GUIDELINES IN THE MANAGEMENT OF ALLERGIC RHINITIS

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BON SECOURS GP STUDY DAY

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RHINITIS

- Defined as inflammation of the nasal mucosa characterized by two or more of the following symptoms:

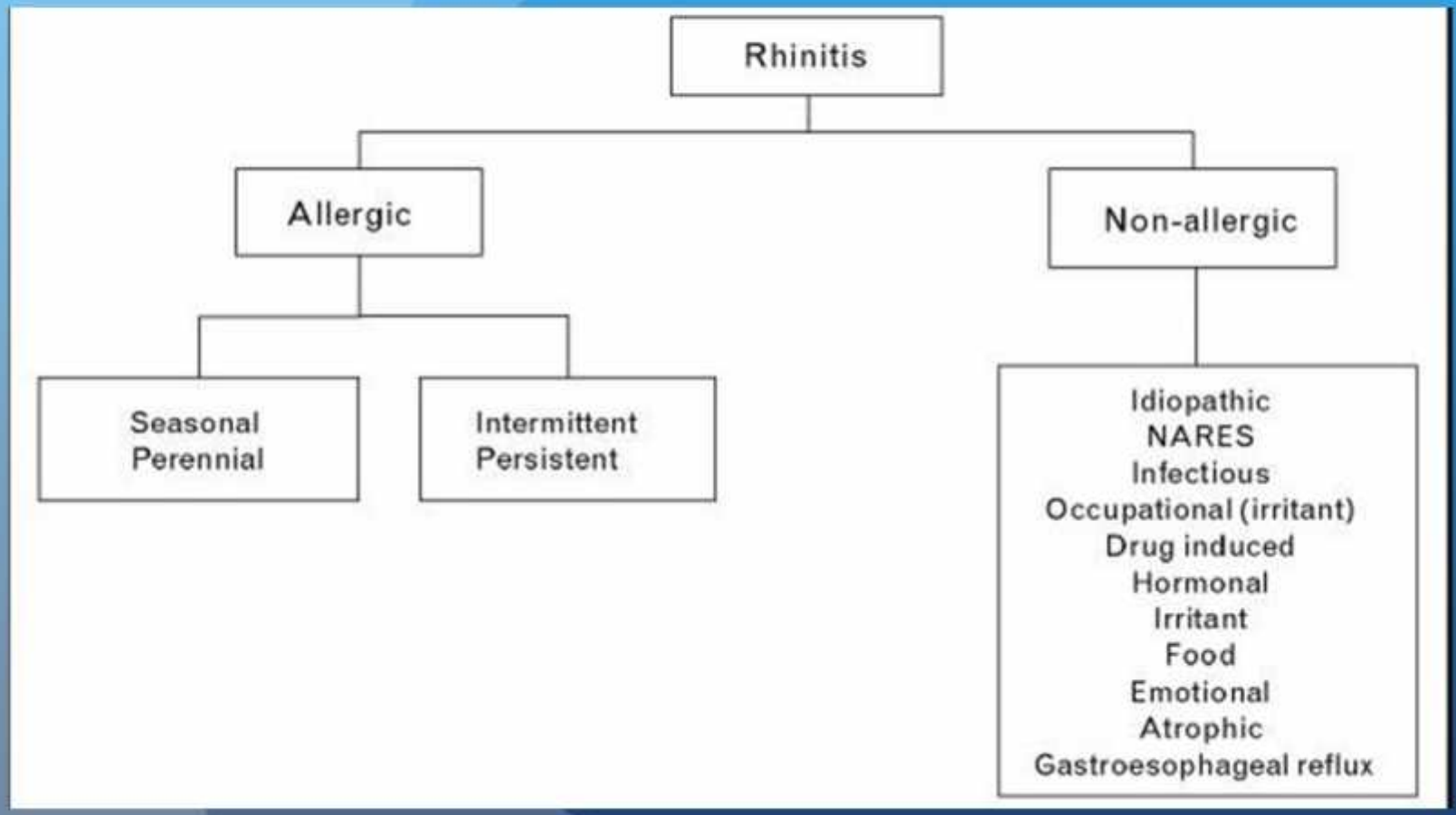
  nasal congestion

  anterior/posterior rhinorrhoea

  sneezing

  itchy nose

INTRODUCTION



ALLERGIC RHINITIS

- occurs when these nasal symptoms are the result of IgE-mediated inflammation following exposure to an allergen

ALLERGIC RHINITIS

- Prevalence

  400 million suffers worldwide

  > 20% of population in UK

- All ages are affected, peaks in teens
- Boys more affected than girls but equalizes after puberty
- Most will be managed at Primary Health Care level

ALLERGIC RHINITIS and ASTHMA

- 30% of patients with AR have asthma
- The majority of patients with asthma have AR
- AR is a major risk factor for poor asthma control
- All patients with AR should be assessed for asthma

ALLERGIC RHINITIS AND OTHER COMORBIDITIES

- Up to 80% of patients with bilateral chronic sinusitis hav e AR
- Otitis media
- Conjunctivitis
- Lower respiratory tract infections
- Dental problems – malocclusion, discoloration
- Sleep disorders

ALLERGIC RHINITIS AND ITS IMPACT ON QUALITY OF LIFE

- In USA

  2 million school days lost per year

  4 million work days lost per year

  28 million impaired work days

- In UK

  performance in school exams in 15-16 yr olds worsened

  by AR

ALLERGIC RHINITIS

- 1999 – Allergic Rhinitis and its impact on Asthma (ARIA) WHO workshop setup

  to establish guidelines for the management of allergic rhinitis

- ARIA - 2008
- ARIA - 2010

ALLERGIC RHINITIS (ARIA)

- Subdivided into

  intermittent (IAR) .v. persistent (PER)

- Severity classified as

  mild .v. moderate/severe

ALLERGIC RHINITIS (ARIA)

Intermittent symptoms

< 4 days per week

Or < 4 weeks

Persistent symptoms

> 4 days per week and > 4 weeks

Moderate-severe one or more items

- Abnormal sleep.
- Impairment of daily activities, sport, leisure.
- Problems caused at school or work.
- Troublesome symptoms.

Mild

- Normal sleep.
- Normal daily activities.
- Normal work and school.
- No troublesome symptoms.

DIAGNOSIS

- History and Examination
- Skin prick test
- Radioallergoabsorbent tests for specific IgE (RAST)
- (Nasal allergen challenge)

TREATMENT

- EDUCATION/ALLERGEN AVOIDANCE
- PHARMACOTHERAPY
- IMMUNOTHERAPY
- Others – Nasal douching
- SURGERY

EDUCATION/ALLERGEN AVOIDANCE

- Explanation of disease, progress (atopic march), treatments
- Genetics
- Breastfeeding
- Parental smoking
- Allergen avoidance – primary/secondary

PHARMACOTHERAPY

Topical Nasal Treatments

- Corticosteroids
- Antihistamines
- Chromones
- Anticholinergics
- Decongestants

Oral Treatments

Antihistamines
Corticosteroids
Antileukotrienes
Decongestants

PHARMACOTHERAPY

	Itch/Sneezing	Discharge	Blockage	Impaired Smell
Sodium cromoglycate	+	+	+/-	-
Oral Antihistamines	+++	++	+/-	-
Ipratropium bromide	-	+++	-	-
Topical Decongestants	-	-	+++	-
Topical Corticosteroids	+++	+++	++	+
Oral Corticosteroids	+++	+++	+++	++
Antileukotrienes	-	++	+	+/-

IMMUNOTHERAPY

- Involves repeated administration of an allergen extract to induce a state of immunological tolerance
- More effective in limited spectrum of allergies in partic ular seasonal pollen allergy
- Severe symptoms failing to respond to usual Px
- Subcutaneous injection/sublingual route
- Studies indicate that 3 years therapy necessary

OTHER TREATMENTS

- Nasal douches

  - adjuvant to other treatments

  - studies indicate can be useful in children with seasonal rhinitis

  - pregnancy

ARIA RECOMMENDATIONS

- Topical corticosteroids and oral antihistamines (non-sed ating) form the mainstay of treatment
- The newer topical steroids e.g. Mometasone furoate and Fluticasone propionate were highest recommended
- Other drugs should only be considered as second-line tre atment
- Immunotherapy in selected patients can be highly effect ive.

SPECIAL CIRCUMSTANCES PAEDIATRIC ALLERGIC RHINITIS

- 4 years and older should be treated as for adults
- Children (>4) with AR and Asthma can be treated with c ombination of newer generation topical and inhaled cort icosteroids with low risk of complications
- Diagnosis in smaller children is difficult as can have up t o 6 to 8 colds per year
- Small children – oral antihistamines, saline sprays and c orticosteroids if symptoms severe
- > 2 years fortunately rare

ALLERGIC RHINITIS IN PREGNANCY

- FDA considers no drugs are considered completely safe
- FDA RISK Categories for drugs in pregnancy (based on good stu dies in pregnant women)

  A – safe to baby in 1st trimester

  B – safe in pregnant animals, no human studies

  C – drugs show foetal problems in animal studies

  but benefits may outweigh the potential risks

  D – clear risk to foetus but there may be instances

  X – should not be used in pregnancy

ALLERGIC RHINITIS IN PREGNANCY

- Nasal Saline
- Nasal corticosteroids – all Category C except Budesonide which was recently reassigned B – nasal steroid of choic e
- Antihistamines – usually not very effective but older anti histamine chlorpheniramine, loratadineand cetrizine are B
- Oral steroids C
- Decongestants - C

FINALLY

- ARIA 2008 and ARIA 2010 Updates are available for down load online