

Allergic Rhinitis

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If you have allergies, your body is overreacting to substances which occur naturally in the environment such as tree, weed and grass pollens, molds, dust mites, or animal dander. The allergic reaction commonly involves your nose (allergic rhinitis), eyes (allergic conjunctivitis), and/or lungs (asthma).

Everyone breathes in pollens, dust mites and molds. These substances are absorbed into the lining of the nose/airways. Most people don't react to them and never know they are there. If you have allergic rhinitis, your immune system recognizes these allergens and reacts to them. This immune response involves the release of chemical mediators (histamines, leukotrienes, etc.) which cause inflammation or swelling within the nose and sinuses, increased mucous production, itching or sneezing.

Allergic rhinitis is quite common, affecting up to 20-25% of the population. Typical symptoms include nasal congestion, sinus pressure, itching, frequent sneezing, runny nose or post-nasal drainage. Some patients have only one or two of these symptoms. Others have all of them. Allergies may affect one's quality of sleep and energy level. Many people with allergies feel tired. Concentration may be impaired. Studies have shown that school and work performance may be affected by allergic rhinitis.

Common complications of allergic rhinitis:

1. Sinus pressure or sinusitis. The openings to the sinus cavities (usually only 1-2mm wide) are located along the nasal lining. With allergies, the lining of the nose and sinuses becomes swollen. Swelling near the sinus openings may affect air flow between the nasal and sinus cavities. This may lead to increased pressure within the sinuses and an increased rate of sinus infections.
2. Ear pressure or ear infections. The eustachian tube is the tube which connects the ear to the back of the nasal cavity. With allergy, the same inflammation that is present in the nasal lining may occur within the eustachian tube. This may lead to a pressure sensation within the ears or ear infections.

What can you do about allergic rhinitis?

1. Avoid allergy triggers:
 - Pollen:** Impossible to avoid significantly. Keep your doors and windows closed when indoors.
 - Mold spores:** Use a dehumidifier in damp rooms. Keep plants out of your bedroom.
 - Dust mites:** Use allergy-proof cover on your box spring, mattress, and pillows. Remove as many "dust collectors" from your bedroom as possible.
 - Animal dander:** Keep pets out of your bedroom and out of the house when possible. A HEPA filter may help.
2. Medications (more below)
3. Immunotherapy (Allergy shots):
 - The only possible cure for allergies
 - Works on the underlying problem. Shifts the underlying immune response to the inhaled allergens, like a vaccine. (The idea of allergy medications is to reduce the allergic inflammation and help allergy symptoms. In contrast, the idea of allergy injections is to prevent the allergic reaction from occurring in the first place.)
 - Effective—helps symptoms 85-90% of the time
 - May reduce complications such as rate of sinus and ear infections
 - May reduce or eliminate your need for medications

Medications:

Nasal steroid sprays: (Nasonex, Flonase, Rhinocort, Nasacort, Veramyst, Omnaris, Nasarel are common nasal corticosteroid sprays) The most important and effective nasal allergy medication. Works by gradually decreasing inflammation within the nasal cavity. Should be taken **DAILY**. Helps nasal congestion, itching, dripping, sneezing. May help symptoms of sinus and ear pressure sensation. Should be continued or even increased during a respiratory tract infection in order to minimize inflammation. Safe - acts locally on nasal tissue with minimal amounts absorbed into body. No significant long-term side effects shown if used properly.

Antihistamines: (Benadryl, Claritin, Allegra, Zyrtec, Clarinex, Xyzal are common antihistamines) Effective for itching, sneezing and dripping but not for congestion. Can be taken "as needed."

Nasal antihistamines: (Astelin, Astepro, Patanase) Effective for nasal itching, sneezing, dripping. May work better than oral antihistamines for nasal congestion.

Anti-leukotrienes (Singulair): May help reduce allergic inflammation and mucous production. Should be taken daily.

Expectorants (Mucinex -contains guaifenesin): Thins mucous. Sometimes effective for thick post-nasal drainage.

Decongestant pills (Sudafed for example): Relieves nasal congestion but associated with side effects (tremulousness, insomnia, urinary retention in men, may affect blood pressure)

Decongestant sprays (Afrin for example): constricts the blood vessels within the nose, relieving congestion. Effective if used only for 3-5 days, but is habit forming and is associated with rebound congestion if used over longer periods.