

# Management of Allergic Rhinitis

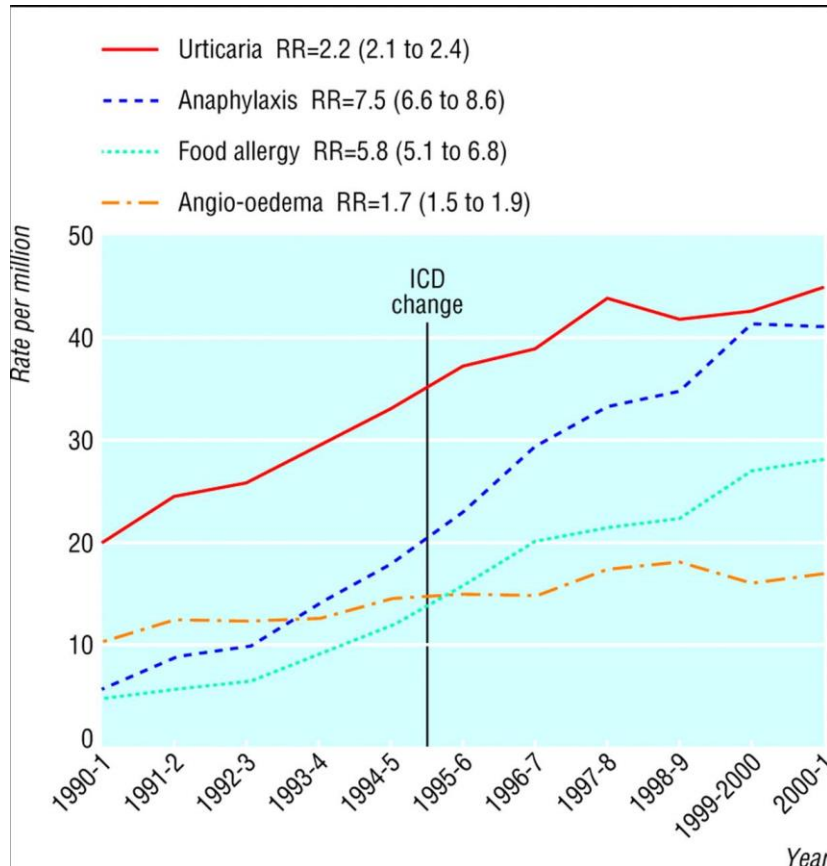
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# An introduction to allergy services in the UK

- Allergy traditionally dealt with by several specialties
  - Respiratory physicians
  - Dermatologists
  - ENT surgeons
  - Gastroenterologists
  - Clinical immunologists
  - Paediatricians
- Very little allergy training in medical school, general medical training and GP training
- An allergy 'epidemic'

# An increasingly common problem



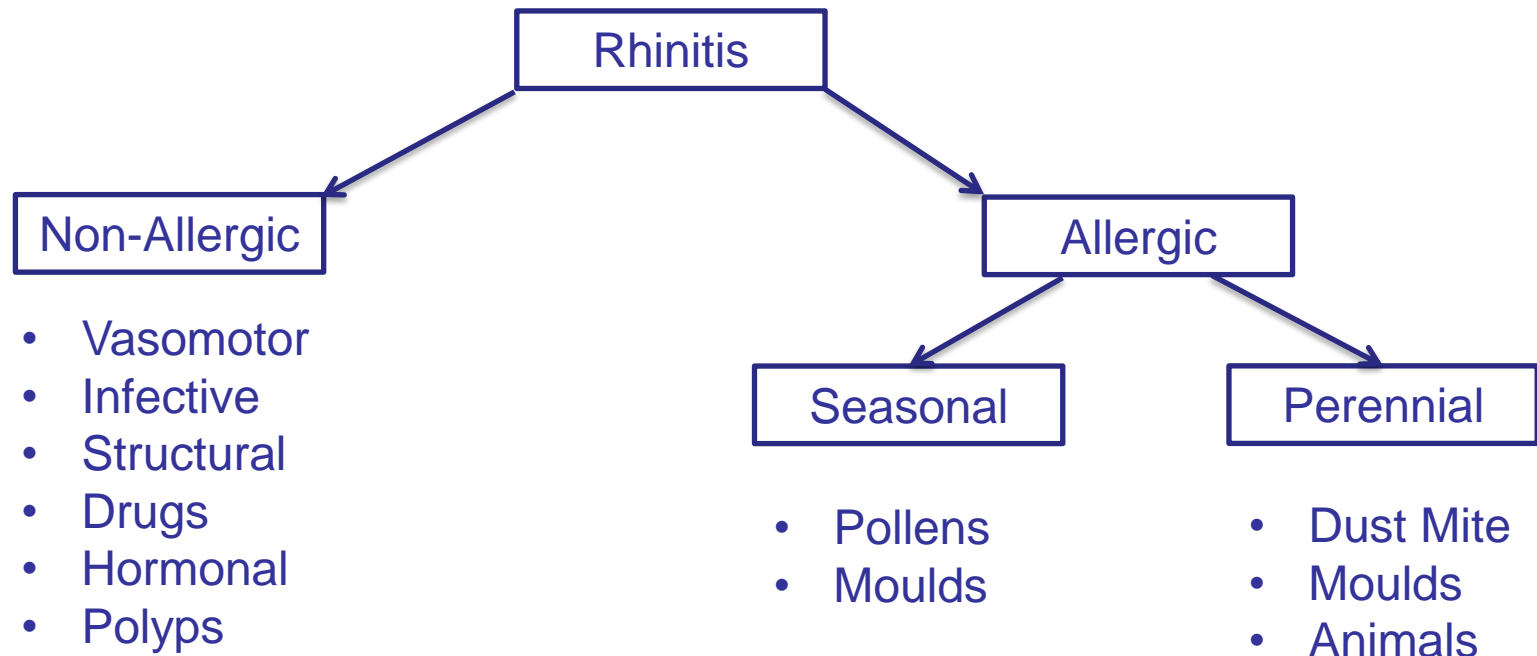
- Rates of allergy are climbing rapidly
- 1 in 3 people suffer from some form of allergy during their lifetimes
- 3.3 million people in the UK have allergic rhinitis
- 5-7% of infants and 1-2% of adults have a food allergy
- 2% of adults have an allergy to wasp or bee stings

- Decision made to introduce specialist training in allergy in late 1990s
  - To provide an multisystem and comprehensive approach in dealing with the rising burden of allergic disease
- Specialist allergy curriculum established in 2001
  - 5 year training programme
  - Based at one of 7 training centres in the UK (adult allergy)
  - Includes extended rotations in all the associated specialties
  - At least one year of research during training programme

# Adult allergy training centres in the UK

- Guy's Hospital, London
- The Royal Brompton Hospital, London
- Southampton General Hospital
- Addenbrooke's Hospital, Cambridge
- Glenfield Hospital, Leicester
- Manchester Royal Infirmary
- Royal Liverpool University Hospital

# Classification of rhinitis



## The allergist's approach to allergic rhinitis

- History
  - Symptoms
  - Timing
  - Triggers
- Examination
  - Anterior rhinoscopy
- Investigations
  - Skin prick tests
  - Specific IgE tests
- Treatment
  - Allergen avoidance
  - Standard medical therapy
  - Immunotherapy

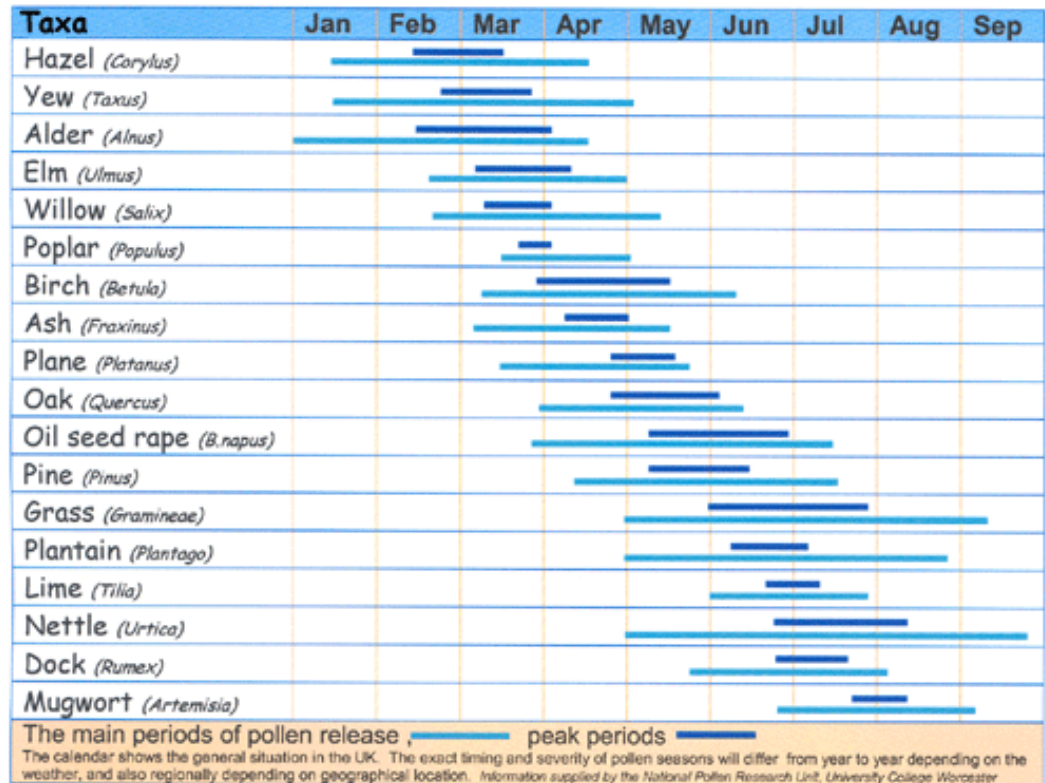
# History

- Nature of symptoms can give a clue to allergic or non-allergic origin
  - Nasal itching
  - Throat itching
  - Eye symptoms
  - Sneezing
  - Rhinorrhoea
  - Nasal Congestion
  - Anosmia
  - Sinus Pain



## Timing of symptoms – allergen identification

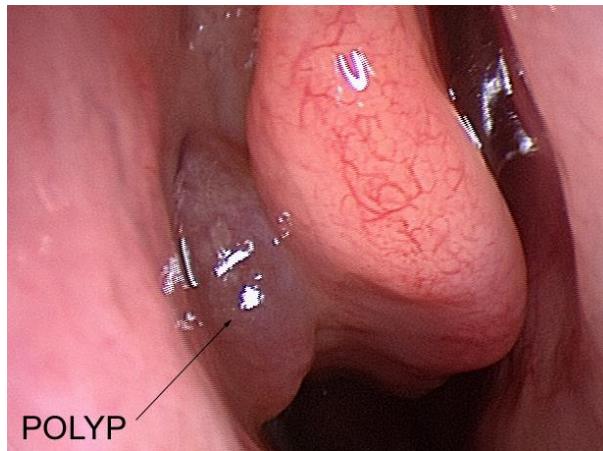
- Perennial
  - Dust mite
  - Animals
  - Fungal spores
  - Non-allergic
- Seasonal
  - Pollens
  - Fungal spores



## Triggers – allergen identification

- Pet exposure
- Bed time
- Dusting / vacuum cleaning
- Building work
- Gardening
- Non-allergic triggers
  - Smoke
  - Inorganic dust
  - Alcohol
  - Temperature changes

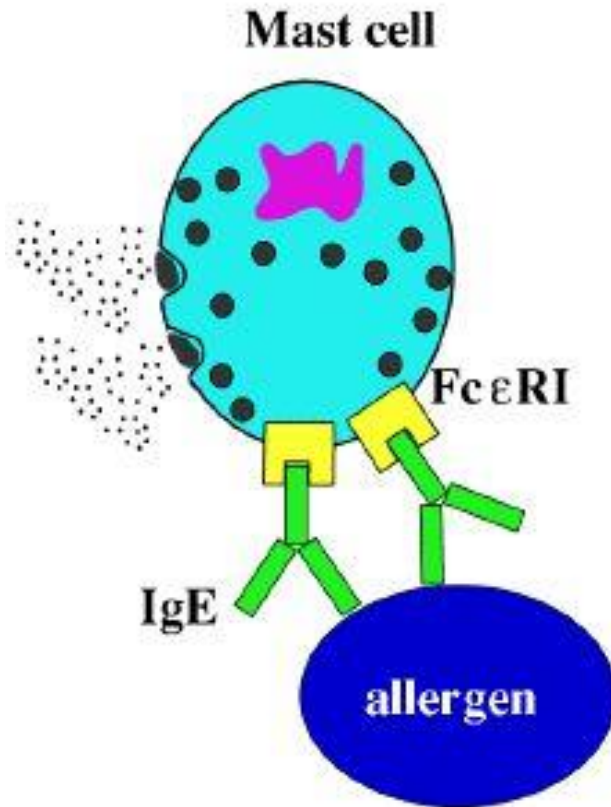
## Examination - Anterior Rhinoscopy



## Investigations – Skin Prick Testing



## Investigations – Specific IgE blood testing (RAST)



- Result given as an absolute value between 0 and >100 or as a class (0 to 6)
- Always interpret in context of clinical symptoms

# Treatment

- Allergen avoidance
  - It can work if you can avoid the allergen
  - House dust mite
    - Mattress and pillow covers
    - Washing sheets at high temperature
    - Removing carpets
    - Vacuum cleaning with HEPA filtration
  - Animals
    - Getting rid of pets

## Standard medical therapy

- Non-sedating antihistamines
  - Cetirizine
  - Loratadine
  - Fexofenadine (completely non-drowsy)
- Topical nasal steroids
  - By far the best single treatment
  - Good technique is important
- Topical eye treatment
  - Cromones
  - Antihistamines

## Standard medical therapy

- Montelukast
- Avoid sympathomimetic decongestants
  - Rhinitis medicamentosa
- Ideally start treatments before expected onset of symptoms
- Continue treatment daily throughout hay fever season
- If allergen avoidance and optimised standard medical therapy fails: consider referring for immunotherapy



# Immunotherapy / Desensitisation

- Controversial history in UK
- 3 year course of controlled allergen exposure
- Produces long term reduction in symptom severity of about 30%
- Long term reduction in requirement of standard treatment of about 40%
- Administered as subcutaneous injections or sublingual tablets / drops
- Perennial or seasonal courses
- Risk of anaphylaxis with injections
- Sublingual route is safer and probably as effective
- Patients must be chosen carefully
- Contra-indicated in poorly controlled asthmatics

Questions?

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