



## INTERVIEW...

with **Pr J. E. Rosado Pinto**, Head of the Department of Allergology and Clinical Immunology. Hospital d'Estefânia, Lisbon (Portugal).

**Expressions.** The Sixth International Congress on Paediatric Pulmonology (CIPP VI) was held between February 28<sup>th</sup> and March 2<sup>nd</sup> in Lisbon, Portugal. How did the conference go?

**Professor J. E. Rosado Pinto.** This was a very important meeting, attended by over 1,200 delegates from 65 countries. The program was endorsed by The American College of Chest Physicians (ACCP) and recognised as a Category 1 Continuing Medical Education activity of the American Medical Association.

The meeting was also endorsed by The European Respiratory Society and sponsored by the European Academy of Allergology and Clinical Immunology-Paediatric Section (EAACI-PS) and by the EAACI-CME Accreditation Committee.

The program was divided into the three main areas of Obstructive Lung Diseases, Infection and Inflammation and Neonatal and Intensive Care but there were many other meetings and seminars, in which new evidence from clinical papers was revealed and discussed, and case histories and diagnostic methods were shared, especially as part of the Paediatric Postgraduate Course.

**E. What were particular highlights for you?**

**Pr J. E. R. P.** Professor Host and I chaired the EAACI Joint Meeting entitled "What causes Allergy and Asthma?" which remains a contentious area and there were some other lively discussions in the Pro/Con debates.

**E. When should SIT be used and why?**

**Pr J. E. R. P.** SIT is important because it is the only treatment that stops progression of allergic disease. It is recognised and recommended by the World Health Organisation and EAACI. There is increasing evidence for sublingual immunotherapy (SLIT): its effect on specific IgE antibodies (immunomodulation is seen in asthma); reduced

inflammation and the need for medication. Reduced sensitisation to new allergies has been shown and the advantage of SLIT is many times higher dosing compared with subcutaneous therapy. Use in severe rhinitis and mild to moderate asthma is justified with treatment of one to five years' duration until the patient has one symptom-free year. Efficacy seems to be greatest in monosensitive individuals.



**E. What to expect in the future?**

**Pr J. E. R. P.** I think more sublingual therapy is going to be used particularly in children to reduce the number of injections they receive. I think selection of patients will become more refined. Reactions do not pose a great problem; it is a matter introducing doses step by step. That's why follow up is important. More training will be needed for physicians, medical staff and especially the families of children receiving therapy. There is also a great likelihood that SLIT will be available for more indications: not just asthma and pollen allergy but also allergies to pets and latex and so on. I think the important change in the paediatric area will be the move to treating children younger than five years old.

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