

TABLE VI, A. Atopic dermatitis

Referral guideline	Rationale	Evidence type
To confirm the diagnosis of atopic dermatitis in a patient with dermatitis	Allergist-immunologists are specifically trained to diagnose atopic dermatitis. ¹ Defining IgE-mediated sensitivity (by means of skin or <i>in vitro</i> testing) is useful in the differential diagnosis. ²	Diagnostic
To identify the role of dust mite allergy in patients with atopic dermatitis	Dust mite allergy can trigger atopic dermatitis. In such patients mite avoidance should be helpful. ³⁻¹¹	Diagnostic Indirect outcome (mite avoidance)
To identify the role of food allergy in patients with atopic dermatitis	Approximately 35% of young children with moderate-to-severe atopic dermatitis have food allergy; the association appears less common in adults but is possible. ¹²⁻¹⁹	Diagnostic Indirect outcome (food avoidance)
Patients whose atopic dermatitis responds poorly to treatment	Allergist-immunologists are specifically trained and experienced in managing atopic dermatitis in both children and adults. ²⁰⁻²⁷	Indirect outcome (pharmacologic therapy)

REFERENCES

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