

Does my patient have an allergic Disorder ? Allergic Rhinitis

What Is Allergic Rhinitis?

Historically Allergic rhinitis has been referred to as ‘hay-fever’, which is unfortunate as it unintentionally oversimplifies the broader spectrum of allergic rhinitis which can be triggered by a wide variety of indoor and year -round allergens and undermines its significance as a chronic illness.

Allergic rhinitis can be seasonal (occurring during specific times of the year eg pollen in summer time or perennial (year-round... usually animal danders or house dust mite).

Symptoms of Allergic Rhinitis

- Sneezing
- Runny or stuffy nose
- Itchy nose, throat, or ears
- Watery, red, or itchy eyes

For those with grass allergies or indeed any seasonal allergy, the timing and often intensity of distinctive nasal and allergy symptoms make it easy to recognise and diagnose. Many patients thus often can recognise seasonal Allergic Rhinitis and will seek treatment.

However, **in contrast** non- seasonal Allergic Rhinitis for many presents as chronic nasal blockage but the typical allergy symptoms can be more subtle. This subgroup often seek attention for recurrent ‘sinus’ infections, post nasal drip/ runny nose or a cough.

Allergic Rhinitis often begins in early childhood when symptoms are harder to communicate so parents and HCP need to be aware of all the relevant signs both nasal and extra-nasal and acknowledge the association with poor sleep, fatigue, reduced school performance and frequent infections/ visits to healthcare physicians / hospital.

It is important to enquire not just about nasal symptoms of obstruction and or rhinorrhoea but also about allergy symptoms including sneezing, nasal itchiness, watery/ red / itchy eyes. Also enquire about associated allergy conditions including asthma eczema and enquire about a family history.

Investigations

The clinical history should often be sufficient. The timing of allergy symptoms can often determine the trigger allergen thus negating the need for formal allergy testing in the majority.

Investigations should be considered when diagnosis is unclear/ poor response to an INCS and patient is being referred for an ENT specialist opinion. They can also be considered to support patient compliance with medication if an issue.

Haematological specific allergen tests are easily accessible and suitable for first line investigation. Testing should request specific animal danders, pollens and house dust mite.

Skin allergy testing should be reserved for after an ENT specialist opinion has been sought

Treatment Options:

1. **Avoiding relevant Allergens:**

- Wash bedding, vacuum frequently, and dust with a damp cloth to reduce dust mites especially in the bedroom. .
- Use antiallergy pillows/ duvets if possible/ choose a filling that is house-dust mite resistant/ can be washed
- Limit house pets indoor accessibility especially when pollen count is high.
- Check pollen count daily
- Place Vaseline round nostrils to trap pollen
- Wear wraparound sunglasses to protect your eyes
- Limit outdoor activities when pollen count high/ keep windows and doors closed, no flowers indoors, don't cut or walk on grass and remove clothes/ shower/ wash hair on returning indoors.
- Don't hang clothes outside if you can/ if do hang clothes outside avoid peak times ie hang in middle of day and bring inside before dusk

2. **Medications:**

- **Antihistamines:** Relieve sneezing, itching, and runny nose
- **Nasal Corticosteroids sprays** Reduce inflammation causing blockage or congestion. These need to be used daily and be continuous for the time line of exposure eg ..all year round if house dust mite allergy / animal dander positive or during a season if pollen allergen sensitive.(Please see guidance wrt INCS treatment.)
- **Decongestants:** Relieve nasal congestion but if being considered for severe symptoms, should only be used over a couple of days after which they should be **discontinued** and replaced by an intranasal corticosteroid spray .

- **Nasal rinses:** washes allergens from the nasal passages.

3. **Immunotherapy:**

- Sublingual tablets may help desensitize the immune system to allergens over time. They are recommended if the above other medications have failed to relieve symptoms and usually after review by an ENT specialist who would firstly confirm the diagnosis and evaluate if there were any options for surgery

Guide to clinical examination of
the nose

