

Allergic Rhinitis

Allergic rhinitis is an Ig-E mediated inflammatory disease affecting the nasal cavity. It is one of the commonest disorders in adults in the western world.

Classification

- Temporal pattern of exposure (seasonal / perennial or episodic)
- Frequency of symptoms (intermittent or persistent {<4day/wk or <4wks/yr})
- Severity of symptoms (mild -> severe)

Diagnosis

When patients present with a history and physical examination consistent with an allergic cause and 1 or more of the following symptoms:

- Nasal congestions
- Runny nose
- Itchy nose
- Sneezing

First-line treatment

- Topical nasal steroids (Nasonex / Avamys)
- Oral non-sedating antihistamines

IF NOT IMPROVING -> Consider topical nasal antihistamine with steroids (Dymista)

Allergy testing

- Blood test -> Immuno CAP (RAST)
- Skin scratch test

BEST done in patients who do not respond to empiric treatment, or when the diagnosis is uncertain, or when the knowledge of the specific causative allergen is needed to target therapy.

When to refer

- If the patient is not responding to the initial treatment plan
- Sleep disordered breathing/Obstructive sleep apnoea
- Associated chronic rhinosinusitis
- Associated atopic conditions (asthma/eczema) and are not well controlled

Treatment options

- **Surgery**
 - o Tailored to the patient – often turbinoplasties +/- septoplasty
 - o If in a child – often Coblation reduction of turbinates or turbinoplasties
 - o AIM:
 - Optimise the nasal airway for symptoms relief
 - Allow for better delivery of topical sprays to control AR
- **Immunotherapy**
 - o Excellent cure rate in single allergen patients (~80%)
 - o Long treatment plan (3-5 years)
 - o Benefits can be seen as early as 3 months



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