

Patient Journey with Respiratory Allergies

Impact Of Disease On Patient Lives

Respiratory allergies are caused by the body's reaction to allergens. Allergic asthma, affecting ~5% of children and ~10% of adults, and allergic rhinitis (hay fever), affecting ~20% of people worldwide, are the two most prevalent types of allergies. Several treatment options like over-the-counter (OTC) treatments and prescription medications including allergy immunotherapy have helped most patients lead a normal active life. Yet allergy immunotherapy is used in <10% of eligible patients.

PATIENT JOURNEY –

Respiratory allergies follow a chronic and progressing disease course. Symptoms worsen over time, especially when left untreated. Due to the use of temporary relief measures, diagnosis might be delayed, which then exacerbates the severity of the disease.

SYMPTOMS

Initial symptoms: sneezing, runny nose or nasal congestion; itchy, red and watering eyes and cough

Patients initially use home remedies, OTC and avoid allergens (rinse nasal passage, keep windows closed during pollen season and avoid smoke and fragrances, etc.) to relieve symptoms.

~20% of people with allergic rhinitis and asthma experience symptoms late.

DIAGNOSIS

Diagnosis is based on physical examination, medical history and allergy tests (skin & blood test)

Patient achieves only temporary relief from self care and OTC treatments; patient then seeks a doctor and medical examination

~20% people with respiratory allergies are diagnosed; leaving most sufferers unaware of their condition

INITIAL TREATMENT

Traditional symptomatic drugs like antihistamines, decongestants or corticosteroids are prescribed

Following an initial diagnosis, a doctor prescribes symptomatic medication to reduce inflammation in the respiratory tract.

~85% of patients consult a general practitioner (GP) for the first time

REFERRAL

If symptoms persist/worsen after initial treatment, GP refers patient to an allergist / ENT specialist

Patient undergoes allergy testing to detect a specific allergen that triggers their symptoms.

From the onset of symptoms, patient may have waited ~8 years to see a specialist

3 - 10 Years

TREATMENT

Allergen specific immunotherapy (SIT): Subcutaneous or sublingual immunotherapy

Patient is recommended to start allergy immunotherapy (allergy shots) on identification of specific allergen by a specialist.

~20% of all allergy patients are initiated on allergy immunotherapy

FOLLOW-UP CARE

Symptoms should significantly improve with SIT. If not, diagnose for a chronic lung condition

Patient needs to follow up with their doctor regularly to monitor their condition. If allergy symptoms worsen, they should be diagnosed for allergic rhinitis or asthma. They may also need to see a pulmonologist for more specialized care.

~80% of patients on completion of immunotherapy express symptom relief

3 - 5 Years

KEY BURDEN AREAS

Patients severely affected by allergies face several socio-economic difficulties, which then impacts the overall quality of their life.

KEY BREAKPOINTS	DESCRIPTION
Economic burden	<ul style="list-style-type: none">▪ The economic impact of respiratory allergies include expenses related to medical care, reduced productivity, and indirect costs, such as taking time off from work/school.▪ The increasing prevalence of allergy also has major economic consequences for society through reduced working capacity and more sick leaves taken.
Quality of life	<ul style="list-style-type: none">▪ According to a European survey, ~80% of diagnosed allergy sufferers state that their condition considerably affects their daily activities.▪ People with respiratory allergies have trouble sleeping, concentrating, and participating in activities that they enjoy. Such allergies can also lead to social isolation and anxiety.
Effective treatments	<ul style="list-style-type: none">▪ An estimated 10-20% of individuals with allergic rhinitis experience inadequately controlled symptoms despite using symptom-relieving medication.▪ Current treatments are effective in controlling symptoms but may not be effective in preventing the development of allergies.
Access to treatment	<ul style="list-style-type: none">▪ Less than 1 in 10 individuals undergo allergy immunotherapy treatment. The costs of allergy shots, availability, and lack of awareness is a significant obstacle to access treatment.▪ Health care providers need to collaborate with health systems, social support resources and pharma companies to improve accessibility.

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca Research, consolidation, and insightful analysis will aid in-depth understanding of therapy and effective decision-making

HOW CAN ARANCA HELP?

01

Patient journey mapping: Pre- and post-diagnosis, field stories and burdensome part of disease from patient and caregiver perspective

02

Disease Progression Modelling: Parameters used in disease progression, disease and symptom progression

03

Patient Breakpoint Analysis: Understanding key pain points in the patient's journey from the patient and caregiver perspective

04

Unmet needs mapping and Quality of life(QoL): Disease progression, symptoms impacting quality of life (QoL), daily activity impairment

05

Economic Burden and Unmet Need Analysis: Impact of a disease on the patient's economic well-being and unmet needs analysis

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