

## RHINITIS, ALLERGIC

### About Your Diagnosis

In individuals with allergic rhinitis, the nasal passages are much more sensitive to environmental irritants or allergic triggers. Symptoms may be seasonal (especially in the spring and/or fall) or continuous (perennial). Allergic rhinitis is also known as "hay fever." The diagnosis of allergic rhinitis is based on the clinical presentation and positive allergy skin tests (especially to house dust, animal danders, or pollen). In patients with more constant or long-term problems, sinus changes, nasal polyps, loss of sense of smell, and itchy red eyes may also be present.

Although there are many irritants that produce nasal symptoms in individuals without allergies, irritants such as smoke and smog may cause more problems in individuals with allergic rhinitis. Other common triggers, especially in individuals with seasonal symptoms, may result from exposure to certain pollens, molds, or dust. This condition is not contagious or curable but may require medication and other forms of allergy treatment for control.

### Living With Your Diagnosis

Symptoms may be seasonal (especially in the spring and/or fall) or continuous (perennial), and can range from being mild to interfering with daily activities. Sneezing, runny nose, nasal congestion, and an itchy nose, often with itchy eyes and a scratchy throat, are the most common symptoms. In severe cases, frontal headaches, sinus involvement, and sleep deprivation caused by nighttime symptoms are seen.

### Treatment

The best treatment usually involves reducing or avoiding exposures to the potential allergens, in combination with the use of antihistamines and topical intranasal steroids. In more severe cases, a short course of oral corticosteroids and nasal decongestants may be required. Preventive therapy with agents such as cromolyn, as well as the use of a mask, may also be helpful. Finally, allergy injections (desensitization) for specific types of allergic rhinitis may be considered for individuals who have a poor response to drug therapy. Possible side effects may include excessive sleepiness (especially with oral antihistamines), palpitations or changes in blood pressure control (oral decongestants), and occasional thinning of the nasal mucosa (intranasal steroids).

Surgery by an ear, nose, and throat specialist may be necessary if problems persist despite trying the previous measures.

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### The DOs

\* It is important to work with your care provider in trying to identify possible triggers of your nasal symptoms. Keeping a diary of indoor and outdoor activities in relation to any nasal symptoms may provide clues for avoidance in the future. For individuals with seasonal symptoms, starting your preventive medications at least 2—3 weeks before the season that gives you problems may reduce the potential for a severe flare. For patients who have asthma and nasal polyps, additional precautions may be required, because some of these individuals are also sensitive to aspirin and aspirin-type products; for example, ibuprofen.

### The DON'Ts

\* Overuse of nasal decongestant preparations may lead to reactive "after congestion," excessive heart rate or high blood pressure, and nosebleeds. It is important to review your medication use and options with your doctor and pharmacist, especially if you are taking other medications. Avoiding the possible allergic triggers is very helpful but not always practical.

### When to Call Your Doctor

\* Call your doctor if your symptoms become constant and keep you awake, your nasal discharge becomes thickened and colored (especially if associated with fever and sinus headaches), or you think you are having a problem with your medications. Your doctor may refer you to an allergist for possible immunotherapy (allergy shots), or to an ear, nose, and throat specialist for advice on long-term management.

### For More Information

American Academy of Allergy, Asthma, and Immunology

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Milwaukee, WI 53202-2887

800-822-2762

Asthma and Allergy Foundation of America (AAFA)

1125 15th Street NW

Suite 502

Washington, DC 20005

800-727-8462

American Lung Association

1118 Hampton Avenue

St. Louis, MO 63139

800-LUNG-USA

<http://www.lungusa.org>

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