



Allergy to Mites

Suggest removal (or at least reduction) of the dust at home, even though different Authors do not agree on the efficiency of this hygienic approach.

If the patient has only rhinitis, it is probable that a pharmacological therapy will be useful. If rhinitis is severe or it is associated to asthma, or if the reduction/elimination of mite allergens is difficult or impossible, suggest an allergen immunotherapy (AIT) in combination with the pharmacological therapy.

The pharmacological therapy in the presence of rhinitis is mainly based on intra-nasal corticosteroids (ICS) - alone or in combination with an antihistaminic - and antihistaminic per os.

In the presence of asthma, ICS alone or in combination with long acting bronchodilators are used. Short action bronchodilators should be only used on demand in the case of acute bronchial obstruction.

When rhinitis and asthma are present, a combined therapy using the above-mentioned drugs should be maintained for some months. If symptoms do not improve within few days, it is needed a second level therapeutic approach.

These first level therapeutic suggestions are based on international guidelines for the treatment of the allergic patients (PMID: 26162571 and PMID: 23921568), rhinitis (PMID: 26148220), asthma (PMID: 20816182 and PMID: 24925919), urticaria (PMID: 24898678) and anaphylaxis (PMID: 24909803). These suggestions are not intended to replace the specific experience of the allergist or the physician that are the only responsible for the treatment of the patient.