

## Rhinitis

### Allergic rhinitis

- Can be seasonal (hayfever or seasonal allergic rhinitis), throughout the year (perennial rhinitis) or linked to an allergen at work (occupational).

### Epidemiology of rhinitis

- Very common – prevalence up to 20%
- Adults more commonly have perennial rhinitis and children more commonly have seasonal rhinitis.

### Aetiology of rhinitis

- Seasonal rhinitis
  - Common allergens are pollens from trees (spring), grass (late spring/early summer), weeds (spring to autumn)
- Perennial rhinitis
  - House-dust mite, domestic pets
- Sensitivity to substances like smoke, perfumes can aggravate rhinitis
- Vasomotor rhinitis (perennial symptoms, but without the eosinophilic granulocytosis seen in nasal secretions - unlike perennial or seasonal allergic disease).
  - Thought to be due to autonomic system imbalance
- Rhinitis often co-exists with asthma
  - May have personal or family history of atopy

### Symptoms of rhinitis

- Sneezing
- Nasal discharge/Nasal blockage
  - Ask about discharge colour – usually clear in allergic rhinitis.
- Itching/red eyes
- Seasonal attacks of asthma
- Ask about timing of symptoms and irritant exposure.
- Think about classifications
  - Mild: Normal sleep/activities/work/school
  - Moderate-severe: These all affected
  - Intermittent
    - <4 days/week and <4 weeks/year.
  - Persistent
    - >4 days/week and 4 weeks/year.

## Treatment of rhinitis

- All patients
  - Allergen avoidance
    - Skin prick testing/RAST is helpful to find what allergens are implicated.
    - Removal of pets, enclosure of industrial processes, avoid being outside in later afternoon (pollen count highest), keep bedroom window shut etc.
  - Nasal douching with saline
- Mild intermittent:
  - Oral route preferred or age 2-5 or conjunctivitis a problem use oral antihistamines e.g. cetirizine or loratidine (non-sedating) else use spray e.g. azelastine.
- Mild persistent:
  - Use nasal steroid spray e.g. Flixonase, Avamys. Consider also oral/topical antihistamine.
- Moderate-severe intermittent:
  - Use nasal steroid drops e.g. Flixonase nasules.
  - Consider mast cell stabiliser e.g. sodium cromoglycate spray
- Moderate-severe persistent
  - A short course of oral steroids can be helpful followed by above treatment (e.g. 40mg prednisolone 7 days in adults).
  - Montelukast can also be used especially if asthmatic.
- If struggling, refer to medical rhinologist/ENT.