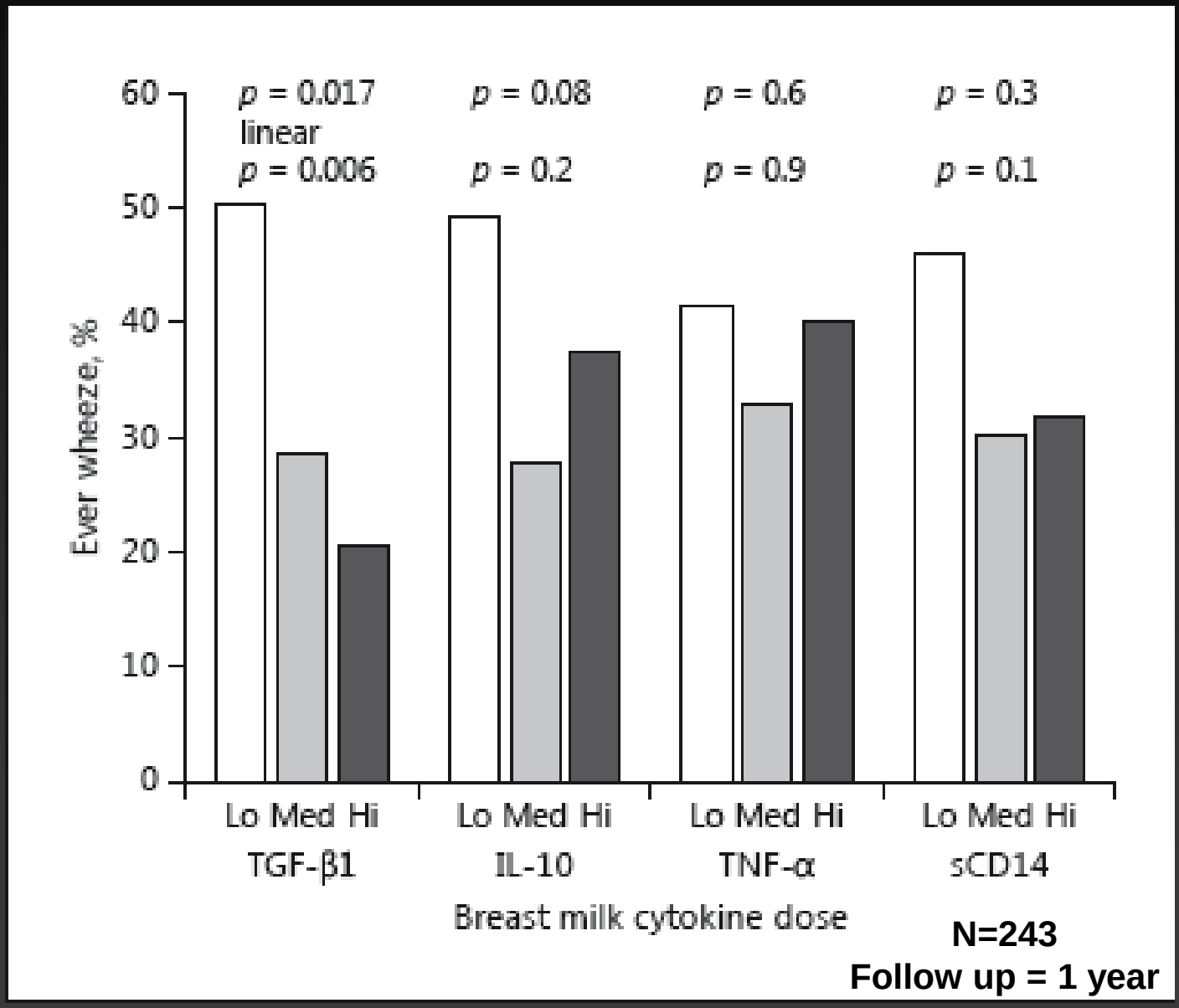
AAP

- En az üç ay YALNIZCA anne sütü erken döneminde hışıltıya karşı koruyucudur
- Daha büyük çocuklarda astıma karşı koruduğuna dair bir veri yoktur.
-

Meta-analysis: more versus less breastfeeding and risk of asthma in children aged 5–18 years.



Oddy WH Ann Nutr Metab 2017;70(suppl 2):26–36



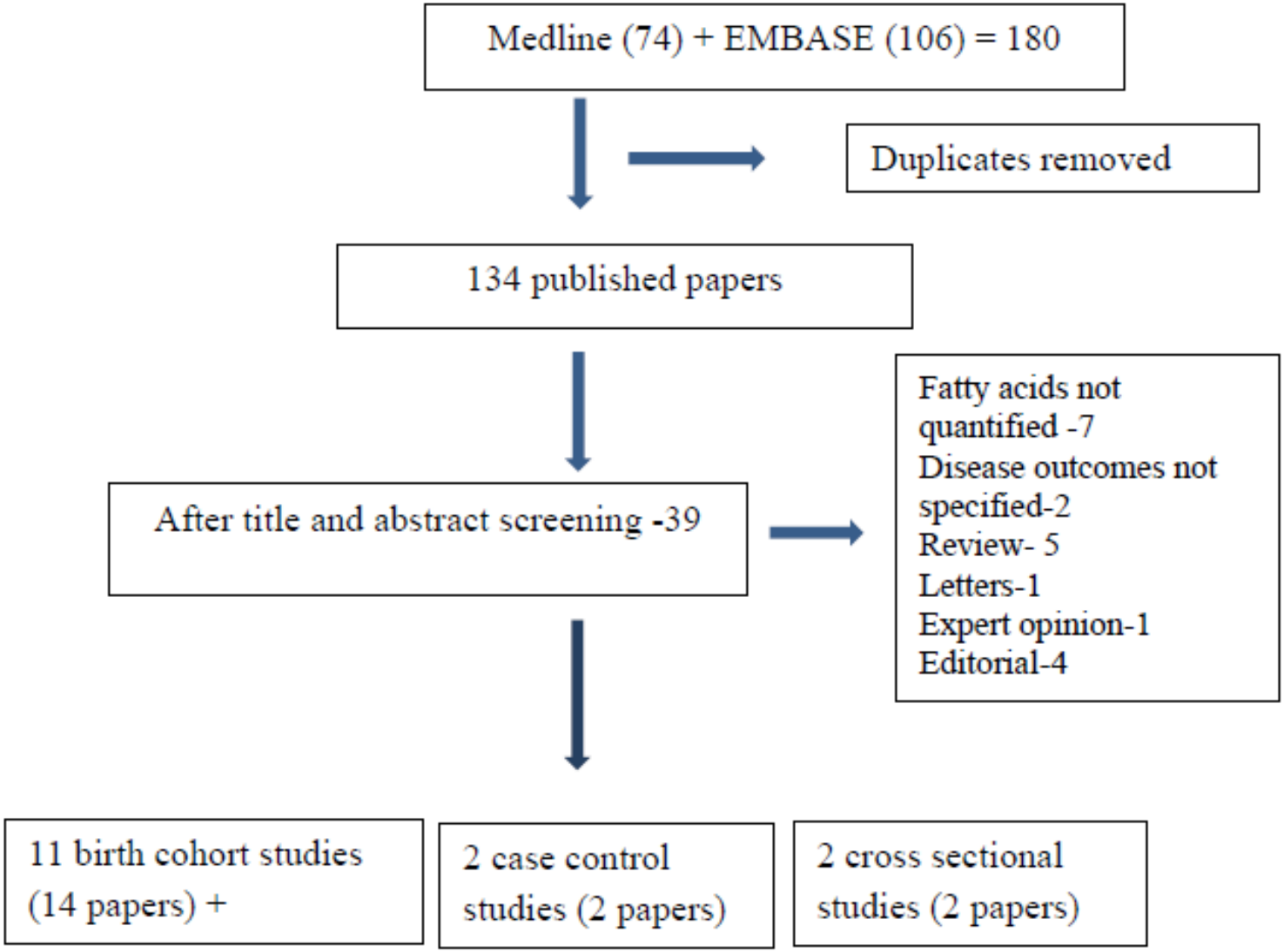
Oddy WH et al.J Allergy Clin Immunol 2003; 112: 723–728

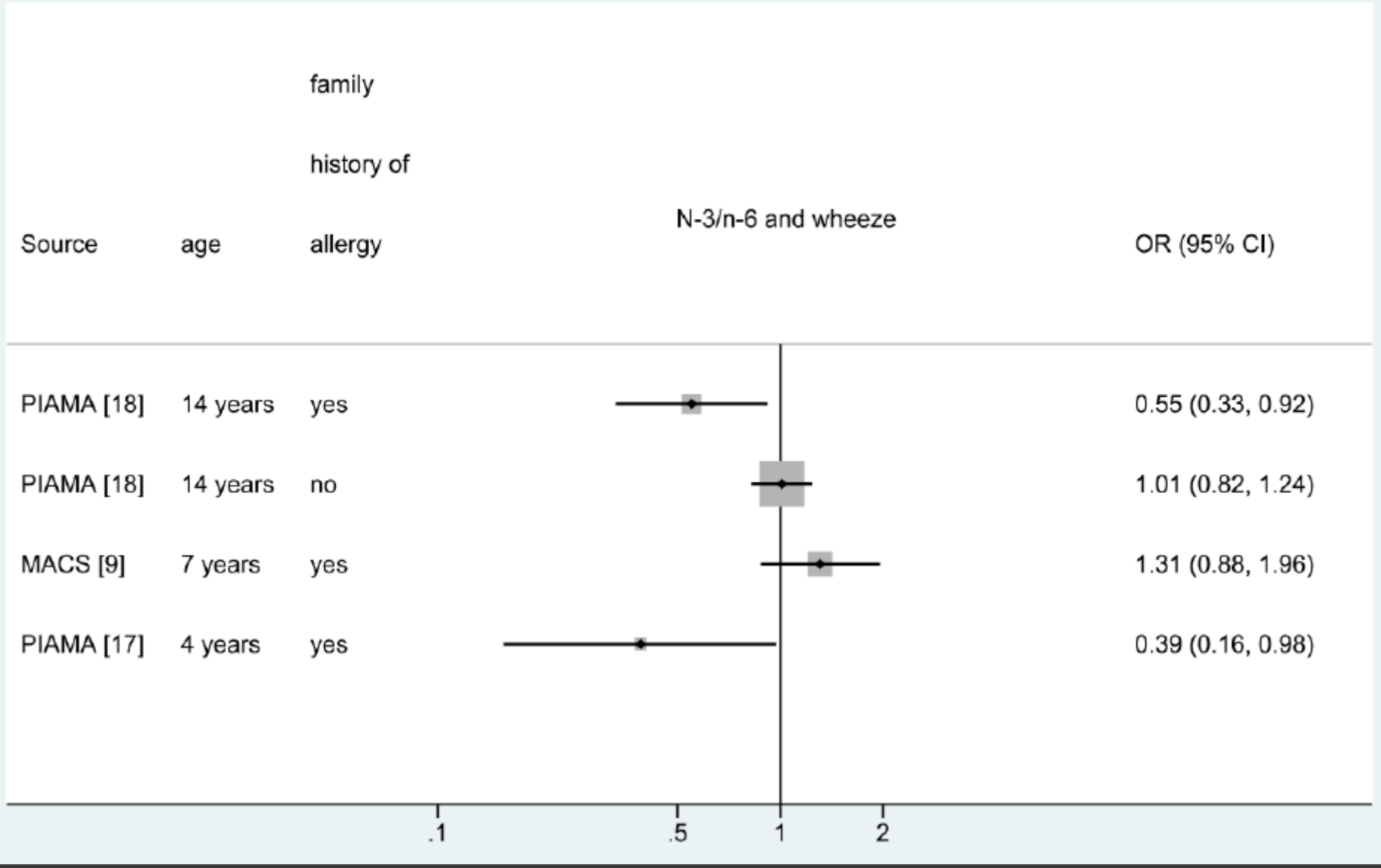
Association of Breast Milk Fatty Acids and Allergic Disease Outcomes – a Systematic Review

n-3 PUFA anti-inflamatuvar

n-6 PUFA pro-inflamatuvar

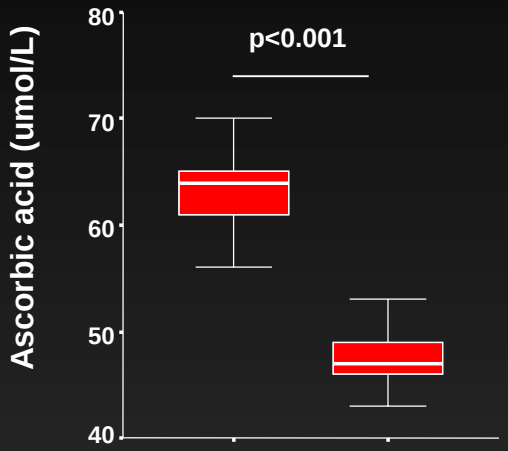
Allergy doi: 10.1111/all.13300

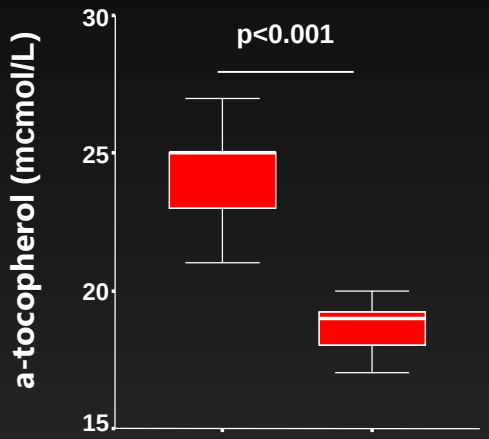

Medline (74) + EMBASE (106) = 180
Duplicates removed
134 published papers
After title and abstract screening -39
Fatty acids not quantified -7
Disease outcomes not specified-2
Review- 5
Letters-1
Expert opinion-1
Editorial-4
11 birth cohort studies (14 papers) +
2 case control studies (2 papers)
2 cross sectional studies (2 papers)

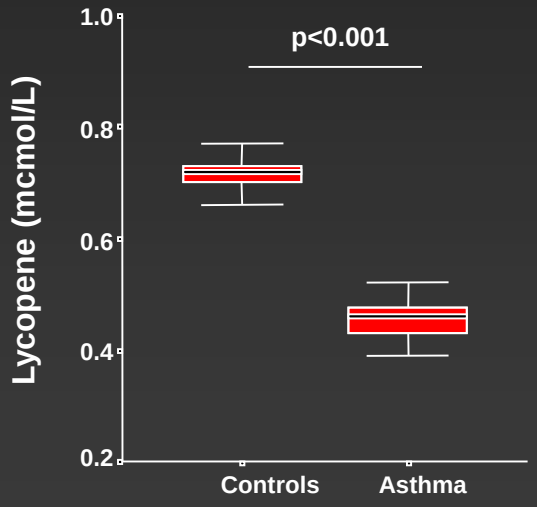

Source
age
family history of allergy
N-3/n-6 and wheeze
OR (95% CI)
PIAMA [18]
14 years
yes
0.55 (0.33, 0.92)
PIAMA [18]
14 years
no
1.01 (0.82, 1.24)
MACS [9]
7 years
yes
1.31 (0.88, 1.96)
PIAMA [17]
4 years
yes
0.39 (0.16, 0.98)
.1
.5
1
2

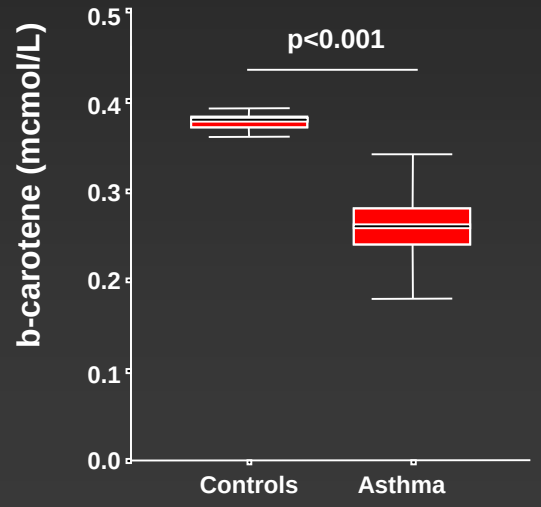

ANNEEAA!..
BEN DE SÜT İSTİYOOM..!.
Aynı anda hem çocuk yapmak hem de kariyer yapmak ne kadar zor ya...

Antioksidanlar Vit C, E
Vit D









J Allergy Clin Immunol 2008;122:78-85

Respiratory outcomes in early childhood following antenatal vitamin C and E supplementation

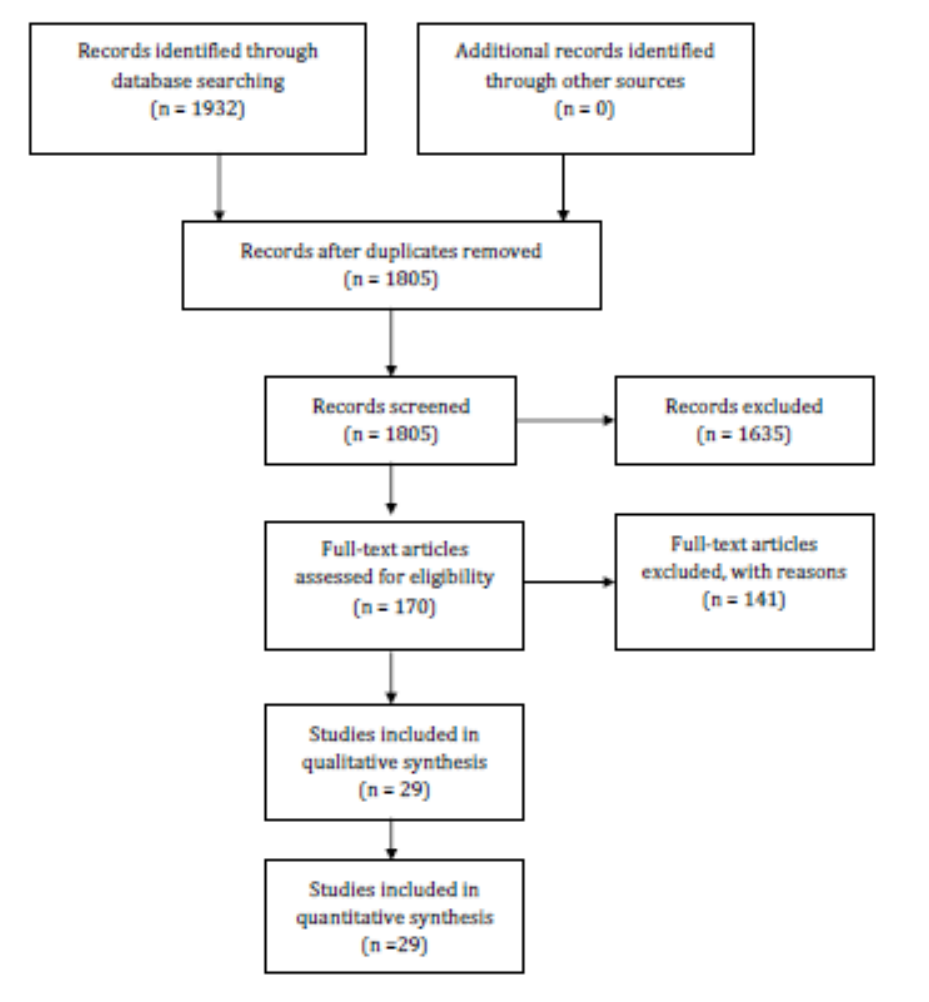
Anne Greenough,[1] Seif O Shaheen,[2] Andrew Shennan,[3] Paul T Seed,[4] Lucilla Poston[5]

Table 4 Infant outcomes by maternal randomisation status

	Vitamins (n=386)	Placebo (n=366)	Comparison (99% CI)	p Value
Chest symptoms in first 12 months				
Asthma	6.0%	6.3%	0.94 (0.42 to 2.11)	0.855
Eczema	25.4%	23.5%	1.10 (0.70 to 1.74)	0.586
Cough				
At all	70.5%	74.9%	0.81 (0.50 to 1.29)	0.245
More than once/week	10.6%	11.5%	0.90 (0.47 to 1.74)	0.679
Wheeze				
At all	23.3%	28.1%	0.78 (0.50 to 1.21)	0.144
More than once/week	3.9%	4.6%	0.81 (0.32 to 2.06)	0.568
Chest symptoms in second 12 months				
At all	86.8%	85.8%	1.08 (0.59 to 1.97)	0.752
More than once/week	13.2%	10.1%	1.33 (0.71 to 2.51)	0.246
Wheeze				
At all	25.9%	26.5%	0.97 (0.62 to 1.52)	0.852
More than once/week	2.6%	3.0%	0.83 (0.26 to 2.59)	0.669

Thorax 2010;65:998e1003

Vitamin D supplementation in primary allergy prevention



Juan José Yepes-Nuñez et al. Allergy doi: 10.1111/all.13241

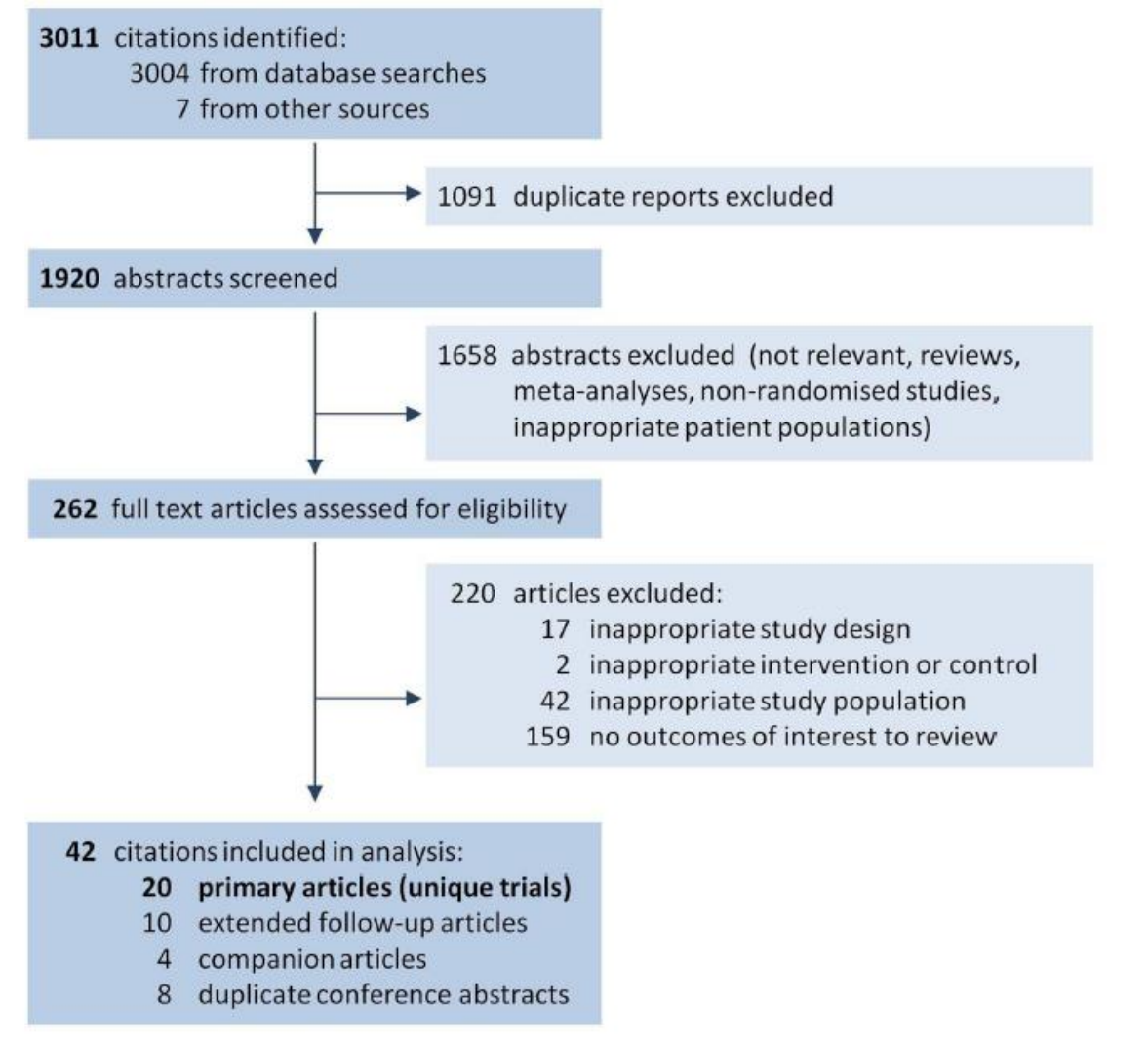
Dönem	Sonuç	Olgu sayısı (çalışma sayısı)	Öneri kuvveti (GRADE)	RR (CI)
Gebelik	Astım Wheezing 3 yıl izlem	151 1	Çok düşük	1.12 0.50-2.54
Emzirme	**Astım 16 yl izlem**	**483 olgu 483 kontrol**	**Çok düşük**	**1.09 (0.84-1.40)**
Süt çocukluğu	**Astım 31 yıl**	**6768 (1) Gözlemsel**	**Çok düşük**	**3.07 (0.19-51.0)**
Çocukluk	-	-	-	-

Antioksidan vitaminler ve Vit D

Astımdan birincil korunmada
saptanmış yararları yoktur

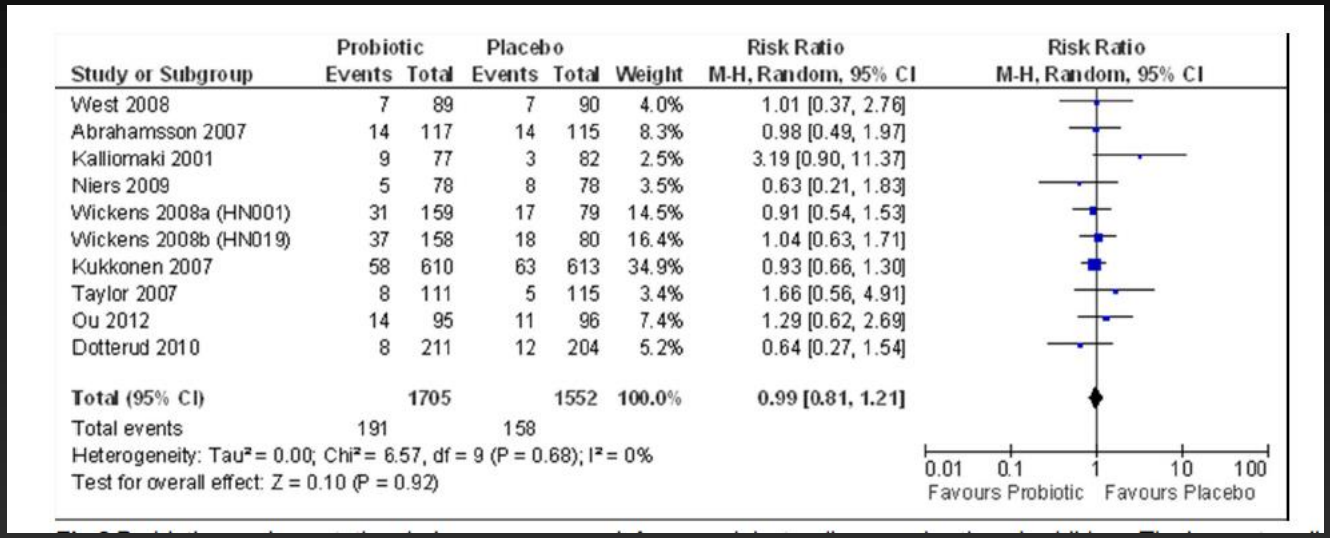
MİKROBİYATA ENFEKSİYONLAR

Probiotic supplementation during pregnancy or infancy for the prevention of asthma and wheeze: systematic review and meta-analysis



Azad MB et al.BMJ 2013;347:f6471

ASTIM TANISI

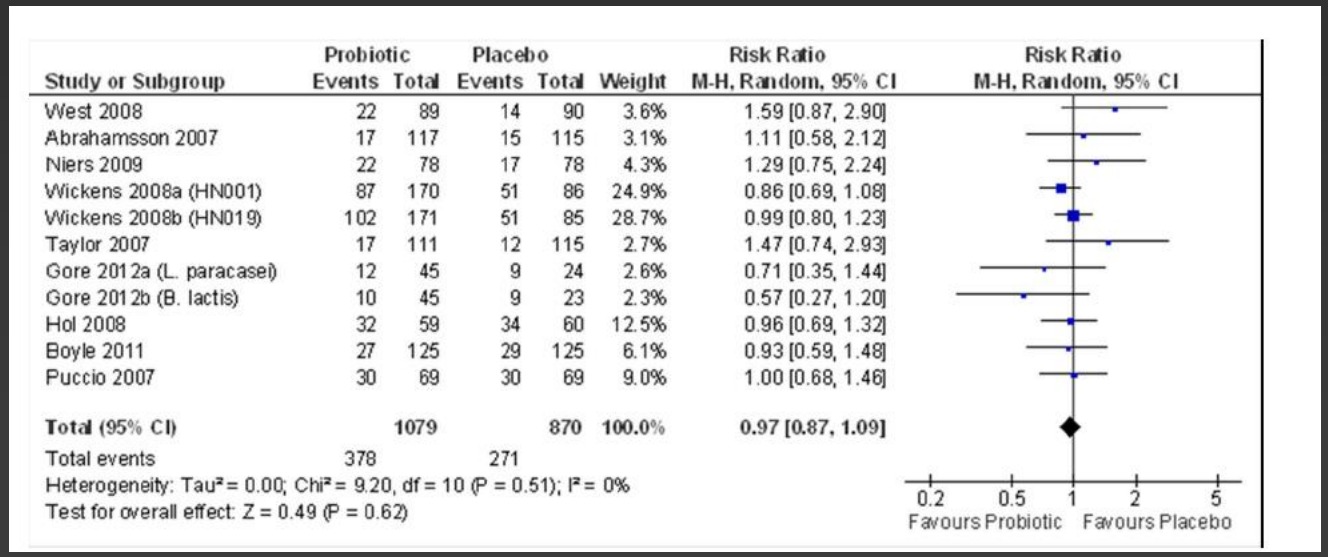


Study or Subgroup	Probiotic Events	Total	Placebo Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
West 2008	7	89	7	90	4.0%	1.01 [0.37, 2.76]
Abrahamsson 2007	14	117	14	115	8.3%	0.98 [0.49, 1.97]
Kalliomaki 2001	9	77	3	82	2.5%	3.19 [0.90, 11.37]
Niers 2009	5	78	8	78	3.5%	0.63 [0.21, 1.83]
Wickens 2008a (HN001)	31	159	17	79	14.5%	0.91 [0.54, 1.53]
Wickens 2008b (HN019)	37	158	18	80	16.4%	1.04 [0.63, 1.71]
Kukkonen 2007	58	610	63	613	34.9%	0.93 [0.66, 1.30]
Taylor 2007	8	111	5	115	3.4%	1.66 [0.56, 4.91]
Ou 2012	14	95	11	96	7.4%	1.29 [0.62, 2.69]
Dotterud 2010	8	211	12	204	5.2%	0.64 [0.27, 1.54]
Total (95% CI)		**1705**		**1552**	**100.0%**	**0.99 [0.81, 1.21]**
Total events	191		158			

Heterogeneity: Tau² = 0.00; Chi² = 6.57, df = 9 (P = 0.68); I² = 0%
Test for overall effect: Z = 0.10 (P = 0.92)

Risk Ratio M-H, Random, 95% CI
0.01 0.1 1 10 100
Favours Probiotic Favours Placebo

HIŞILTI



Study or Subgroup	Probiotic Events	Total	Placebo Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
West 2008	22	89	14	90	3.6%	1.59 [0.87, 2.90]
Abrahamsson 2007	17	117	15	115	3.1%	1.11 [0.58, 2.12]
Niers 2009	22	78	17	78	4.3%	1.29 [0.75, 2.24]
Wickens 2008a (HN001)	87	170	51	86	24.9%	0.86 [0.69, 1.08]
Wickens 2008b (HN019)	102	171	51	85	28.7%	0.99 [0.80, 1.23]
Taylor 2007	17	111	12	115	2.7%	1.47 [0.74, 2.93]
Gore 2012a (L. paracasei)	12	45	9	24	2.6%	0.71 [0.35, 1.44]
Gore 2012b (B. lactis)	10	45	9	23	2.3%	0.57 [0.27, 1.20]
Hol 2008	32	59	34	60	12.5%	0.96 [0.69, 1.32]
Boyle 2011	27	125	29	125	6.1%	0.93 [0.59, 1.48]
Puccio 2007	30	69	30	69	9.0%	1.00 [0.68, 1.46]
Total (95% CI)		**1079**		**870**	**100.0%**	**0.97 [0.87, 1.09]**
Total events	378		271			

Heterogeneity: Tau² = 0.00; Chi² = 9.20, df = 10 (P = 0.51); I² = 0%
Test for overall effect: Z = 0.49 (P = 0.62)

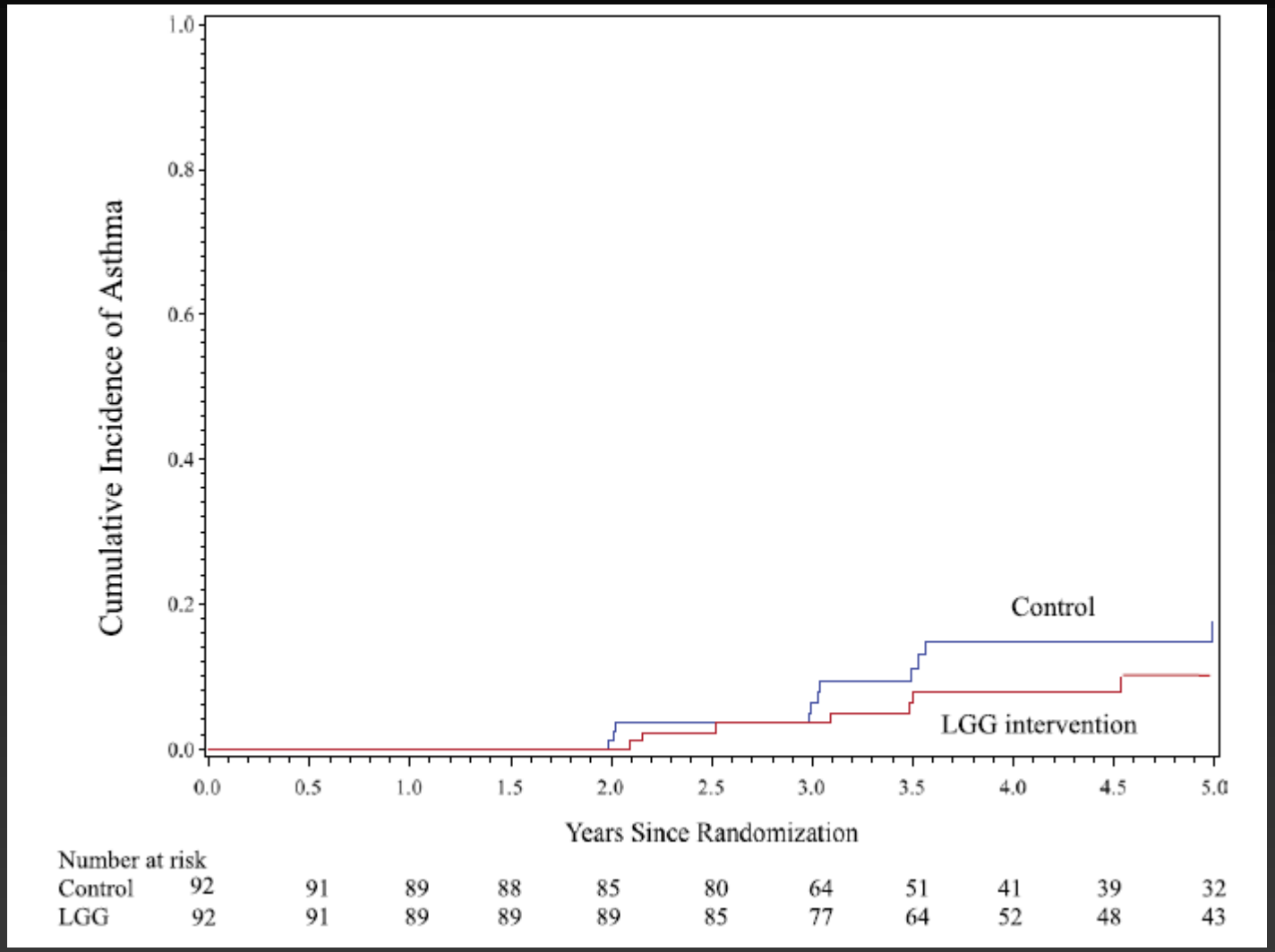
Risk Ratio M-H, Random, 95% CI
0.2 0.5 1 2 5
Favours Probiotic Favours Placebo

Early Probiotic Supplementation for Eczema and Asthma Prevention: A Randomized Controlled Trial

Michael D. Cabana, MD, MPH,[a,b,c] Michelle McKean, RD, MPH,[a] Aaron B. Caughey, MD, PhD,[d] Lawrence Fong, MD,[e] Susan Lynch, PhD,[e] Angela Wong, MD,[f] Russell Leong, MD,[g] Homer A. Boushey, MD,[e] Joan F. Hilton, ScD, MPH[b]

Pediatrics, Haziran 2017

- Anne ve / veya babada astım
- 10 milyar cfu *Lactobacillus rhamnosus /placebo*
- Tedavi süresi 6 ay
- Sonuç parametresi: 5 yıl içinde astım



5 yaşında Cumulative incidence of asthma
17.4% (95% CI, 7.6%–27.1%) Kontrol
9.7% (95% CI, 2.7%– 16.6%) LGG
RR 0.88 (95% CI, 0.41–1.87)

Prebiyotik, Probiyotik, Synbiotik

- Astımdan korunmada yararlı olduklarına dair delil yoktur.

Mikrobik çeşitlilik - astım

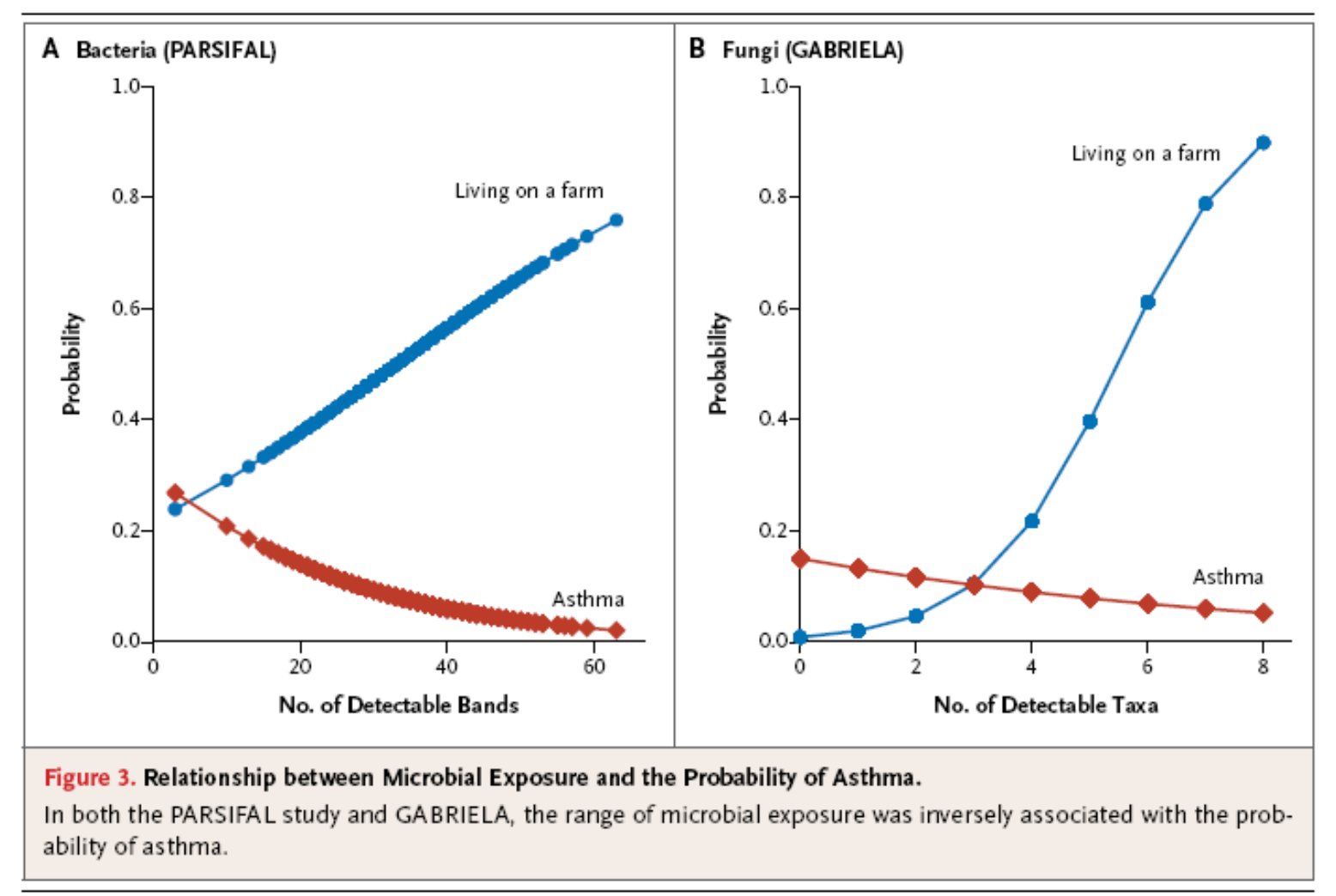


Figure 3. Relationship between Microbial Exposure and the Probability of Asthma.

In both the PARSIFAL study and GABRIELA, the range of microbial exposure was inversely associated with the probability of asthma.

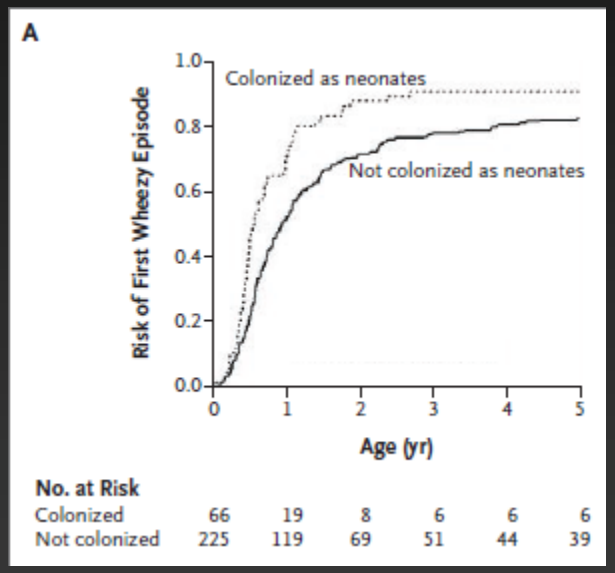
Ege et al, NEJM 2011

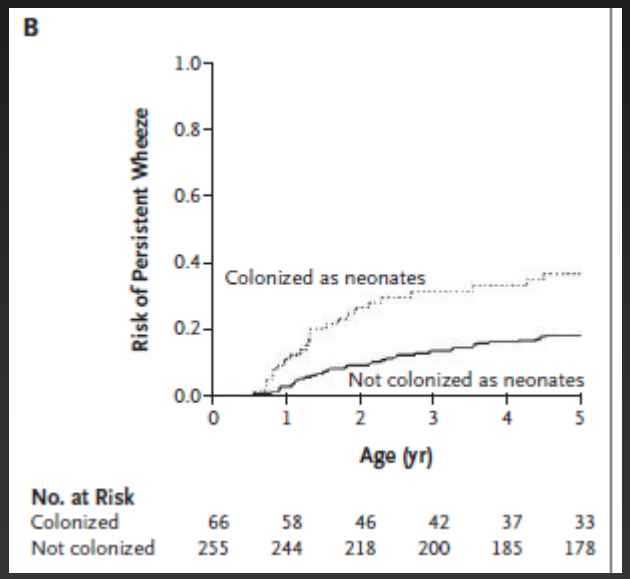
Mikrobiyal kolonizasyonu etkileyen faktörler

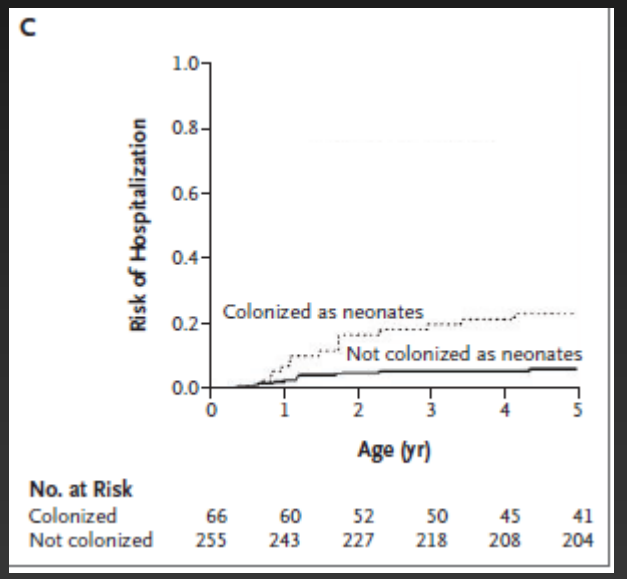
- Vajinal / sezeryan doğum
- Erken antibiyotik kullanımı
- Evcil hayvan
- Makro çevre : Çiftlik / ahır / şehir
- Beslenme

Childhood Asthma After Bacterial Colonization of the Airways in Neoonates

S aureus, S pneumonia, M catarrhalis, H Influenza







Bisgaard H N Engl J Med 2007;357:1487-95.

RSV - RV

- Süt çocukluğu döneminde geçirilen (ağır) RSV ve RV enfeksiyonları astım için risk faktörleridir
- Alt solunum yolu enfeksiyonları astımın ilk belirtisi midir?
- Astım ve RSV/RV sekeli için ortak bir genetik yatkınlık mı vardır?
- RSV /RV ile astım arasında sebep sonuç ilişkisi var mıdır?

Respiratory Syncytial Virus and Recurrent Wheeze in Healthy Preterm Infants

Maarten O. Blanken, M.D., Maroeska M. Rovers, Ph.D., Jorine M. Molenaar, M.D., Pauline L. Winkler-Seinstra, M.Sc., Adam Meijer, Ph.D., Jan L.L. Kimpen, M.D., Ph.D., and Louis Bont, M.D., Ph.D., for the Dutch RSV Neonatal Network

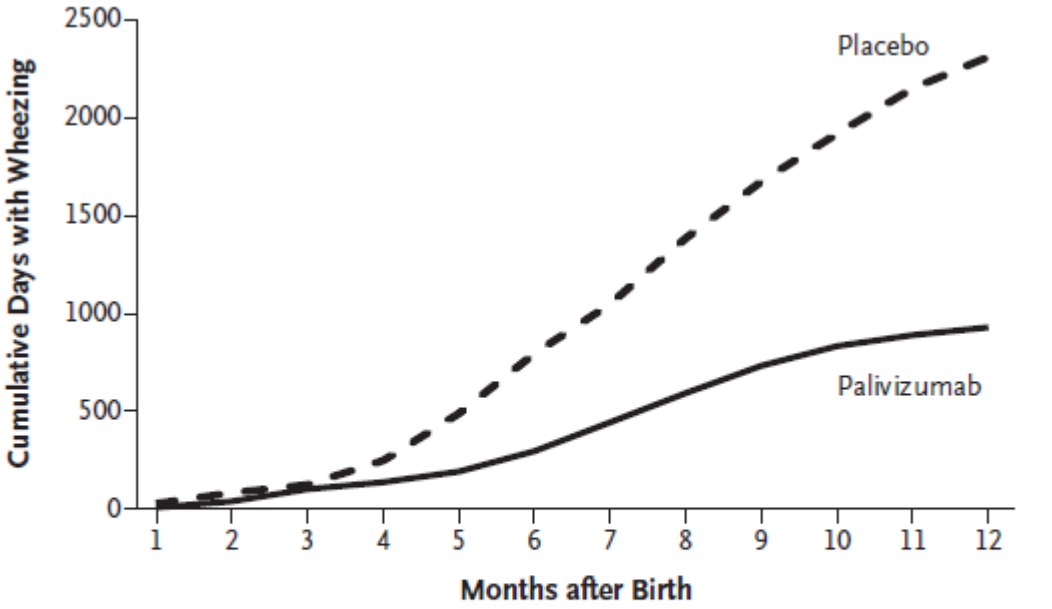


Figure 2. Cumulative Wheezing Days for 429 Preterm Infants during the First Year of Life.

P<0.001 for the comparison between palivizumab and placebo with the use of Poisson regression.

N Engl J Med 2013;368:1791-9.

Respiratory syncytial virus immunoprophylaxis in high-risk infants and development of childhood asthma

Kecia N. Carroll, MD, MPH,[a,e] Tebeb Gebretsadik, MPH,[b,e] Gabriel J. Escobar, MD,[f,g,h] Pingsheng Wu, PhD,[b,c,e] Sherian Xu Li, MS,[g] Eileen M. Walsh, RN,[g] Ed Mitchel, MS,[d,e] Chantel D. Sloan, PhD,[e,i] William D. Dupont, PhD,[b,e] and Tina V. Hartert, MD, MPH[c,e]
Nashville, Tenn, Oakland and Walnut Creek, Calif, and Provo, Utah

RSV İMMUNOPROFLAKSİSİNE UYUM -ASTIM PRIMA, 1996-2003
4.5- 6 yaş

Tüm grup	N=6566	Adjusted OR
Kullanmamış		Reference
< % 70		0.93 (0.78 – 1.10)
≥ % 70		1.17 (0.98-1.39)

Cinsiyet, EGA, doğum ağırlığı, ırk, anne yaşı, eğitim , doğum sayısı, sigara , kardeş sayısı

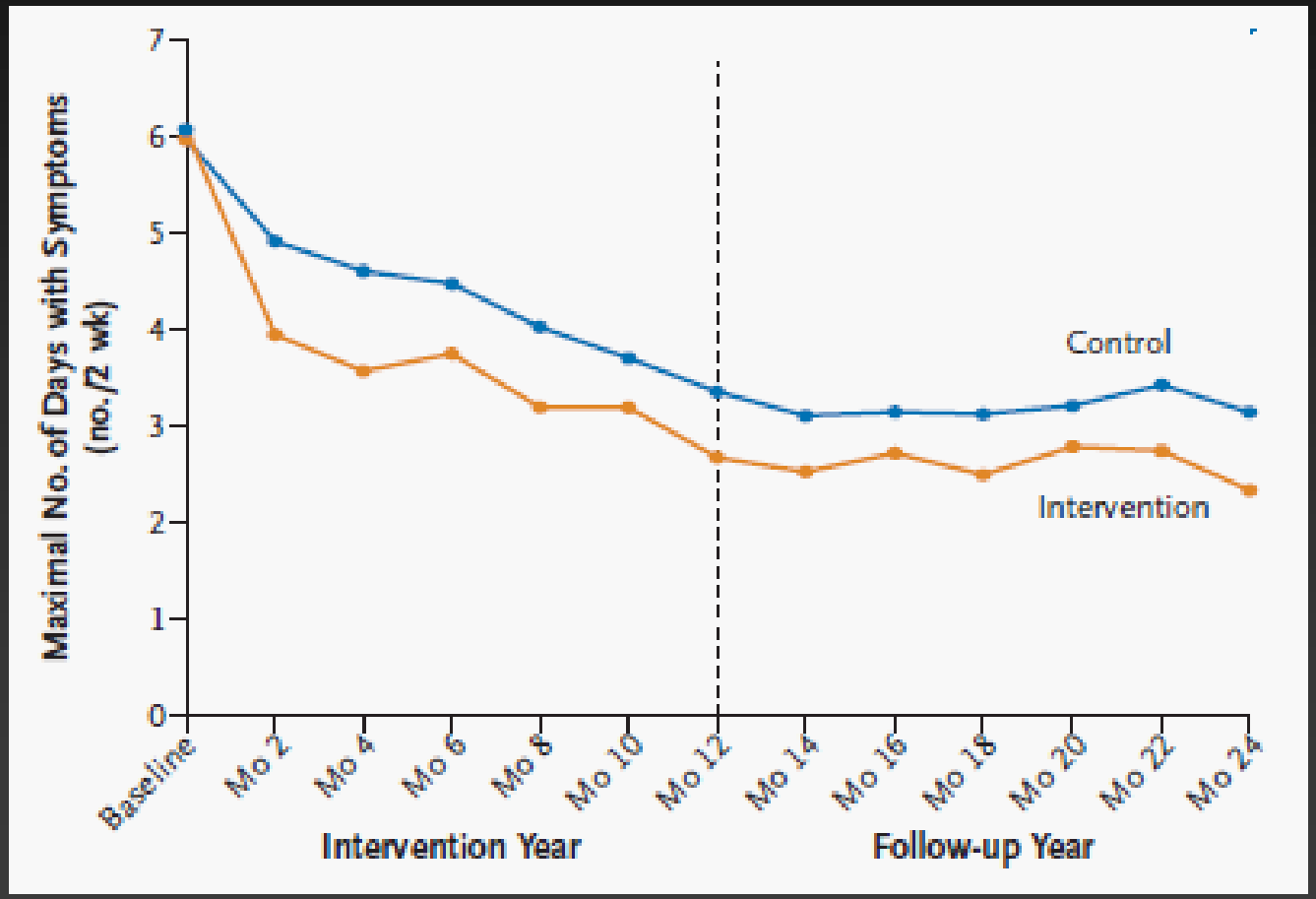
J Allergy Clin Immunol 2017;139:66-71

Diğer faktörler

- Psikososyal
- İlaçlar
  - Parasetamol

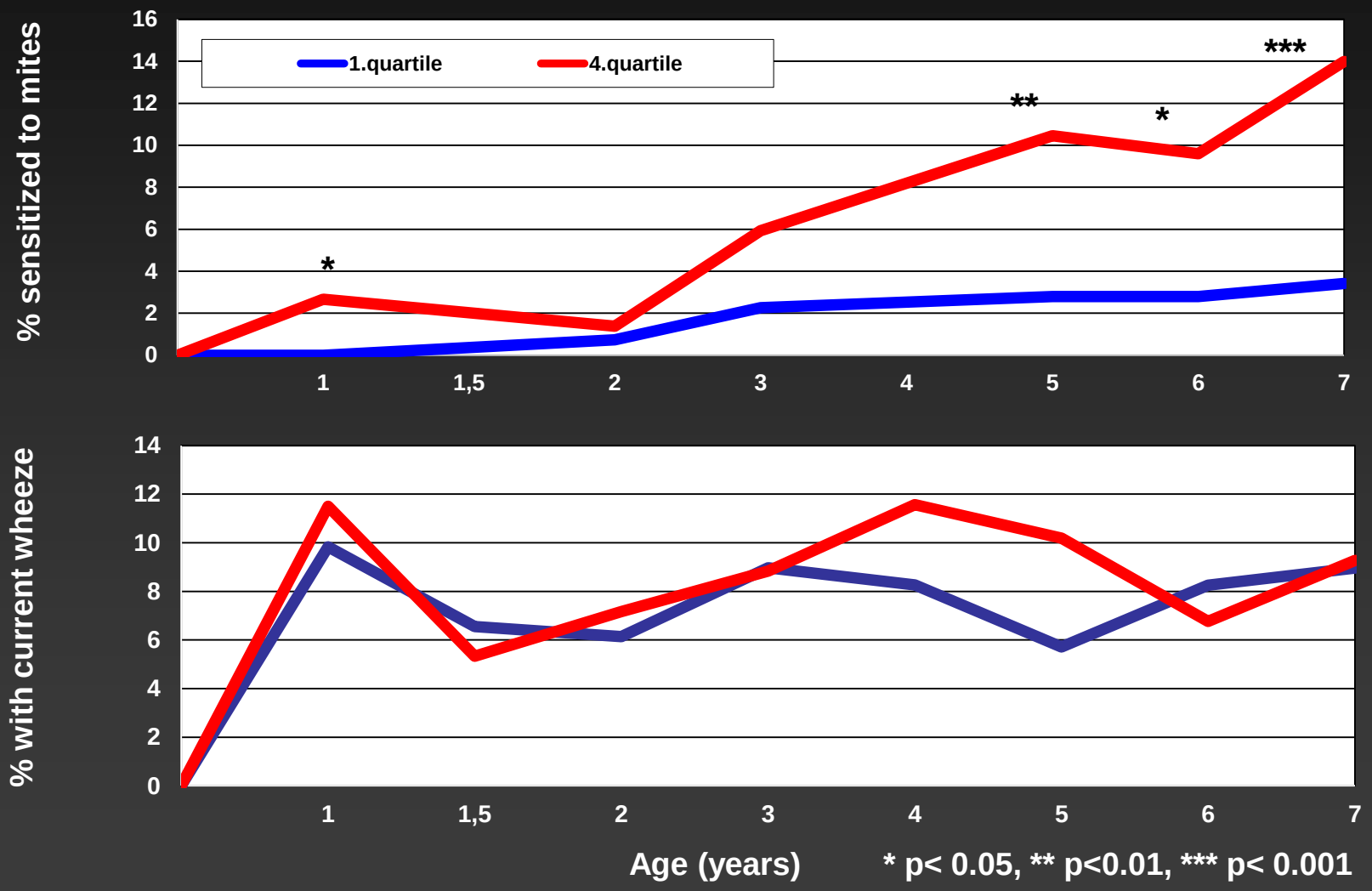
SOLUNAN ALLERJENLER

Results of a Home-Based Environmental Intervention among Urban Children with Asthma



Inner-City Asthma Study Group* N Engl J Med 2004;351:1068-80.

EV AKARI DUYARLILIĞI – KARŞILAŞMA WHEEZING



(Lau et al, Lancet 2000, 1392-1397)

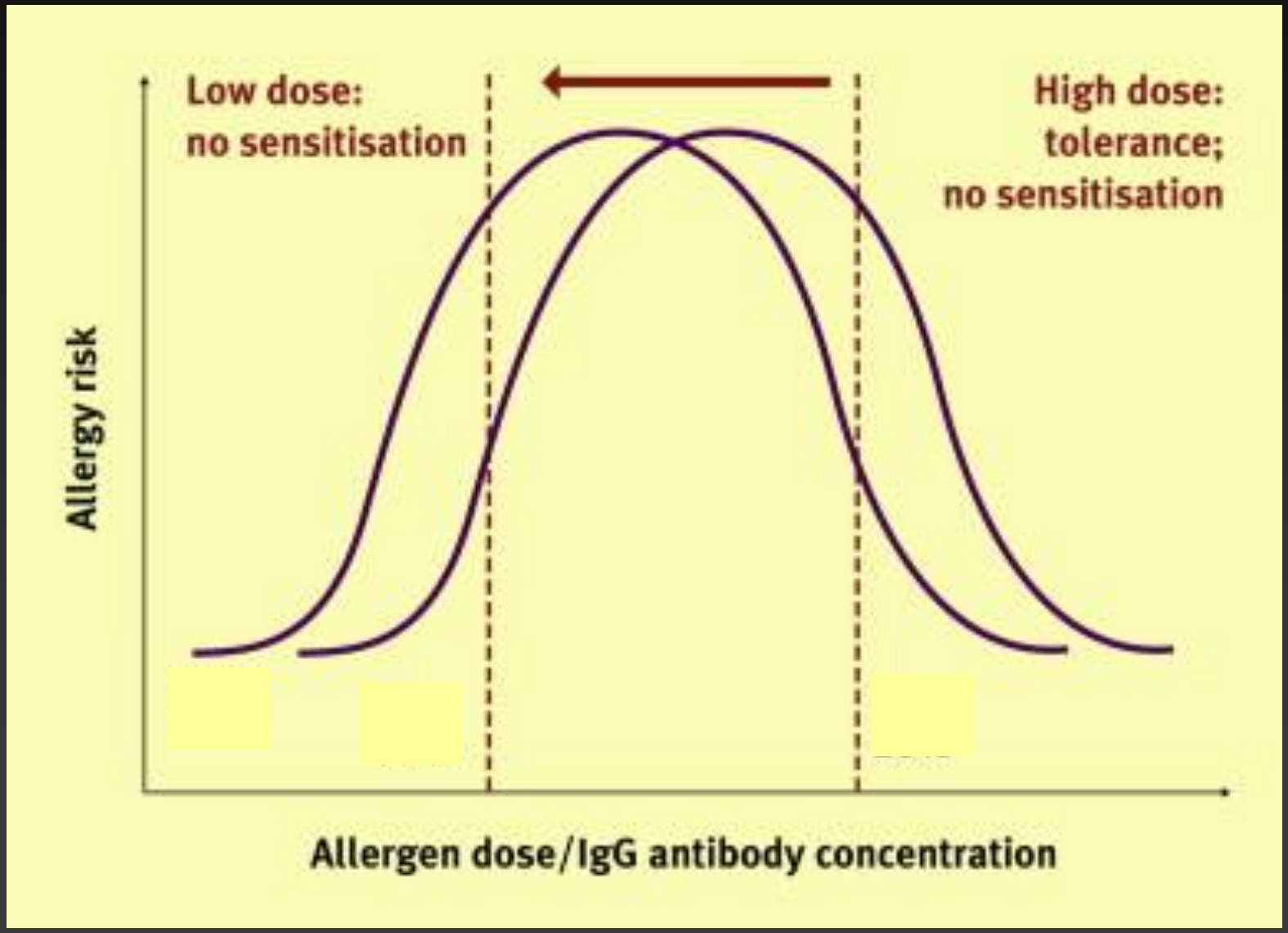
Early-life home environment and risk of asthma among inner-city children

George T. O'Connor, MD, MS,[a] Susan V. Lynch, PhD,[b] Gordon R. Bloomberg, MD,[c] Meyer Kattan, MD,[d] Robert A. Wood, MD,[e] Peter J. Gergen, MD, MPH,[f] Katy F. Jaffee, MS,[g] Agustin Calatroni, MS,[g] Leonard B. Bacharier, MD,[c] Avrahman Beigelman, MD,[c] Megan T. Sandel, MD, MPH,[h] Christine C. Johnson, PhD,[i] Ali Faruqi, MS,[b] Clark Santee, BS,[b] Kei E. Fujimura, PhD,[b] Douglas Fadrosh, MS,[b] Homer Boushey, MD,[b] Cynthia M. Visness, PhD,[g] and James E. Gern, MD[j] *Boston, Mass, San Francisco, Calif, St Louis, Mo, New York, NY, Baltimore and Rockville, Md, Chapel Hill, NC, Detroit, Mich, and Madison, Wis*

TABLE II. Association between home dust allergen concentration in the first 3 years of life and asthma at 7 years of age

	Allergen concentration*			
	No asthma (n = 312)	Asthma (n = 130)	Adjusted OR (95% CI)†	*P* value
Cockroach (Bla g 1 [U/g])				
Age 3 mo	1.20 (0.20-7.15)	0.20 (0.20-3.70)	0.69 (0.45-1.06)	.09
Cumulative‡	7.00 (0.59-36.7)	2.19 (0.59-15.2)	0.55 (0.36-0.86)	<.01
Mouse (Mus m 1 [μg/g])				
Age 3 mo	0.57 (0.13-2.80)	0.22 (0.07-2.52)	0.75 (0.55-1.01)	.06
Cumulative‡	4.29 (0.71-19.0)	3.66 (0.28-11.5)	0.68 (0.49-0.94)	.02
Dust mite (Der f 1 [μg/g])				
Age 3 mo	0.28 (0.26-0.33)	0.27 (0.26-0.30)	0.98 (0.91-1.04)	.46
Cumulative‡	0.85 (0.80-1.15)	0.83 (0.79-1.16)	0.94 (0.82-1.09)	.42
Dog (Can f 1 [μg/g])				
Age 3 mo	0.005 (0.005-0.050)	0.005 (0.005-0.005)	0.62 (0.37-1.03)	.06
Cumulative‡	0.046 (0.015-0.684)	0.015 (0.015-0.265)	0.78 (0.56-1.09)	.15
Cat (Fel d 1 [μg/g])				
Age 3 mo	0.36 (0.20-1.33)	0.28 (0.19-0.59)	0.78 (0.62-0.98)	.03
Cumulative‡	1.17 (0.64-9.79)	0.94 (0.64-2.86)	0.71 (0.51-1.00)	.05
Sum of exposures index§				
Age 3 mo	3.99 ± 2.29	3.16 ± 2.28	0.59 (0.44-0.80)	<.001
Cumulative‡	11.33 ± 5.63	8.95 ± 5.05	0.52 (0.36-0.74)	<.001

Hayvan allerjenleri



Primer koruma çalışmaları

Çalışma	Girişim	Astım
Isle of Wight 2003	Akar - besin	8 yaş azalma
Kanada (CaPPS) 2005	Akar - besin	7 yaş azalma
Avrupa (SPACE) 2006	Akar - besin	2 yaş -
Avustralya (CAPS) 2006	Akar besin	5 yaş -

Primer koruma çalışmaları

Çalışma	Girişim	Astım
PREVACS (NL) 2005	Akar – hayvan-besin – sigara	2 yaş -
PIAMA (NL) 2012	Akar	8 yaş –
MAAS (UK) 2004	Akar	3 yaş - Duyarlanmada artış

SOLUNAN ALLERJENLER – PRİMER KORUNMA

- Bireye özgü çok değişkenli yaklaşımlar yapılmalıdır
- Uzun soluklu çalışmalar yapılmalıdır

İMMÜNOTERAPİ

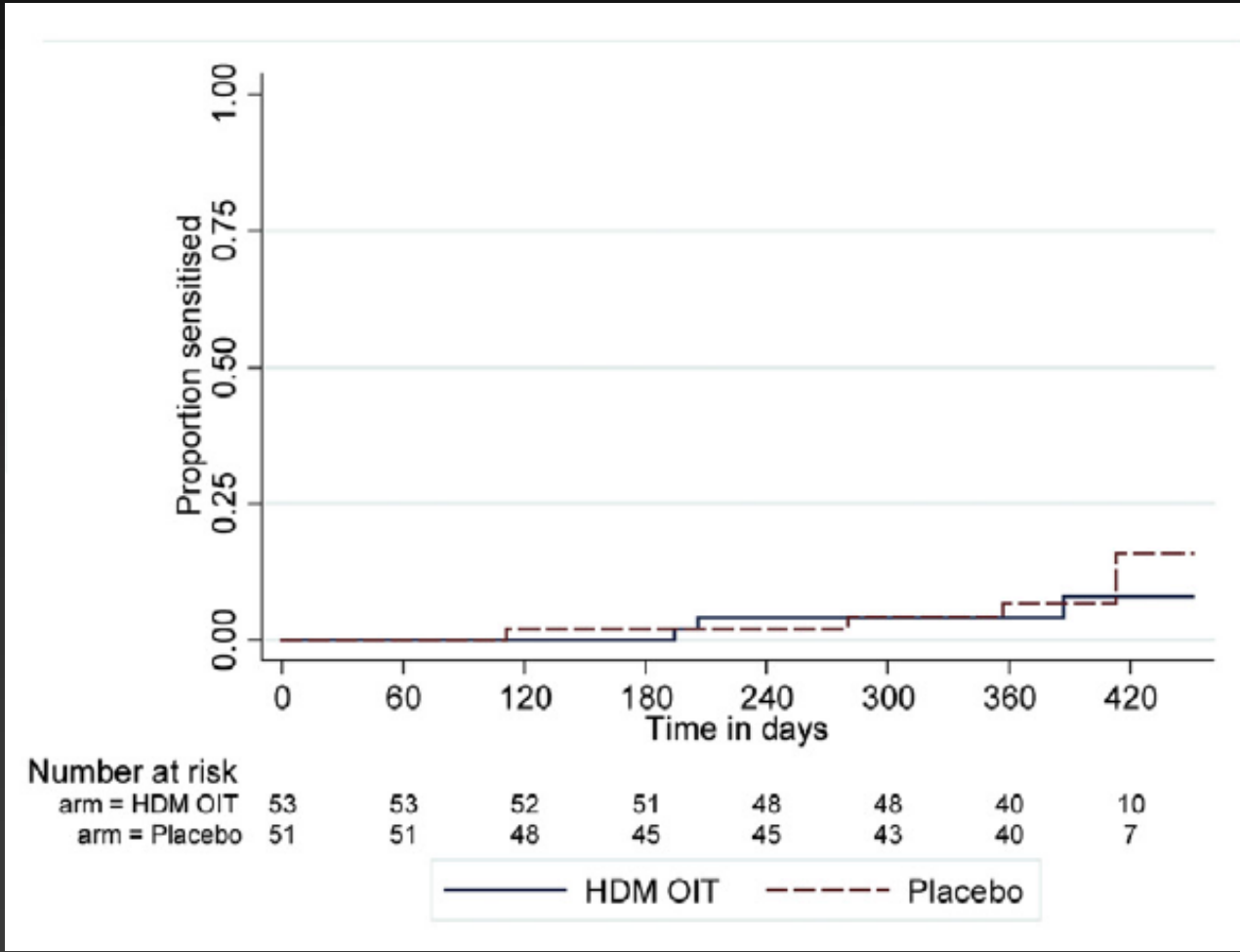
Randomized controlled trial of primary prevention of atopy using house dust mite allergen oral immunotherapy in early childhood

Zaraquiza Zolkipli, MSc,[a]* Graham Roberts, DM,[a,b,c]* Victoria Cornelius, PhD,[a,d] Bernie Clayton, RN,[c] Sarah Pearson, RN,[a] Louise Michaelis, MSc,[a] Ratko Djukanovic, DM,[a,b,e] Ramesh Kurukulaaratchy, DM,[b,c,e] and S. Hasan Arshad, DM[a,b,c,e] *Southampton, Isle of Wight, and London, United Kingdom*

- Katılım: 5-9 ay
- ≥2 birinci derece akrabada
  Astım, rinokonjonktivit, eczema veya besin allerjisi
- SPT Negatif
- HDM OIT (53); placebo (51)
- İzlem 450 gün

J Allergy Clin Immunol. 2015;136(6):1541-1547ti

Akar duyarlanma



Results from the 5-year SQ grass sublingual immunotherapy tablet asthma prevention (GAP) trial in children with grass pollen allergy

Erkka Valovirta, MD,[a,b] Thomas H. Petersen, MD,[c] Teresa Piotrowska, MD,[d] Mette K. Laursen, MSc,[e] Jens S. Andersen, MSc, PhD,[e] Helle F. Sørensen, MSc, PhD,[e] and Rabih Klink, MD,[f] on behalf of the GAP investigators*

Turku, Finland, Kolding and Hørsholm, Denmark, Białystok, Poland, and Laon, France

- Yaş: 5-12 yıl
- n
  - SLIT 300
  - Placebo 308
- İzlem
  - 3 yıl tedavi
  - 2 yıl tedavi sonrası

Birincil sonlanım noktası

- Astım (rev obs) başlamasına kadar geçen zaman

- FARK YOK

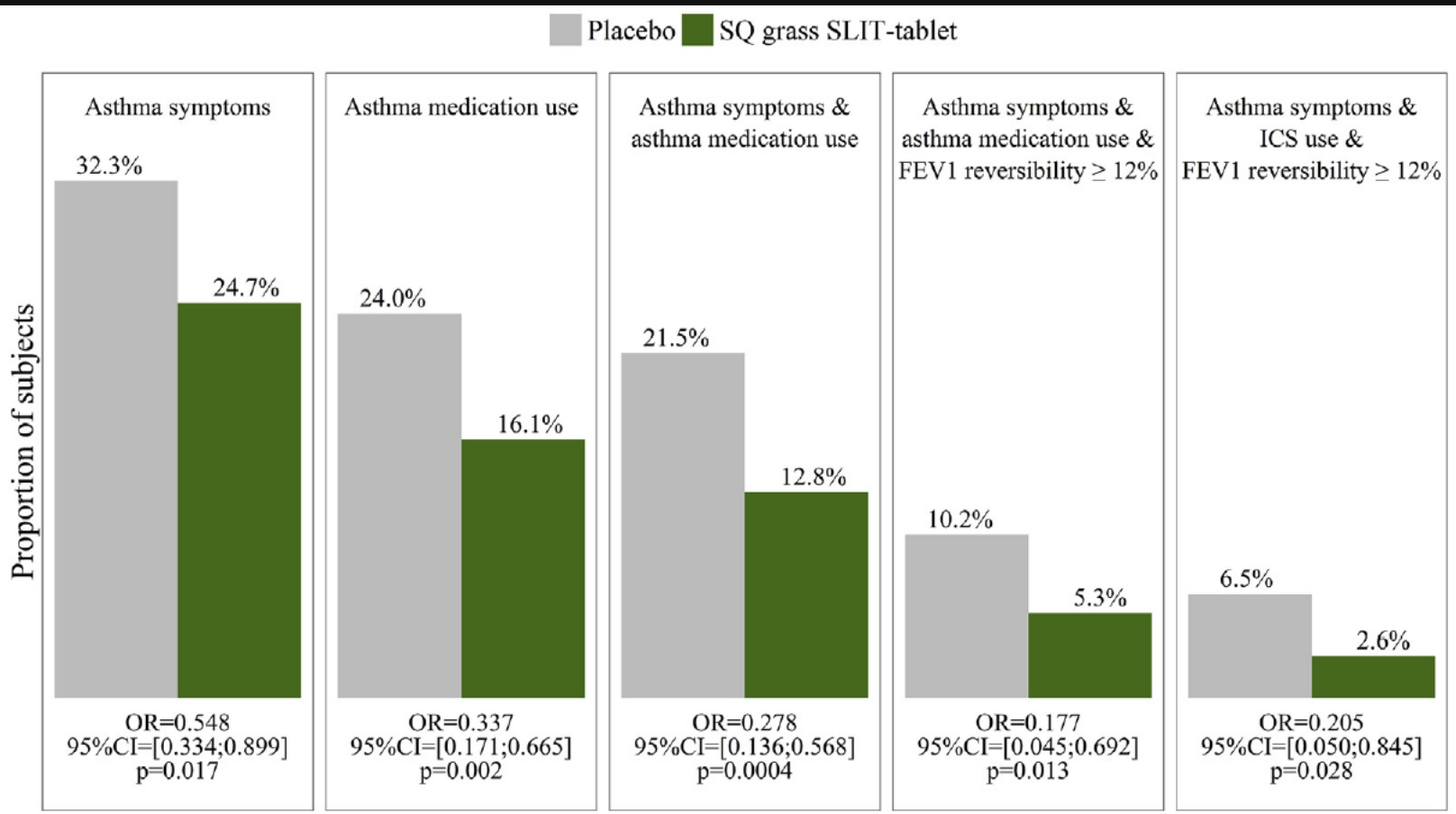
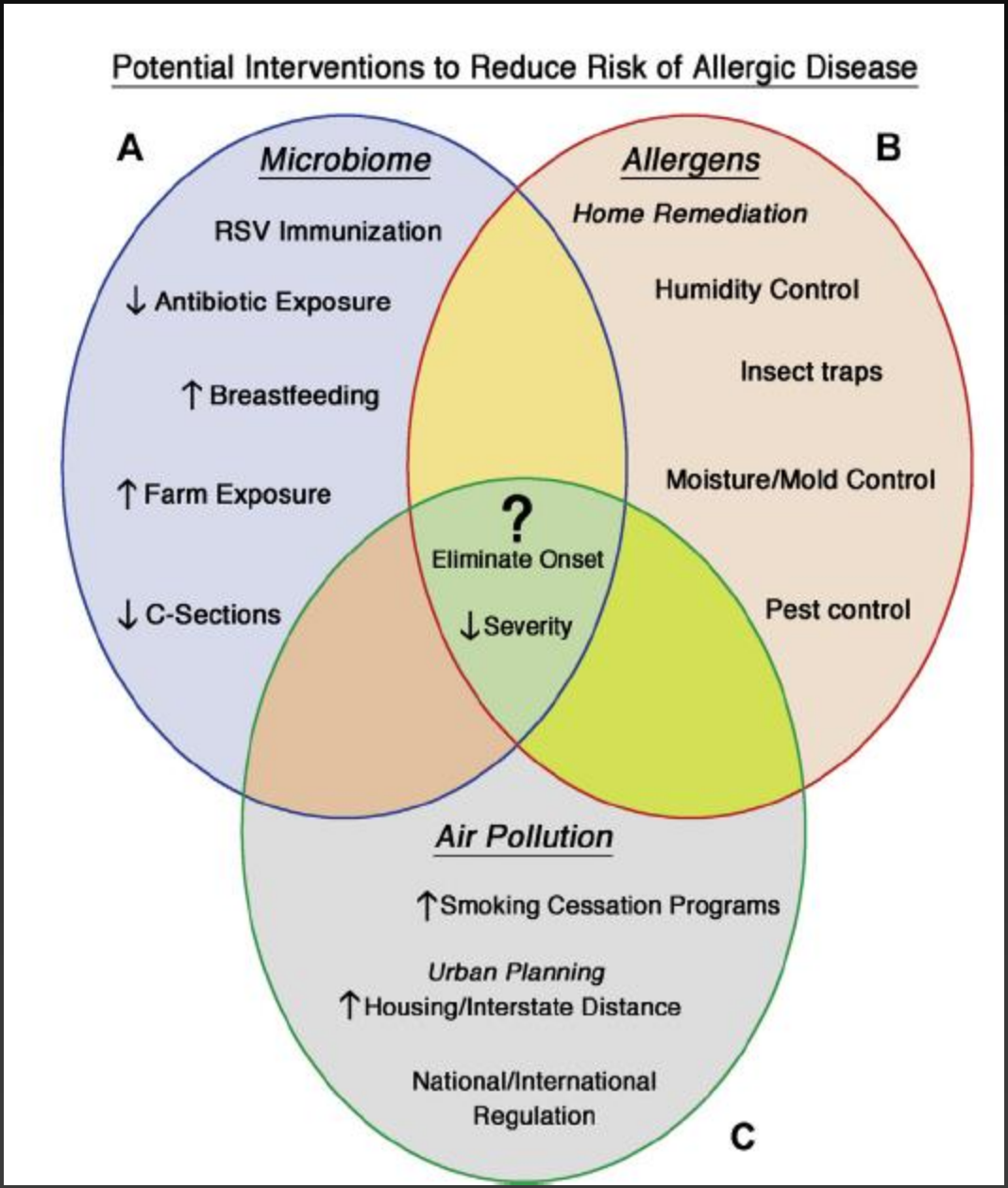


FIG 4. Proportion of subjects experiencing asthma symptoms, asthma medication use, asthma symptoms and asthma medication use, asthma symptoms and asthma medication use, and having a documented FEV_1 reversibility ≥12%, asthma symptoms and inhaled corticosteroids use, and documented FEV_1 reversibility ≥12% during the 2-year follow-up period.

SONUÇ



JACI 2017;140: 1-12

Öneriler

- Tütün dumanından sakınma
- Hava kirliliğinden sakınma
- Vajinal doğum
- Gereksiz ilaç özellikle antibiyotik kullanımından kaçınma


Prezervatif mi? Ben daha etkili bir korunma biliyorum.
Ne?
Sahanda yumurta...
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