

# Skin allergy testing another option for eye practices

by Vanessa Caceres EyeWorld Contributing Writer



## Goals include reducing patient symptoms, building practice

**A**s ocular and nasal allergies affect more people at an astounding rate, there's an emerging trend among eye doctors—adding allergy skin testing to pinpoint possible allergic triggers and tailor treatment.

One reason that ophthalmologists may consider doing this is simply because their patients are tired of itchy eyes. Results reported last year from the Allergies, Immunotherapy, and Rhinoconjunctivitis (AIRS) surveys found that red, itchy eyes were second only to nasal

congestion as an “extremely bothersome” symptom of their allergies.<sup>1</sup> “When providers were asked about the symptoms causing most patients to seek medical treatment, it was apparent that ocular allergy symptoms are a driving force, cited by almost two-thirds of the providers sampled,” study investigators wrote. When itchy eyes occurred, survey respondents said they were most likely to seek treatment from pediatricians (for children), followed by ophthalmologists or optometrists, and nurse practitioners/physician assistants.

Another AIRS survey reported last year that even though ophthalmologists and optometrists commonly diagnose ocular allergies, the vast majority (96%) do not administer allergy skin testing.<sup>2</sup>

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**—Robert J. Weinstock, MD**

Eye doctors already provide relief to patients with prescriptions for appropriate drops or sometimes intranasal sprays, but allergy testing can help both the clinician and patient hone in on the causes of their symptoms.

Skin testing has long been the domain of allergists—and more recently some family practitioners, pediatricians, ENTs, and pulmonologists. Physicians outside of allergy will offer it for patient convenience, to confirm a suspected diagnosis (e.g., allergic rhinoconjunctivitis), to direct therapy (e.g., avoidance, allergen immunotherapy), and to help their practice financially, said allergist **Fred Schaffer, MD**, chief medical officer for United Allergy Services (UAS), San Antonio, and associate professor of allergy, Medical University of South Carolina, Charleston. United Allergy Services works with several thousand practices to provide what is needed for allergy testing and therapy, including at-home allergy shots. He also sees non-allergists entering the area of allergy testing because of the growing number of patients who need testing and therapy—and the projected decreasing number of practicing allergists.

Some ophthalmologists believe such tests can serve both as a practice builder and as a way to help improve their allergic patients’ overall ocular surface health.

“We see patients with dry eye, meibomian gland dysfunction, or allergic conjunctivitis—or a combination of these things,” said **Robert**

**J. Weinstock, MD**, the Eye Institute of West Florida, Largo, Fla., whose practice now offers allergy skin testing.

## How it works at one practice

Allergy skin testing for patients who need it is just one of several tests eye doctors can now offer to pinpoint and treat the ocular surface, Dr. Weinstock said. Other tests he uses include tear osmolarity and a matrix metalloproteinase test. Results from these tests help physicians decide on the appropriate treatment.

Dr. Weinstock’s office uses an allergy skin test designed for ophthalmic practices and offered by Doctors Allergy Formula (Norcross, Ga.). Instead of traditional skin prick testing, the test through Doctors Allergy Formula works more like a stamp on the forearm, making it less invasive, Dr. Weinstock said. The company’s tests are designed specifically for each area of the country and its allergic triggers, in addition to triggers common everywhere, such as dust. Food allergies are not tested as Doctors Allergy Formula tests for the most common ocular-specific antigens in each region, Dr. Weinstock said. The test takes about 20 minutes and is performed by a technician with a physician in the building, in case any issues or questions arise.

Dr. Weinstock offers allergy skin testing to patients who are not under the care of an allergist and who have not had skin testing before. If the patient does not have a strong reaction that would indicate allergy



sensitivity, he will investigate other causes of ocular surface irritation. If the patient needs allergy treatment, physicians at his office will educate the person about his or her specific triggers and start them on appropriate antihistamines or other medications.

There are certain patients Dr. Weinstock will refer to an allergist or ENT specialist. "I'll refer if a patient's reaction on the test is strong, showing a clearly overactive immune system," he said. Such a reaction indicates the patient likely needs systemic treatments and perhaps allergy shots.

"At first blush, what we're doing may seem competitive with allergists or ENT specialists, but if we can identify allergies, we've done the patient a favor and generated a referral," he said.

Another benefit of testing is giving credence to a patient's allergy complaints, which often can be ignored by doctors, Dr. Weinstock said.

One consideration for adding skin testing is to find a technician who is a champion for the topic, Dr. Weinstock recommended. His technician who handles testing has their own clinic and schedule, with patients scheduled 30 to 40 minutes apart. That gives the technician time to do the test and another few minutes to go over the results. The technician also can start the patient on treatment drops under a physician's guidance.

Reimbursement has been relatively easy, Dr. Weinstock said. "We use well-established codes for skin care testing that are used by ENT specialists and primary care doctors. It's a favorable reimbursement model," he said.

Clients with UAS almost always offer both testing and therapy, Dr. Schaffer said. However, he sees a possibility for a practitioner like an ophthalmologist to partner with a family practice physician who uses their services and who could provide shots to patients if needed, he said. He also pointed out that the UAS enables patients to do many of their shots at home, which cuts down on office visits.

## Cautions, thoughts to consider

**Leonard Bielory, MD**, presently principal investigator for the U.S. Environmental Protection Agency on climate change and allergic airway disease, Rutgers University, and attending, Robert Wood Johnson University Hospital, New Brunswick, N.J., has heard of eye practices adding allergy skin testing and even visited one in Florida. (Dr. Bielory is also a co-author on two of the AIRS studies cited earlier in this article.) As allergy testing in eyecare is such a new area, he would like to see ophthalmologists get a firmer grip on referring positive skin results to allergists and have a clearer understanding on what insurers will cover if ophthalmologists handle allergy treatment in-house.

It would be helpful for ophthalmologists considering the idea of testing to know if allergists in their area will retest new patients, something that commonly occurs to make sure patients receive comprehensive testing, Dr. Schaffer said. "It depends on the nature of the testing, the panel given, and the doctor's philosophy," he said.

Practice management consultant **John B. Pinto**, president of J. Pinto & Associates, San Diego, has some cautionary words. "For more than two generations, eye surgeons have been searching for a 'holy grail' supplement to the core profession of providing eyecare," he said. "It's too early to tell if providing allergy services will be a hit or a fad. I'm inclined to forecast the latter. For the vast majority of eye surgeons, sticking to the knitting is most appropriate."

Another way to address allergies more comprehensively is with the creation of a dry eye center of excellence, a branded effort some eye practices are using now. At Shady Grove Eye and Vision Care, Rockville, Md., Alan Glazier, OD, FAAO, provides a battery of diagnostic tests and treatments related to dry eye and ocular allergy within arm's reach. Although skin testing is not offered, he will clinically assess for ocular allergies and talk with patients about the circular relationship that dry eye and ocular allergies often have. He often refers patients to other specialists if he suspects strong allergies. **EW**

## Allergy statistics

- Allergic disease has been increasing in the industrialized world for more than 50 years.
- About 40% to 50% of children are sensitized to one or more common allergens.
- Allergic rhinitis affects 10% to 30% of the world population.
- There was a primary diagnosis of allergic rhinitis in 11.1 million physician visits in 2010.
- Ocular allergy symptoms occur in 64% of people with nasal allergies.<sup>2</sup>

Source: American Academy of Allergy, Asthma, and Immunology

## References

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