Main Line HealthCare

ALLERGIC RHINITIS

Co-Authored by: Frances Marchant, MD & Michael Chao, MD ENT Associates

With Summer in full swing, it's hard to think about allergic rhinitis, but Autumn is just around the corner. Before you know it, patients will be making appointments with complaints of headaches, rhinorrhea, post-nasal drip, and generalized "sinus" complaints. Here are a few pearls that aid in the diagnosis and treatment of allergic rhinitis. Remember, each patient is different, and the myriad of treatment options available underscore the potential for variable individual response to any given medication.

Seasonal allergic rhinitis presents with a constellation of potential signs and symptoms. Nasal congestion, post-nasal drip, and non-purulent rhinorrhea are the most common nasal complaints. The occasional patient with severe symptoms may even complain of a decreased sense of smell. Common ear complaints include aural fullness, crackling in the ears, and an "echoing" sensation in the ears. Frequent throat clearing, cough, or even hoarseness may be presenting symptoms as well. While any single symptom listed above can have numerous causes, it is the entire constellation of a patient's symptoms that point towards a diagnosis of allergic rhinitis.

On physical examination it is important to perform a thorough head and neck exam. Pneumatic otoscopy will often demonstrate retracted tympanic membranes or, in severe cases, a middle ear effusion. On anterior rhinoscopy you will often see nasal mucosa that is edematous or erythematous and copious nasal secretions. Examination of the oropharynx may demonstrate cobblestoning of the posterior pharyngeal wall. Even the patient's general appearance may give clues as allergic "shiners" are often present in patients with moderate to severe disease.

Treatment regimens for seasonal allergic rhinitis are as varied as the presenting signs and symptoms. Saline irrigations, which are more vigorous than saline sprays, are useful in most patients. The classes of medications available for treatment of allergic rhinitis include: oral antihistamines with or without pseudophedrine, nasal steroids, nasal antihistamines, and leukotriene inhibitors.

OTC Antihistamines

Loratidine, Cetirizine

Antihistamines

Fexofenadine, Desloratidine, Levocetirizine

Nasal Steroids

Fluticasone, Mometasone, Budesonide, Ciclesonide

Nasal Antihistamines

Azelastine, Olopatadine

Leukotriene Inhibitors

Montelukast

For patients with mild symptoms, OTC antihistamines in combination with saline irrigations usually suffice. For more severe symptoms, a combination of a nasal steroid and oral anti-histamine, with or without pseudophedrine, may be beneficial. As a third line of therapy adding an anti-histamine nasal spray (i.e. azelastine, olopatadine) is often useful. Lastly, the addition of a leukotriene inhibitor can be helpful for intractable patients and those with an allergy induced asthmatic cough.

As always, communication with your patients is of utmost importance. Patients should be aware that several trials of different medication combinations may be necessary until the optimal treatment plan is identified.

The treatments listed above are all aimed at controlling the symptoms of allergic rhinitis. Some patients may also benefit from formal allergy testing and may consider immunotherapy as a means of extinguishing their allergies.