

# CRÍTICA A LA PUBLICIDAD DE

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## **ORALAIR**<sup>®</sup> (Extracto alergénico de polen de cinco gramíneas)

Sólo se ha destacado aquellos aspectos de la promoción que, a nuestro juicio, son más criticables.

Folleto promocional original: 006 004 002 0711.



Adaptado a la **práctica clínica habitual** del especialista<sup>(7)</sup>

Esta referencia es una presentación a un congreso que concluye que la práctica clínica habitual es prescribir antihistamínicos orales, corticoides nasales y cambios en el estilo de vida, no la inmunoterapia sublingual específica.

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**Therapeutic approaches for patients with allergic rhinitis induced by grass pollen: the findings of the Spanish PETRA study**

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**Results:** Of the patients allergic to grass pollen (524 out of the 1134 individuals recruited), 52% were male and 48% were female. The mean  $\pm$  SD age was

29.3  $\pm$  12.8. Drugs, environmental control, educational measures and specific immunotherapy (SIT) were employed in 100%, 91.4%, 87.6% and 43.2% of the patients, respectively. Oral antihistamines (97.7%) and nasal corticosteroids (82.6%) were the most frequently prescribed drugs; lifestyle change was the most frequently recommended method of environmental control (92.9%). 43.2% of patients received SIT (SCIT: 57.7% [Depot = 36.1%, Allergoids = 21.6%] and SLIT: 42.3%). The most frequent administration schedule was pre- and co-seasonal for SLIT (66.7% of patients) and allergoid SCIT (51%) and perennial for depot SCIT (66.7%). A grass-pollen-only vaccine was used in 47.1% of cases and a mixture of grass pollen and other allergens (mainly olive tree pollen) was used in 36.5% of cases.

**Conclusion:** The most frequently used therapeutic approaches in Spanish patients with allergic rhinitis induced by grass pollen are oral antihistamines, nasal corticosteroids and lifestyle changes. Less than half receive specific immunotherapy and the latter method often involves a mixture of grass and olive tree pollens.

### Simplifica el proceso de prescripción

- Sencillo de explicar al paciente

**Precisa visado de inspección.**



1. Extraer el comprimido del blister



2. Colocar bajo la lengua



3. Esperar a su disolución durante aproximadamente 1 minuto y tragar

- Con receta médica ordinaria
- Disponibilidad rápida en farmacias



#### BIBLIOGRAFÍA ORIGINAL DEL FOLLETO PROMOCIONAL

7. Justicia J, Valero A, Alvà V, García M. Therapeutic approaches for patients with allergic rhinitis induced by grass pollen: the findings of the Spanish PETRA study. Allergy 2009; 64(Supplement s90):273.

La evaluación de este medicamento se puede consultar en la **ficha NME nº 197/2012** y su informe