# ARIA 2019 – AMP

# Answer to reviewer comments

Dear Editorial Team,

Thank you very much for the comments that were useful to increase the quality of the manuscript. Please find a point-by-point discussion for each aspect below. All changes in the revised version of the manuscript are highlighted in yellow and transcribed to this document where applicable.

We hope that these changes meet your expectations for publication.

Kind regards on behalf of the authors,

Tiago Taveira-Gomes

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# Editorial Team

**ED1.** The authorship line should be updated in line with the information recently sent to our Editorial Body

Updated accordingly

**ED2.** Authors should be identified at least with FULL name + FULL surname. Middle names may be identified with just their first capital letter

Updated accordingly

**ED3.** As far as abbreviations are concerned, we cite our Publishing guidelines: "Do not use abbreviations or acronyms neither in the title nor in the summary and limit their use in the text. The use of acronyms must be altogether avoided as well as the excessive and unnecessary use of abbreviations. If the use of uncommon abbreviations is found to be absolutely required, when first utilized they must be adequately defined, in full, and immediately followed by the said abbreviation in parentheses. Do not follow abbreviations by full stops.

Updated accordingly

**ED4.** While using the Portuguese language, please note that units should be no idioma português, units must be separated from decimal figures by commas and not periods - these are exclusive for contents written in English language

Updated accordingly

**ED5.** On the final "References" list, please identify the first six authors and then use the expression "et al"

Updated accordingly

**ED6.** On the final "References" list, all the information that was accessed online should include the full name of the document as well as the day, month and year when it was accessed plus the full link for said information

Updated accordingly

# Reviewer A

**A1.** The manuscript, excluding the text subtitled "situação do país" is, in the majority of its content (text, tables, figures/algorithms), an almost straight forward translation from two articles, cited in the references as number 27 and 73

This manuscript is not a direct translation but rather an adaptation of an innovative paper on the management of allergic rhinitis, which is a disease with high prevalence in Portugal. We believe the adaptation to better suit the particular aspects of the Portuguese setting and may increase its impact on Portuguese healthcare professionals. Examples of adaptations from the original document are for example discussion of intranasal corticosteroids in combination with antihistamines that was not available in Portugal at the time of the writing. We also adapted sections, figures, wording, among other aspects of the original document.

*No changes were made in the document in regard to this comment.*

**A2.** The objectives of the manuscript should be described more accurately

On the last paragraph on the Introduction we added

Assim este artigo apresenta, em Portugal, e adaptando à realidade portuguesa, o percurso assistencial integrado para a rinite alérgica elaborado pela iniciativa ARIA em 2019.

**A3.** The manuscript is not an adaptation ("Neste artigo descrevemos a adaptação para Portugal do documento") but rather a translation, although in some paragraphs the Portuguese reality was added

*Please see answer to point A1.*

**A3.** The international coauthors (main authors of the papers cited) in what way contributed to the present manuscript?

The idea of writing a Portuguese adaptation was suggested by the international authors who were involved in the structuring of the article, its revision and final approval, although the language difficulties required the mediation of the Portuguese authors. We highlight that this is an adaptation of content prepared by an international group.

*No changes were made in the document in regard to this comment.*

**A4.** The only original work is the one subtitled "situação no país" and is more of an introduction to the main theme (titled)

We believe that the nature of this contribution should not follow the classic IMRAD format.

*No changes were made in the document in regard to this comment.*

# Reviewer B

**B1.** Acho que o papel do alergologista na gestão da rinite alérgica neste trabalho está desvalorizado ou esquecido

The ARIA approach does not intend to particularize specialties but to articulate healthcare. Naturally, some specific tasks of the integrated path of some patients are performed by certain specialties (or places, for example). However, the implementation at local/regional level of the pathways should assign tasks to specialties as appropriate or feasible.

Point 3.3 was reworded:

Before:

[...] Um artigo recente sugere que o alergologista tenha um horário reservado para as administrações de ITA, reduzindo o tempo de espera, tornando a vigilância mais efetiva e aumentando o foco no doente a fazer ITA; [...]

After:

[...] Um artigo recente sugere que um horário reservado para as administrações de ITA, reduz o tempo de espera, tornando a vigilância mais efetiva e aumentando o foco no doente a fazer ITA; [...]

**B2.** O texto do trabalho não menciona uma vez sequer a especialidade de ORL o que é curioso, dado o facto de até ter 2 especialistas de ORL na lista de autores

*Please see answer to point B1.*

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# Reviewer E

**E1.** Submissão com algum interesse.

*No changes were made in the document in regard to this comment.*

**E2.** *Esta atitude resulta num sub-diagnóstico, que leva a um sub-tratamento e a um mau controlo dos sintomas, atingindo fortemente a qualidade de vida (QoL) dos doentes*
Especulativo. Carece de referências bibliográficas.

We added the following references to support the statement:

11. Morais-Almeida M, Pite H, Pereira AM, Todo-Bom A, Nunes C, Bousquet J, et al. Prevalence and classification of rhinitis in the elderly: a nationwide survey in Portugal. Allergy. 2013;68: 1150–1157.

14. Bauchau V, Durham SR. Prevalence and rate of diagnosis of allergic rhinitis in Europe. Eur Respir J. 2004;24: 758–764.

15. Morais-Almeida M, Santos N, Pereira AM, Branco-Ferreira M, Nunes C, Bousquet J, et al. Prevalence and classification of rhinitis in preschool children in Portugal: a nationwide study. Allergy. 2013;68: 1278–1288.

16. Demoly P, Bossé I, Maigret P. Perception and control of allergic rhinitis in primary care. NPJ Prim Care Respir Med. 2020;30: 37.

17. Gani F, Lombardi C, Barrocu L, Landi M, Ridolo E, Bugiani M, et al. The control of allergic rhinitis in real life: a multicenter cross-sectional Italian study. Clin Mol Allergy. 2018;16: 4.

18. Nolte H, Nepper-Christensen S, Backer V. Unawareness and undertreatment of asthma and allergic rhinitis in a general population. Respir Med. 2006;100: 354–362.

19. Bousquet PJ, Demoly P, Devillier P, Mesbah K, Bousquet J. Impact of allergic rhinitis symptoms on quality of life in primary care. Int Arch Allergy Immunol. 2013;160: 393–400.

20. Bousquet J, Bullinger M, Fayol C, Marquis P, Valentin B, Burtin B. Assessment of quality of life in patients with perennial allergic rhinitis with the French version of the SF-36 Health Status Questionnaire. J Allergy Clin Immunol. 1994;94: 182–188.

21. Meltzer EO, Nathan RA, Seiner JC, Storms W. Quality of life and rhinitic symptoms: Results of a nationwide survey with the SF-36 and RQLQ questionnaires. J Allergy Clin Immunol. 1997;99: S815–S819.

22. Meltzer EO. Quality of life in adults and children with allergic rhinitis. J Allergy Clin Immunol. 2001;108: S45–53.

**E3.** *A RA é um problema global de saúde que causa um enorme impacto na qualidade de vida e na produtividade laboral e escolar, pelo que as suas repercussões económicas são potencialmente substanciais. Além disso apresenta também uma significativa morbilidade, constituindo um peso financeiro importante nos custos de saúde, que não pode ser subestimado.*
Especulativo. Carece de referências bibliográficas.

We added the following references to support the statement:

23. Roger A, Arcalá Campillo E, Torres MC, Millan C, Jáuregui I, Mohedano E, et al. Reduced work/academic performance and quality of life in patients with allergic rhinitis and impact of allergen immunotherapy. Allergy Asthma Clin Immunol. 2016;12: 40.

24. Vandenplas O, Suarthana E, Rifflart C, Lemière C, Le Moual N, Bousquet J. The Impact of Work-Related Rhinitis on Quality of Life and Work Productivity: A General Workforce-Based Survey. J Allergy Clin Immunol Pract. 2020;8: 1583–1591.e5.

25. Bédard A, Antó JM, Fonseca JA, Arnavielhe S, Bachert C, Bedbrook A, et al. Correlation between work impairment, scores of rhinitis severity and asthma using the MASK-air® App. Allergy. 2020;75: 1672–1688.

26. Blaiss MS. Allergic rhinitis: Direct and indirect costs. Allergy Asthma Proc. 2010;31: 375–380.

27. Malone DC, Lawson KA, Smith DH, Arrighi HM, Battista C. A cost of illness study of allergic rhinitis in the United States. J Allergy Clin Immunol. 1997;99: 22–27.

28. Meltzer EO, Bukstein DA. The economic impact of allergic rhinitis and current guidelines for treatment. Ann Allergy Asthma Immunol. 2011;106: S12–6.

29. Cardell L-O, Olsson P, Andersson M, Welin K-O, Svensson J, Tennvall GR, et al. TOTALL: high cost of allergic rhinitis-a national Swedish population-based questionnaire study. NPJ Prim Care Respir Med. 2016;26: 15082.

30. Avdeeva KS, Reitsma S, Fokkens WJ. Direct and indirect costs of allergic and non-allergic rhinitis in the Netherlands. Allergy. 2020. doi:10.1111/all.14457

31. Colás C, Brosa M, Antón E, Montoro J, Navarro A, Dordal MT, et al. Estimate of the total costs of allergic rhinitis in specialized care based on real-world data: the FERIN Study. Allergy. 2017;72: 959–966.

**E4.** *GA²LEN*
Necessário alterar

We corrected the reference to:

32. [Zuberbier T, Lötvall J, Simoens S, Subramanian SV, Church MK. Economic burden of inadequate management of allergic diseases in the European Union: a GA(2) LEN review. Allergy. 2014;69: 1275–1279.](http://paperpile.com/b/tBzbrZ/rrlz)

# Reviewer F

*No changes were made in the document regarding comment from reviewer F.*

**F1.** Relevance: The current manuscript is globally important to clinicians. It helps physicians improve their practice with scientific, social, political, and economic factors affecting healthcare

**F2.** Originality: The current manuscript summarizes the “state of art” of the management of allergy rhinitis

**F3.** Misconduct: No plagiarism, fraudulent and unreliable data, double or bias in publication was found

**F4.** Title: Is instructive, short and summarizes the manuscript

**F5.** Abstract: Reflect the contents of the manuscript and is well structured

**F6.** Introduction: objectives clearly described and explain the relevance of the study

**F7.** This position paper on Allergic Rhinitis and its Impact on Asthma is published in Portuguese and is structured as a reflection on the management of allergic rhinitis with a special emphasis on the use of new technologies of information

**F8.** Conclusions are relevant

**F9.** References are adequate

**F10.** Tables and Figures are clear

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# Reviewer H

**H1.** A relevância do trabalho em função da temática "rinite alérgica" e da sua frequência clínica em Portugal torna útil e sublinha o propósito prático do artigo submetido

*No changes were made in the document in regard to this comment.*

**H2.** A originalidade prende-se no entanto com o facto do artigo assumir a adaptação para Portugal do documento ARIA Integrated Care Pathways, publicado em finais de 2018

*No changes were made in the document in regard to this comment.*

**H3.** Em Portugal a DGS não tem dedicado atenção especial ao assunto e as referências conhecidas são as que advém do "PROGRAMA NACIONAL PARA AS DOENÇAS RESPIRATÓRIAS (PNDR) - 2012-2016", da DGS (1ª edição: 29 de abril de 2014)

*No changes were made in the document in regard to this comment.*

**H4.** O título e resumo são adequados, mas a listagem de acrónimos e abreviaturas é muito extensa e, para leitores menos familiarizados, a leitura pode tornar-se mais lenta e desinteressante

*Please see answer to point ED3.*

**H5.** A proposta de metodologia GRADE no ponto 2 precisaria de maior detalhe para a mudança de paradigma que visa. Como se diz no texto, "as recomendações clínicas geralmente baseiam-se apenas nos resultados dos ensaios clínicos randomizados (RCT). A GRADE considera ainda relevante a evidência sobre valores e preferências, aceitabilidade e viabilidade ou comparabilidade dos resultados." Ora, salvo melhor opinião, esta "validação conceptual" justificaria algo mais.

*No changes were made in the document in regard to this comment.*

**H6.** O recurso a novas tecnologias e ferramentas, actualmente revalorizado pela Pandemia, é muito interessante e a utilização de tecnologias móveis como neste caso, pode permitir uma outra leitura da evidência do mundo real e acesso a informação "on-line" mais enriquecedora e sensível

*No changes were made in the document in regard to this comment.*

**H7.** No ponto 2.1.5. menciona-se a observação de "um elevado grau de desfasamento entre a prescrição médica e o comportamento do doente no tratamento da RA polínica", mas não se discute, por exemplo, o que aparece na literatura internacional acerca duma certa "perpetuação" das indicações terapêuticas. Ainda que podendo afastar-se do objectivo do artigo, em função do subtítulo escolhido ("Desfasamento entre as perspetivas do doente e do médico") poderia fazer algum sentido, no mínimo, como inventariação do problema.

We reworded the statement and included a reference to the study of problems of such nature in other medical areas where it has been formally studied.

Before:

Observa-se um elevado grau de desfasamento entre a prescrição médica e o comportamento do doente no tratamento da RA polínica. [...]

After:

Pensa-se que existe um elevado grau de desfasamento entre a prescrição médica e o comportamento do doente no tratamento da RA polínica tal como demonstrado noutras áreas médicas 68 [...]

68. Ben Freedman S, Gersh BJ, Lip GYH. Misperceptions of aspirin efficacy and safety may perpetuate anticoagulant underutilization in atrial fibrillation. Eur Heart J. 2015;36: 653–656.

**H8.** As recomendações para a farmacoterapia constituem uma pedra angular, julgo, no espírito dos Autores e parecem-me bem conseguidas e enunciadas

*No changes were made in the document in regard to this comment.*

**H9.** Por fim, uma palavra para o ponto relativo à medicina de precisão na imunoterapia. Talvez aqui se pudesse justificar algum reforço deste conceito e sentido de esforço racional, quer do ponto de vista "pedagógico ou didáctico", quer de entendimento clínico prático (deixo como exemplo um estudo de caso - Boni E, Incorvaia C, Makrì E, Preziosi D, Mauro M (2017) When Allergen Immunotherapy Perfectly Meets its Need: A Case Report. J Allergy Ther 8: 259. doi:10.4172/2155-6121.1000259)

We added the following references to the first paragraph of section 3.6.1

119. [Boni E, Incorvaia C, Makrì E, Preziosi D, Mauro M. When Allergen Immunotherapy Perfectly Meets its Need: A Case Report. J Allergy Ther. 2017;08. doi:](http://paperpile.com/b/tBzbrZ/3OLQ)[10.4172/2155-6121.1000259](http://dx.doi.org/10.4172/2155-6121.1000259)

**H10.** A de procurar facilitar a leitura porventura com um menor número de entradas de siglas, abreviaturas e acrónimos

*Please see answer to point ED3.*

**H11.**  A de reflexão sobre a inclusão ou não de referência ao que a DGS entende por preocupação com a rinite alérgica face ao peso na prática clínica

The last paragraph of section 1.1 was updated

Before

[...] Em Portugal, no entanto, não existem, actualmente, dados que estimem todos os custos associados à rinite alérgica.

After:

[...] Em Portugal, no entanto, não existem, actualmente, dados que estimem todos os custos associados à rinite alérgica. Esta patologia é abordada de modo indireto nas normas da Direção Geral de Saúde Nº61 de 2011 relativa à prescrição de exames laboratoriais e na norma Nº 6 de 2018 relativa à Asma.

**H13.** Faltará a declaração de interesses e potenciais conflitos.

*No changes were made in the document in regard to this comment.*