

Allergy and Asthma Specialists, P.C.

Allergic Rhinitis (AR)

Allergic Rhinitis (AR) is the most common chronic disease in children and commonly effects adults. Children often cannot verbalize their symptoms. Untreated AR can lead to asthma, sinus infections, ear infections and sleep apnea.

Classic signs and symptoms of Allergic Rhinitis are:

Allergic Shiners – dark circles under the eye due to chronic nasal congestion
Allergic Crease – visible line in skin across middle of nose, caused by constant rubbing
Allergic Salute – upward rubbing of the nose to decrease itch
Itching of the nose, ears, mouth, or throat
Sneezing, watery, nasal discharge
Nasal congestion
Snoring, dry, irritated, or sore throat
Chronic cough
Continuous throat clearing
Headaches
Fatigue

Seasonal AR

Periodic flares that usually occur during plant-pollinating seasons
Spring season for trees
Late spring and early summer for grasses
Autumn for weeds

Perennial AR

Symptoms are year round
Allergens can include animal dander, dust mites and molds
Seasonal AR and Perennial AR may be present in the same person. The treatment for both are similar.

Causes of Allergic Rhinitis

Genetics plays an important role in the development of allergies
20 – 30% of general population have allergies
30 – 40% of children have allergies
If both parents have allergies, each child has 80% chance of becoming allergic.

Allergic Rhinitis (AR)

Impact of Allergic Rhinitis

Adults with AR have decreased work performance.

Children with AR are more likely to exhibit shyness, depression, anxiety, fearfulness and fatigue than children without the condition.

AR contributes to 2 million school absences each year.

If AR is poorly controlled, a child's ability to learn can be impaired.

Allergic Rhinitis and Asthma

Both conditions are often present together.

AR and asthma share a common respiratory pathway.

Adults and children with AR often have flares of their asthma during pollen seasons.

Effective treatment of AR tends to decrease asthma symptoms.

Allergic Rhinitis and Sinusitis (Sinus Infection)

Share some of the same features which include:

Mucosal drainage dysfunction

Nasal mucosal swelling

Increased mucous production

In one study of patients with recurrent sinusitis, 92% were found to be allergic.

Allergic Rhinitis and Otitis Media

Allergic children are more susceptible to both AR and ear infections. AR treatment may decrease the frequency of infections, if nasal functioning is improved.

Diagnosis of Allergic Rhinitis

Based on review of symptoms and environment, and skin testing.

Inhalant allergens (pollens, animal dander, dust mites, and molds) are the most frequent triggers.

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Skin Testing

Generally 2 or more seasons of pollen exposure are required before sensitivity is developed. Therefore, skin testing for seasonal allergies is usually not performed before 2 years of age. Allergy to perennial allergies (cat, dog, dust mites, molds, cockroaches) can occur after several weeks or months of daily exposure.

Treatment of Allergic Rhinitis

Environmental Control
Medicine
Allergy Immunotherapy

Oral Antihistamines

First, Second and Third Generation Antihistamines are available. First generation antihistamines were the first developed and most are available over the counter. They are available either alone or in combination with decongestants. Common brand names are Benadryl, Dimetapp, and Chlortrimeton. Antihistamines reduce symptoms of sneezing, itching, rhinorrhea and eye irritation but have little effect on congestion. Antihistamines usually work quickly, in one to three hours.

First generation antihistamines can cause many side effects. Tiredness, dizziness, impaired driving and ability to operate heavy equipment, dry mouth, constipation and difficulty with voiding. They should be used cautiously.

Second and Third generation antihistamines are very effective and do not cause many side effects. They cause very little fatigue, and do not affect school performance. Second generation antihistamines include Astepro, Astelin, Patanase, Zyrtec, and Claritin. Third generation antihistamines include Clarinex and Allegra.

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Decongestants

Reduce nasal congestion
No effect on sneezing, itching or eye symptoms
May be most effective in combination with antihistamines

Topical Nasal Decongestants

Should only be used for short duration (3 days)
Can cause rebound congestion after stopping, if used for prolonged periods

Nasal Steroids

Treatment for both seasonal and perennial AR
Works best when taken regularly on a daily basis
Rapid onset of action (12 – 24 hours)
Increasing evidence they may be effective if used intermittently

Leukotriene Modifiers

Leukotrienes can contribute to nasal congestion in patients with AR.
Montelukast can modify the effect of Leukotrienes and
has been found to be helpful in patients with AR.

Allergy Immunotherapy

Should be considered if:

1. Other treatments are failing or ineffective
2. Medications are causing side effects
3. Have symptoms for a significant part of the year and require daily medications
4. Prefer long-term decrease in allergic inflammation and minimal medication exposure.
5. In children to decrease the likelihood of developing asthma.