

Most people with allergic rhinitis have severe symptoms of runny and blocked nose daily or weekly basis. Seasons change only make things worse. Medication can give temporary relief.

Immunotherapy may be tried when medical and avoidance don't help.

What is Allergic Rhinitis?

BREATHE FREE LIVE FIT



CHEST CARE CLINIC, KHARGHAR

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Allergic rhinitis is a common problem which affects work performance, sleep and school attendance. It has significant medical costs. We at the Chest Care Clinic, Kharghar specialize with the diagnosis and treatment of allergic lung and nose problem. It is a risk factor for the development of asthma and may contribute to poor asthma control.

Allergic rhinitis may be categorised into:

- **Seasonal allergic rhinitis/hay fever:** this occurs at certain times of the year. When due to tree pollen or grass or weeds it is known as hay fever.
- **Perennial rhinitis (persistent):** this occurs throughout the year and is generally the commonest allergic rhinitis. Allergens commonly include house dust mites, mould and domestic pets.
- **Occupational rhinitis:** symptoms occur due to exposure to allergens at work (eg, flour, wood dust, latex gloves). Treatment will focus around the avoidance of the allergen.

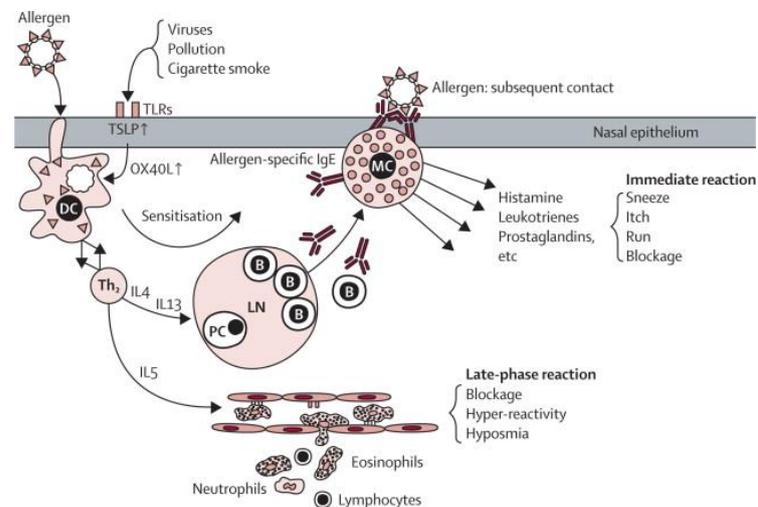
Dr. Vishal Gupta and Dr. Deepika Ughade have been specially trained to evaluate and treat the allergic lung and nose problems and with injection / drop immunotherapy. More recently allergic rhinitis has been classified according to severity and persistence into: ^[5]

- Intermittent or persistent.
- Mild or moderate-to-severe.

At the Chest Care Clinic, Kharghar, we can help relieve the pain and the suffering associated with the diagnosis and treatment of allergic lung and nose problem

Pathogenesis

Allergic rhinitis is a common condition characterised by an antibody normally found in blood (Immunoglobulin E (IgE))-mediated inflammation of the nasal mucosa following exposure to allergens. This gives rise to a release of preformed mediators (of which histamine appears to be the most important) and chemotactic factors from the mast cells in the nasal mucosa. There is a subsequent increase in epithelial permeability and this prompts migration of inflammatory cells to the area.



- **Acute-phase response (minutes):**
 - Sneezing occurs within minutes of exposure, due to stimulation of afferent nerve endings.
 - Increase in nasal secretion follows shortly afterwards, to peak 15-20 minutes after contact with the allergen.
- **Late-phase response (6-12 hours):**
 - Characterised by nasal obstruction (although some of the acute symptoms may persist).

Dr. Vishal Gupta and Dr. Deepika Ughade will discuss this with you in the greater detail.

How big is the problem of allergic rhinitis around us?

- Allergic rhinitis is a common problem, affecting over 10–20% of the Indian population.^[7]
- School-aged children and adolescents are more likely to have seasonal allergic rhinitis, whereas persistent allergic rhinitis may be seen in both young and older adults.
- For most who ignore early symptoms, it will persist into adulthood. True prevalence is unknown on account of the high number of unreported, self-medicating patients.
- One American study found that 50–70% of all allergic rhinitis patients may also be suffering from non-allergic rhinitis. The authors termed this 'mixed rhinitis'. The treatment is usually a mix of both treatment and case to case based assessment.

We at the Chest Care Clinic, Kharghar conduct regular camps around Kharghar to identify those at risk of the allergic lung and nose problems.

What causes Allergic Rhinitis?

There appear to be both genetic and environmental factors contributing to the development of allergic rhinitis. The most common allergen for perennial rhinitis is the house dust mite, followed by allergens carried by the hair on cats and dogs.

Triggers:

- Outdoor allergens, such as pollens from grass, trees and weeds
- Indoor allergens, such as pet hair or dander, dust mites and mold
- Irritants, such as cigarette smoke, perfume and diesel exhaust

Family history of having allergic asthma / allergic rhinitis / allergic skin condition may help narrow a suspicion in the low clinical suspicion case.

Presentation

- Seasonal rhinitis tends to occur in the late winter or summer / rainfall transition. A clue to the allergen can be obtained from the timing of symptoms.
- House dust mite-induced rhinitis is worst on waking and occurs all year round (although may be more severe in autumn and spring).
- Animal hair allergens provoke symptoms after exposure.
- Occupational symptoms will be worse at work, improving on days off or during holidays.

Can it be drug-induced or food-induced?
Some Nasal sprays Blood pressure medications, aspirin, NSAIDS drugs may cause rhinitis symptoms.

A detailed history as taken by Dr. Vishal Gupta and Dr. .Deepika Ughade will help narrow down the cause and final causes of the allergic condition.

What are the Symptoms?

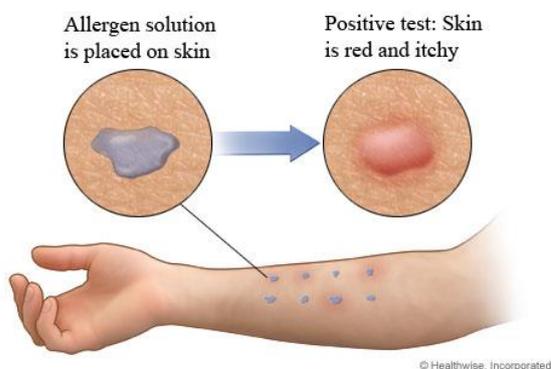
- Sneezing.
- Runny nose and nasal congestion.
- Itchy nose / sneezing and/or palate.
- Symptoms tend to be worse on waking.
- Usually associated symptoms in the eyes, with watering, itching, redness or swelling.
- Asthmatic symptoms like difficulty breathing and coughing on strong smell or dust exposure.

Allergic rhinitis can be associated with:

- Decreased concentration and focus
- Limited activities
- Decreased decision-making capacity
- Impaired hand-eye coordination
- Problems remembering things
- Irritability
- Sleep disorders
- Fatigue
- Missed days of work or school
- More motor vehicle accidents
- More school or work injuries
- Mood changes and irritability due to uncontrolled symptoms.

How will be diagnosed for Allergic rhinitis?

- After taking a history for nasal and asthmatic complaints, the next step is towards doing the appropriate tests. Skin prick test help to understand the nature of allergic problem and further treatment decisions. Prick or scratch test: In this test, a tiny drop of a possible allergen is pricked or scratched into the skin. Also known as a percutaneous test, this is the most common type of skin test. The results are known within 10 to 20 minutes.



Blood test or specific IGE will be used only in those situations in which the skin test cannot be done or relied upon due to any reasons.

Dr. Vishal Gupta and Dr. .Deepika Ughade are specially trained in conducting this test with prick test for the accurate diagnosis of the allergy.

Treatment of Allergic rhinitis?

Avoid triggers by making changes to your home and to your behavior.

- Keep windows closed during high pollen periods; use air conditioning in your home and car.
- Wear glasses or sunglasses when outdoors to keep pollen out of your eyes.
- Use “mite-proof” bedding covers to limit exposure to dust mites and a dehumidifier to control mold (if you smell mildew, you likely have mold).
- Wash your hands after petting any animal and have a nonallergic person help with pet grooming, preferably in a well-ventilated area or outside.
- Keep windows closed, and use air conditioning in your car and home. Make sure to keep your air conditioning unit clean.
- Reduce exposure to dust mites, especially in the bedroom. Use “mite-proof” covers for pillows, comforters and duvets, and mattresses and box springs. Wash your bedding frequently, using hot water (at least 130 degrees Fahrenheit).
- To limit exposure to mold, keep the humidity in your home low (between 30 and 50 percent) and clean your bathrooms, kitchen and basement regularly. Use a dehumidifier,

especially in the rainy seasons empty and clean it often. If mold is visible, clean it with mild detergent and a 5 percent bleach solution..

- Clean floors with a damp rag or mop, rather than dry-dusting or sweeping.

Dr. Vishal Gupta and Dr. .Deepika Ughade advocate a trial of the avoidance and medical therapy before attempting a higher therapy available at the Chest Care Clinic, Kharghar.

Medical therapy (Tablets and Nasal Sprays)

Intranasal corticosteroids are the single most effective drug class for treating allergic rhinitis. They can significantly reduce nasal congestion as well as sneezing, itching and a runny nose.

Antihistamines help to relieve nasal allergy symptoms such as:

- Sneezing and an itchy, runny nose
- Eye itching, burning, tearing and redness
- Itchy skin, hives and eczema

Immunotherapy may be recommended for people who don't respond well to treatment with medications or who experience side effects from medications, who have allergen exposure that is unavoidable or who desire a more permanent solution to their allergies.

Immunotherapy can be very effective in controlling allergic symptoms, but it doesn't help the symptoms produced by nonallergic rhinitis.

Mechanic Resurrection

Two types of immunotherapy are available: allergy shots and sublingual (under-the-tongue) tablets.

- Allergy shots: A treatment program, which can take three to five years, consists of injections of a diluted allergy extract, administered frequently in increasing doses until a maintenance dose is reached. Then the injection schedule is changed so that the same dose is given with longer intervals between injections. Immunotherapy helps the body build resistance to the effects of the allergen, reduces the intensity of symptoms caused by allergen exposure and sometimes can actually make skin test reactions disappear. As resistance develops over several months, symptoms should improve.
- Sublingual drops: Patients take drops under the tongue daily. Treatment can continue for as long as three years. Only a few allergens (certain grass and ragweed pollens) can be treated now with this method, but it is a promising therapy for the future. It is currently less effective and also more expensive than the subcutaneous injection therapy.
- We at the Chest Care Clinic Kharghar are fully qualified skilled specialist trained for delivering best allergy care to our patients.