



Rhinitis

Allergies, including allergic rhinitis, affect an estimated 40-50 million people in the United States. In some patients, allergies may interfere with day-to-day activities or lessen the quality of life.

Your Allergist, who has completed specialized training and expertise in managing allergies and asthma, can develop a treatment plan for your individual condition. The goal will be to enable you to lead a life that is as normal and symptom-free as possible.

What is Rhinitis?

Rhinitis is a term describing the symptoms produced by nasal irritation or inflammation. Symptoms of rhinitis include runny nose, itching, sneezing and stuffy nose due to blockage or congestion. These symptoms are the nose's natural response to inflammation and irritation. Rhinitis lasting less than 6 weeks is called acute rhinitis. People with persistent symptoms are considered to have chronic rhinitis. Acute rhinitis is usually caused by infections or chemical irritation. Chronic rhinitis may be caused by allergy or a variety of other factors.

The nose normally produces mucus, which traps substances like dust, pollen, pollution, and germs such as bacteria and viruses. Mucus flows from the front of the nose and drains down the back of the throat. When mucus production is excessive, it can flow from the front of the nose, as a runny nose, or become noticeable from the back, as post-nasal drip. Nasal mucus, normally a thin, clear liquid, can become thick or colored, perhaps due to dryness, infection or pollution. When post-nasal drip is excessive, thick, or contains irritating substances, cough is the natural response for clearing the throat.

An itchy nose and sneezing are also natural responses to irritation caused by allergic reactions, chemical exposures including cigarette smoke, or temperature changes, infections and other factors.

The nasal tissues congest and decongest periodically. In most people, nasal congestion switches back and forth from side to side of the nose in a cycle several hours long. Some people, especially those with narrow nasal passages, notice this nasal cycle more than others. Strenuous exercise or changes in head position can affect nasal congestion. Severe congestion can result in facial pressure and pain, as well as dark circles under the eyes.

What is Sinusitis?

Sinusitis is not the same as rhinitis, although the two may be associated and their symptoms may be similar. Sinusitis is inflammation or infection of any of the four groups of sinus cavities in the skull, which open into the nasal passages. The terms "sinus trouble" or "sinus congestion" are sometimes wrongly used to mean congestion of the nasal passage itself. However, most cases of nasal congestion are not associated with sinusitis.

What is Allergic Rhinitis?

Known to most people as hay fever, allergic rhinitis is a very common medical problem affecting more than 15% of the population, both adults and children.

Allergic rhinitis can either be seasonal or perennial. Symptoms of seasonal allergic rhinitis occur in spring, summer and/or early fall and are usually caused by allergic sensitivity to pollens from trees, grasses or weeds, or to airborne mold spores. Other people experience symptoms year-round, a condition called perennial allergic rhinitis. It's generally caused by sensitivity to house dust, house dust mites, animal dander and/or mold spores. Underlying or hidden food allergies can also be considered a possible cause of perennial nasal symptoms.

Some people may experience both types of rhinitis, with perennial symptoms worsening during specific pollen seasons.

No Hay. No Fever. So, what's "Hay Fever"?

"Hay fever" is a turn-of-the-twentieth-century term which has come to describe the symptoms of allergic rhinitis, especially when it occurs in the late summer. However, the symptoms are not caused by hay and are not accompanied by fever. Allergists prefer the term "allergic rhinitis" because it's more accurate. Similarly, springtime symptoms are sometime called "rose fever," but it's just coincidental that roses are in full-bloom during the grass-pollinating season. Roses and other sweet-smelling, showy flowers rely on bees, not the wind, for pollination, so not much of their pollen gets into the air to cause allergies.

Is There Any Escape?

A common question from allergic rhinitis sufferers is: Can I move someplace where my allergies will go away?

Some allergens are tough to escape. Ragweed, which affects 75% of allergic rhinitis sufferers, blankets most of the United States. Less ragweed is found in a band along the West Coast, the southern-most tip of Florida and northern Main, but it is still present. Even Alaska and Hawaii have a little ragweed.

Allergists seldom recommend moving to another locale as a cure for allergies. A move may be of questionable value because a person may escape one allergen only to develop sensitivity to other allergens in the new location. Since moving can have a disrupting effect on a family financially and emotionally, relocation should be undertaken only after consultation with an Allergist.

Is Allergic Rhinitis Ever the Cause of Other Problems?

Some known complications include ear infections, sinusitis, recurrent sore throats, cough, headache, fatigue, irritability and altered sleep patterns. Occasionally, children develop altered facial growth and orthodontic problems. Allergy treatment can eliminate or alleviate most of these problems.

Are All Cases of Rhinitis Caused by Allergies?

Not all rhinitis symptoms are the result of allergies. Rhinitis may result from many causes other than an allergic reaction.

The most common condition causing rhinitis is the common cold, which is referred to as infectious rhinitis. Most cases of infectious rhinitis are relatively short-lived, lasting from three to seven days. Colds can be caused by any one of more than 200 viruses. Children, particularly young children in school or day care centers, may have from eight to 12 colds each year. The frequency of colds lessens after immunity has been produced from exposure to many viruses.

Colds usually begin with a sensation of congestion, rapidly followed by runny nose and sneezing. Over the next few days, congestion becomes more prominent, the nasal mucus may become colored, and there may be a slight fever and cough. Cold symptoms resolve within a couple of weeks, although a cough may sometimes persist. Cold symptoms that last longer may be due to other causes, such as chronic rhinitis or sinusitis.

Not all rhinitis symptoms are caused by allergy or infection. Similar symptoms can be caused by mechanical blockage, use of certain medications, irritants, temperature changes or other physical factors. Rhinitis can also be a feature of other diseases and medical conditions.

Drug-induced nasal congestion can be caused by birth control pills and other female hormone preparations, certain blood pressure medications and the prolonged use of decongestant nasal sprays.

Decongestant nasal sprays work quickly and effectively, but they alter how the nasal passages normally work. After a few weeks of use, nasal tissues swell after the medication wears off. The only thing that seems to relieve the obstruction is more of the medicine, and the medication's effect lasts shorter lengths of time. Permanent damage to the nasal tissues may result. Consultation with an Allergist to "get off" the medication is often necessary.

Cocaine also alters how the nasal passages normally work, causing a condition identical to, or even more severe than that produced by decongestant nasal sprays. If you use cocaine, it is important to tell your physician so that appropriate therapy can be prescribed.

Irritant rhinitis or “vasomotor rhinitis” is not caused by infection or allergy. Many people have recurrent or chronic nasal congestion, excess mucus production, itching and other nasal symptoms similar to those of allergic rhinitis, but the disorder is not caused by allergy.

Irritants that can trigger vasomotor rhinitis include cigarette smoke, strong odors and fumes including perfume, hair spray, and other cosmetics, laundry detergents, cleaning solutions, swimming pool chlorine, car exhaust fumes and other air pollution. Other irritants are spices used in cooking, alcoholic beverages, particularly beer and wine, aspirin and certain blood pressure medications. Some people are very sensitive to abrupt changes in weather or temperature. Skiers often develop a runny nose, but in some people any cold exposure may cause a runny nose. Others start sneezing when leaving a cold, air conditioned room. These agents are not allergens, do not induce formation of allergic antibodies and do not produce positive skin test reactions. Occasionally, one or two positive skin tests may be observed, but they do not match with the history and are not relevant or significant.

As is the case with allergic rhinitis, vasomotor rhinitis often cannot be cured. Fortunately, symptoms can be kept under control by avoiding or reducing exposure to substances that cause symptoms and by taking medication when needed. Patients with vasomotor rhinitis should not smoke or permit smoking in their homes.

How Do You Know What Kind of Rhinitis You Have?

Consult your Allergist. Sometimes several conditions can coexist in the same person. In a single individual, allergic rhinitis, septal deviation (curvature of the bone separating the two sides of the nose) or nasal polyps may be present. Use of spray decongestants for chronic sinusitis, septal deviation or vasomotor rhinitis may cause a condition known as rhinitis medicamentosa which is irritation from over-use of nasal spray. Any of these conditions will be made worse by catching a cold. Nasal symptoms caused by more than one problem can be difficult to treat, often requiring the cooperation of your Allergist and an Otorhinolaryngologist (Ear, Nose and Throat specialist).

How is Allergic Rhinitis Diagnosed?

Your Allergist may begin by taking a detailed history, looking for clues in your lifestyle that will help pinpoint the cause of your symptoms. You will be asked about your work and home environments, your eating habits, your family's medical history, the frequency and severity of your symptoms, and miscellaneous matters, such as if there are pets in your home. Your Allergist may suggest skin testing, in which small amounts of suspected allergen are introduced into the skin. Skin testing is the easiest, most sensitive and generally least expensive way of making the diagnosis. Another advantage is that results are available immediately. In rare cases, it also may be necessary to do a special blood test for allergens.

How is Rhinitis Treated?

When no specific cure is available, options are ignoring your symptoms, avoiding or decreasing exposure to irritants or allergens to the extent practical, and taking medications for symptom relief.

Once allergic rhinitis is diagnosed, treatment options include avoidance, medication and immunotherapy (allergy shots).

Avoidance: A single ragweed plant may release one million pollen grains in just one day. The pollen from ragweed, grasses and tress is so small and buoyant that the wind may carry it many miles from its source. Mold spores, which grow outdoors in fields and on dead leaves, are also everywhere and may outnumber pollen grains in the air even when pollen season is at its worse.

While it is difficult to escape pollen and molds, here are some ways to lessen exposure:

- Keep windows closed and use air-conditioning in the summer, if possible. A HEPA (High Energy Particulate Air) filter or an electrostatic precipitator may help clean pollen and mold from indoor air. Automobile air conditioners help, too.
- Do not hang clothing outdoors to dry. Pollen may cling to towels and sheets.
- The outdoor air is most heavily saturated with pollen and mold between 5 AM and 10 AM, so early morning is good time to limit outdoor activities.
- Wear a dust mask when mowing the lawn, raking leaves or gardening, and take appropriate medication beforehand.

Medication: When avoidance measures do not control symptoms, medication may be the answer. Antihistamines and decongestants are the most commonly used medications for allergic rhinitis. Newer medications, such as Cromolyn, inhibit the release of chemicals that cause allergic reactions. Nasal corticosteroid sprays reduce inflammation occurring from the allergic trigger. Medications help to alleviate nasal congestion, runny nose, sneezing and itching. They are available in many forms, including tablets, nasal sprays, eye drops and serum. Some medications may cause side effects, so it's best to consult your Allergist if there is a problem.

Immunotherapy: Allergen immunotherapy; known as "allergy shots," may be recommended for persons who do not respond well to treatment with medications, experience side-effects from medications or have allergen exposure which is unavoidable. Immunotherapy does not cure allergies but can be very effective in controlling allergic symptoms. Allergy injections are usually given at variable intervals over a period of three to five years.

An immunotherapy treatment program consists of injections of a diluted allergy extract, administered frequently in increasing doses until a maintenance dose is reached. Then, the injections schedule is changed so that the same dose is given with longer intervals between injections. Immunotherapy helps the body build resistance to the effects of the allergen, reduces the intensity of symptoms caused by allergen exposure, and sometimes can actually make skin test reactions disappear. As resistance develops, symptoms should improve, but improvement from immunotherapy will take several months to occur. Immunotherapy does not help the symptoms produced by non-allergic rhinitis.

There are many ways of treating allergies, and each person's treatment must be individualized based on the frequency, severity, and duration of symptoms and on the degree of allergic sensitivity. If you have more questions, your Allergist will be happy to answer them.

About Antihistamines

Antihistamines are the most inexpensive and commonly used treatment for rhinitis. These medications counter the effects of histamine, the irritating chemical released within your body when an allergic reaction takes place. Although other chemicals are involved, histamine is primarily responsible for causing the symptoms.

Antihistamines do not cure, but help relieve, nasal allergy symptoms, such as sneezing, itching and discharge; eye symptoms, such as itching, burning, tearing and clear discharge; skin conditions, such as hives, eczema, itching and some rashes; and other allergic conditions as determined by your Allergist.

There are dozens of different antihistamines and wide variations in how patients respond to them. Some are available over-the-counter and others require prescription.

Generally, they work well and produce only minor side effects. The body tends to build up resistance to some antihistamines over time. This tendency varies from individual to individual. If you find that an antihistamine loses its "strength," notify your Allergist who may then recommend an antihistamine of a different class or strength. Persons with nasal dryness or thick nasal mucus should avoid taking antihistamines without consulting your Allergist. Contact your Allergist for advice if an antihistamine causes drowsiness or other side effects.

Short-acting antihistamines can be taken every 4-6 hours, while time-release antihistamines are taken every 24 hours. The short-acting antihistamines are often most helpful taken 30 minutes before anticipated allergic exposure (picnic during ragweed season). Timed-release antihistamines are better suited to chronic (long-term) use for those who need daily medications.

Proper use of these drugs is just as important as their selection. The most effective way to use them is before symptoms develop. A dose taken early can eliminate the need for many later to reduce established symptoms. Many times a patient will say he "took one, and it didn't work." If the patient had taken the antihistamine regularly for 3-4 days, and built up blood levels, it might have been effective.

The most common side effect to antihistamines is sedation or drowsiness. For this reason, it is important that you do not drive a car or work with dangerous machinery the first time you take an antihistamine. You should take the antihistamine for the first time at home, several hours before bedtime. When you are sure that the medicine will not cause sedation, you then can take it any time as prescribed during the day. In persons who experience drowsiness, the sedation effect usually lessens over time. Some newer antihistamines have no drowsiness side effects.

Another frequently encountered side effect is excessive dryness of the mouth, nose, and eyes. Less common side effects include restlessness, nervousness, over-excitability, insomnia, dizziness, headaches, euphoria, fainting, visual disturbances, decreased appetite, nausea, vomiting, abdominal distress, constipation, diarrhea, increased or decreased urination, high or low blood pressure, nightmares (especially in children), sore throat, unusual bleeding or bruising, chest tightness or palpitations. Consult your Allergist should these reactions occur.

Alcohol and tranquilizers increase the sedation side effects of antihistamines.

Important Precautions:

- Never take anyone else's medication.
- Do not use more than one antihistamine at a time unless prescribed.
- Keep these medications out of reach of children.
- Know the *effect* of the medication on you before operating heavy machinery or driving.
- Follow your Allergist's instructions.

There have not been enough studies to determine the absolute safety of antihistamines in pregnancy. Again, consult your Allergist or Obstetrician if antihistamines must be taken.

While antihistamines have been taken safely by millions of people in the last 50 years, do not take antihistamines before telling your Allergist if you are allergic or intolerant of any medicine; are pregnant or intend to become pregnant while using this medication; are breast feeding; have glaucoma or enlarged prostate; or have any medical illness.

What Other Medications Are Effective in Treating Rhinitis?

Decongestants help relieve the stuffiness and pressure caused by allergic, swollen nasal tissue. They do not contain antihistamines, so do not cause antihistamine side effects. They do not relieve the other symptoms of allergic rhinitis, such as runny nose, post-nasal drip and sneezing. Decongestants are available as prescription and non-prescription medications and are often used in combination with antihistamines or other medications. It is not uncommon for patients using decongestants to experience insomnia if taking the medication in the afternoon or evening. If this occurs, a dose reduction may be needed. At times, men with prostate enlargement may encounter urinary problems while on decongestants. Patients using medications for the management of emotional or behavioral problems should discuss this with their Allergist before using decongestants. Pregnant patients should also check with their Allergist and their Obstetrician before starting decongestants.

Non-Prescription Decongestant Nasal Sprays work within minutes and last for hours, but should not be used for more than a few days at a time without an Allergist's order.

Oral Decongestants are found in many over-the-counter and prescription medications, and may be the treatment of choice for nasal congestion. They do not cause rhinitis medicamentosa, but need to be avoided by some patients with high blood pressure. If you have high blood pressure, you should check with your Allergist before using them.

Non-Prescription Saline Nasal Sprays will help counteract symptoms of dry nasal passage or thick nasal mucus. Unlike decongestant nose sprays, a saline nose spray can be used as often as needed. Sometimes, your Allergist may recommend washing of the nasal passage.

Corticosteroids counteract the inflammation caused by the body's release of allergy-causing substances, as well as those caused by other non-allergic factors. They generally work for many causes of rhinitis symptoms and are sometimes useful for chronic sinusitis. Corticosteroids are sometimes injected or taken orally, but usually on a short-term basis for extremely severe symptoms. Allergists warn that injected or oral steroids may produce severe side effects when used for long periods or used repeatedly and they should be used with extreme caution. In rhinitis, a corticosteroid is much safer when used by spraying it into the nose. Side effects are less common, but may include nasal ulceration, nasal fungal infections, or bleeding.

Cromolyn is a non-prescription medication that blocks the body's release of allergy-causing substances. It does not work in all patients. The full dosage is four times daily, and improvement may take several weeks to occur.

Atropine and the related drug ipratropium bromide are sometimes used to relieve the runny nose of rhinitis; in fact, most antihistamines have a slight atropine-like effect. Atropine can be taken orally and as a nasal spray. It is a component of some antihistamine decongestant preparations.

Antibiotics are for the treatment of bacterial infections. They do not affect the course of uncomplicated common colds, and are of no benefit for non-infectious rhinitis, including allergic rhinitis. In chronic sinusitis, antibiotics may help only temporarily, and surgery may be needed.

Eye allergy preparations are used when the eyes are affected by the same allergens that trigger rhinitis, causing redness, watery eyes and itching. Eye preparations are available as prescription and non-prescription medications. Check with your Allergist or pharmacist about these medications.

Nasal Surgery will usually cure or improve symptoms caused by mechanical blockage or chronic sinusitis not responsive to prolonged antibiotics and nasal steroid sprays. Stopping the use of offending medications will cure rhinitis medicamentosa, providing that there is no underlying disorder.

If you have questions about Rhinitis, feel free to contact our office at 614-760-0099. One of our staff would be happy to answer your questions about the different types of Rhinitis and discuss treatment options offered at Allergy & Asthma Clinics of Ohio.