

The best way to treat AR is to **avoid or limit exposure to the allergen** as much as possible. Therefore, it is important to identify the allergens. **Avoidance** techniques will vary depending on the type of allergy. The principles in the management of AR include:

- **Medication:** this includes the use of nasal steroid sprays, topical decongestants, antihistamine tablets, leukotriene modifiers as prescribed by your ENT doctor.
- **House mite avoidance:**
 - Change bed linen every week, pillow cases daily and wash bedding in hot water to kill mite
 - Remove carpeting, drapes, wall hangings and other dust accumulators
 - Wet mop and vacuum frequently
 - Replace stuff toys (eg. teddy bears) with metal, wooden and plastic ones
 - Dehumidifiers and HEPA air purifiers/filters
- **Pets:** People allergic to their pets should remove the animals from the house, if possible, or at least keep the animals out of the bedroom. Bathe the pets frequently to minimize the amount of allergens on their skin
- **Surgery:** eg. trimming of the inferior turbinate to relieve nasal obstruction resulting from swollen turbinates for the long term. Chronic rhinosinusitis and nasal polyps may need

Functional Endoscopic Sinus Surgery (FESS) and polyp removal under general anesthesia.

- **Immunotherapy:** Taken when allergies cannot be controlled by avoidance or medications. Taken over a period of months or years, drops below the tongue (sublingual immunotherapy) can help people build up a tolerance to their allergen triggers. This, in turn, can lead to the prevention or reduction of allergy symptoms. Immunotherapy holds the promise to the 'cure' of allergies.

Understanding the myths of allergic rhinitis

“Will it turn into a cancer?” NO ! Long term AR or sinusitis has **not** been linked with cancer.

“Will it continue forever?” The severity of AR symptoms usually improves as a patient ages. While some people eventually outgrow the disease or the disease improves over the years, the condition can worsen over time in some people. Therefore, it is best to assume that you have it for the longer term and learn to manage it. In short, one just cannot afford to be satisfied with the success of short-term management.

“It can't be cured.” Immunotherapy offers hope. However, many researches are still ongoing. There are still debates about the optimum dosage, schedule, and frequency. Also, in a person with multiple allergies, this option may not be feasible.

ALLERGIC RHINITIS



This patient education handout is intended to help patients and their families learn more about their medical conditions, the options available to them and the possible consequences of their decisions. This information is not intended to be used for diagnosis, or treatment of any specific individual. Please consult your ENT doctor regarding your particular condition.

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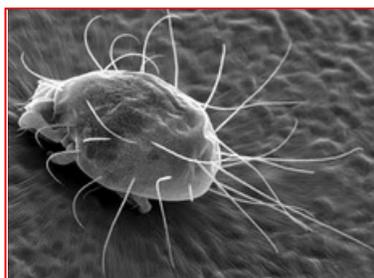
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What is Allergic Rhinitis (AR)?:



Dust mite (under microscope)

Commonly called **hay fever**, AR is an inflammation of the inner lining of the nose that occurs when an allergic individual encounters an airborne allergen such as dust mites, pollen, mold, or animal dander like dogs and cats.

Usually **inhaled**, these triggers generate allergy symptoms such as sneezing, coughing, runny nose, sore throat and itchy or watery eyes, phlegm dripping into the throat (postnasal drip), chronic cough and puffy/red itchy eyes. Those with positive family history of allergy or other forms of allergy eg. bronchial asthma, eczema, urticaria are also more likely to have AR. Although AR can develop at any age, it usually appears in individuals before the age of 30.



Pollen

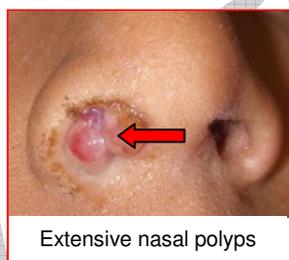
What are the other causes for the symptoms ?

There are other types of rhinitis that should not be confused with AR. All types of rhinitis affect nasal and sinus function. However, many other types of rhinitis respond to different triggers but may present

quite similarly to AR. These fall into a general category of **non-allergic rhinitis (NAR)**.

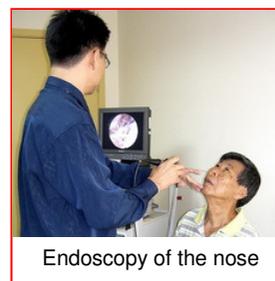
Causes may include:

- *Infection, such as the flu or common cold*
- *Nasal polyps (frequently present in AR patients)*
- *Hormonal imbalance eg. pregnancy*
- *Overuse of decongestant nasal sprays*
- *Use of certain medications (aspirin, antihypertensives, some painkillers, oral contraceptives)*
- *Exposure to cold temperatures, high humidity, chemicals or other irritants*
- *Eating spicy or hot temperature foods*



Extensive nasal polyps

However, nasal obstruction can also be due to **structural** problems within the nose eg. enlarged nasal turbinates or deviation of the nasal septum (DNS). Also, symptoms of nasal allergies must also be differentiated from **cold/influenza** and **sinusitis**. If blood is present in the nasal discharge, it is imperative to exclude **cancerous growth** in the nasal passage. Therefore the role of the ENT doctor is to distinguish between the different possible causes from history, clinical examination, endoscopy. Blood investigation

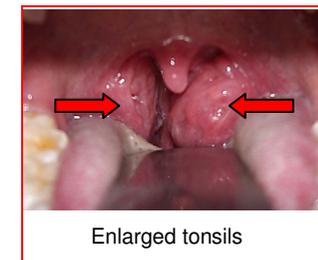


Endoscopy of the nose

(allergy panel and IgE test) to identify the allergic triggers can be complementary.

What are the complications of AR?

Uncontrolled, AR can seriously impair quality of life. It can interfere with sleep, resulting in daytime sleepiness, and affect the ability to learn and perform tasks. In addition, untreated or improperly treated AR may eventually lead to other complications. These include chronic sinusitis, recurrent inflammation or enlargement of the adenoids and tonsils, chronic ear infections (otitis media) and ear dysfunction. Nasal polyps have also been associated with AR, though the connection is unclear.



Enlarged tonsils

Treatment- What to do ?

The most important part of treatment is to **understand the recurrent and prolonged nature** of the disease process. While symptoms can be improved over the short-term with treatment, commitment to long-term treatment with follow-up to exclude complications and optimise drug dosage is vital. Stopping the treatment completely just when symptoms are receding would almost certainly bring them back again. That would bring the patient and the doctor back to square one !