

Phadiatop helps you determine if it is allergy or not

Suspicion of allergy:

Allergy-like symptoms + Case history

Confirmation of allergy:

Atopy grading with Phadiatop/Phadiatop Infant

0.35

>100

Undetectable/
very low IgE
antibody level

kU_A/l*

Risk of symptomatic allergy increases with increase in IgE antibody level, but IgE even at low level implies a risk of reaction.^{1,2}

Test interpretation:

Negative (<0.35 kU_A/l*):

Symptoms are probably not caused by IgE mediated allergy.

Positive (≥0.35 kU_A/l*):

Symptoms are probably caused by IgE mediated allergy.

Further patient management:

Continue examination:
Look for other causes.

Identify the provoking allergens:

- The average patient is sensitized to three allergens.³⁻⁵

Early accurate diagnosis will improve patient care:

- An accurate diagnosis will help you prescribe correct medications and avoidance advice.
- If allergy is ruled out, you can reduce unnecessary worry and avoidance advice.

• Specific IgE testing helps you identify the relevant allergens:

1. Common allergens**
 - Mite – Animal
 - Mold – Pollen
 - Cockroach – Food (infants)
2. Other possible allergens the patient is exposed to.

*Phadiatop result is reported in PAU/l but referred to as kU_A/l in the algorithm since kU_A/l is more well known among clinicians and numerically similar in value to PAU/l. **Symptom profile containing relevant allergens. Local adaptation with respect to differences in allergens is recommended.

Are the symptoms caused by allergy?

Nasal congestion/sneezing, itchy/watery eyes and nose:

- **65%** of patients prescribed antihistamines for their reported allergic rhinitis have symptoms that are not due to allergy.⁶

Wheezing, coughing, breathing problems:

- **90%** of children and **60%** of adults with asthma have allergy.⁷⁻⁹

Dry skin, pruritus, scratching:

- **30–70%** of infants and young children with eczema have underlying allergy.^{7,10}

Phadiatop in combination with case history correctly classifies more than **9 out of 10 allergic/non-allergic** patients.¹¹⁻¹³

References: **1.** Söderström L, et al. *Allergy*. 2003; 58(9): 921–8. **2.** Sampson HA. *J Allergy Clin Immunol*. 2001 May; 107(5): 891–6. **3.** Petersson CJ, et al. Sensitization profile in undiagnosed children with skin and respiratory allergy-like symptoms in primary care. Abstract presented at WAO, Buenos Aires, Argentina 6–10 December 2009. **4.** Wickman M. *Allergy*. 2005; 60 Suppl 79: 14–8. **5.** Ciprandi G. et al. *Eur Ann Allergy Clin Immunol*. 40(3); 2008: 77–83. **6.** Szeinbach SL, et al. *J Manag Care Pharm*. 2004 May–Jun;10(3): 234–8. **7.** Host A, et al. *Allergy*. 2003 Jul; 58(7): 559–69. **8.** Milgrom H. AAAAI news release. Milwaukee, WI: American Academy of Allergy, Asthma & Immunology; June 17, 2003. **9.** Allen-Ramey F. *J Am Board Fam Pract*. 2005; 18(5):434–9. **10.** Spergel JM. *Am J Clin Dermatol*. 2008; 9(4): 233–44. **11.** Halvorsen R, et al. *Int J Pediatr*. 2009; 60737. **12.** Paganelli R, et al. *Allergy*. 1998; 3(8): 63–8. **13.** Fiocchi A, et al. *Ann Allergy Asthma Immunol*. 2004 Oct; 3(4): 28–33.

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