

Allergic Rhinitis

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Rhinitis

- Inflammation of the nasal mucosa - characterised by nasal discharge, itching, sneezing and nasal blockage or congestion

Classification

- Allergic Rhinitis
- Infective Rhinitis
- Non-allergic rhinitis

Allergic Rhinitis

- Affects 20% of the UK population
- Increased prevalence over the last 3 decades
- Is a risk factor for the development of asthma
- Risk factors – atopy, F/H, first borne and immigrants.
- Very common in children, 1/3rd of the cases in adults

Diagnosis

- (1) **History - Sneezing, itchy nose and palate with nasal blockage**
 - Eye symptoms
 - Throat symptoms
 - Associated Chest symptoms

Variation - Seasonal or Perennial

Environment - Home/work/holiday

Characteristics of the symptoms – helps towards the diagnosis
(differentiating other types)

Diagnosis (conti)

(2) Allergy testing – SPT/RAST test to be done in all cases of rhinitis (where atopy needs confirmation)

SPT may be positive in 15% of people without symptoms

SPT – high negative predictive value

Suppressed by anti-histamines/anti-depressants, not advisable in those with a history of anaphylaxis (outside secondary care)

Similar or more sensitive than immunoassays

(3) Measure lung function in all cases of perennial rhinitis

Treatment of allergic rhinitis

Diagnosis by history \pm SPT/Serum specific IgE
Allergen / irritant avoidance \pm douching

Symptoms

Mild intermittent
Oral or intra-nasal anti-histamine (H1)

Mild persistent
Moderate severe -intermittent
Options (not preferred order)
Oral or intra-nasal anti-histamine (H1)
Intra nasal CS
Re-assess patient after 2 – 4 weeks

Moderate severe persistent
Stepwise approach
Intra nasal CS as first line
If major blockage short course of oral CS
Re-assess patient after 2 – 4 weeks
If symptoms present add-oral anti-H1
topical ipratropium

Treatment failure

Watery rhinorrhoea
Add ipratropium

Itch/sneeze
Add non-sedating α -H1

Catarrh
Add LTRA if asthmatic

Nasal Blockage -
Add (briefly)
-decongestant
-or
long acting OC
-or (longer term non-sedating α -H1 topical azelastine/LTRA)

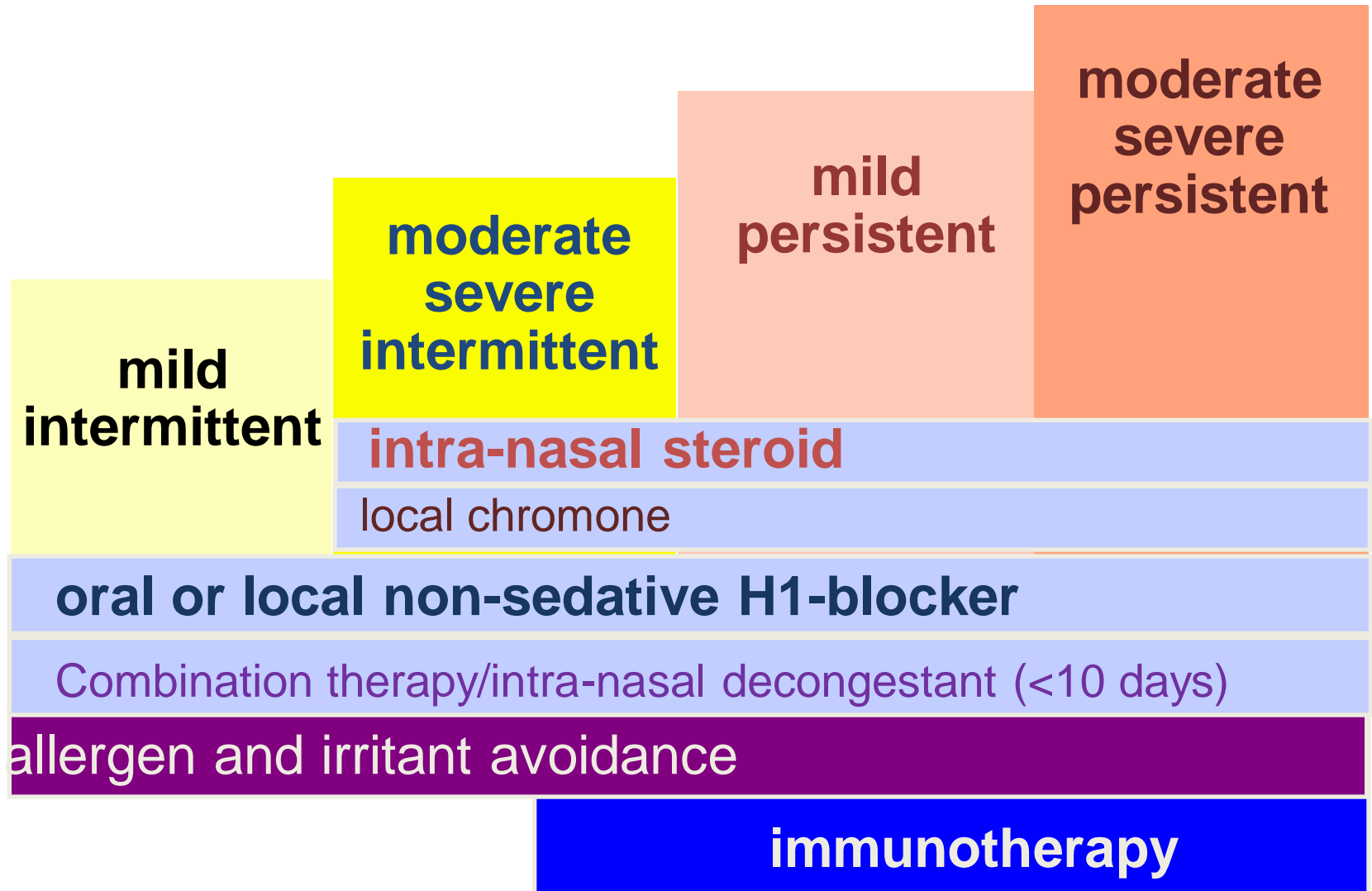
Treatment failure

Infection/structural problems
- surgery

Injectable steroids are not recommended

Allergen immunotherapy – if predominantly mono-allergic

Treatment of allergic rhinitis (ARIA)



Topical nasal steroids

Beclomthasone

Mometasone

Fluticasone propionate

Fluticasone furoate

Combination therapy

Topical Corticosteroids

- Fluticasone furoate – newer preparation
- Better effect on eye symptoms
- Once a day

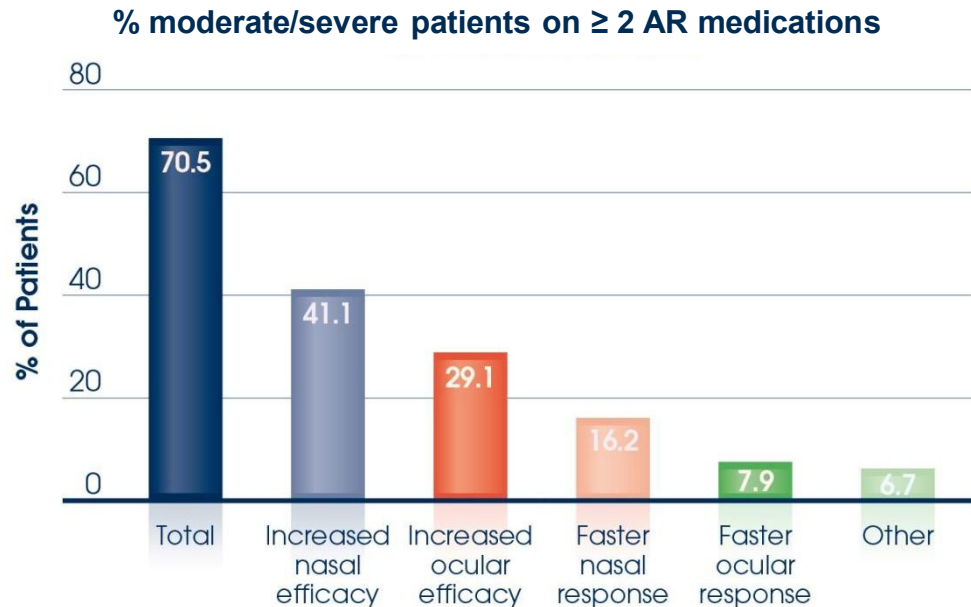
Combination therapy

- Fluticasone propionate and Azelastine in combination

The unmet medical need in allergic rhinitis: The need for a viable alternative

Most patients use multiple therapies to control their symptoms

- 70.5% of moderate-to-severe AR patients use multiple therapies
- The need for more effective and fast acting treatment was the primary reason for co-medicating



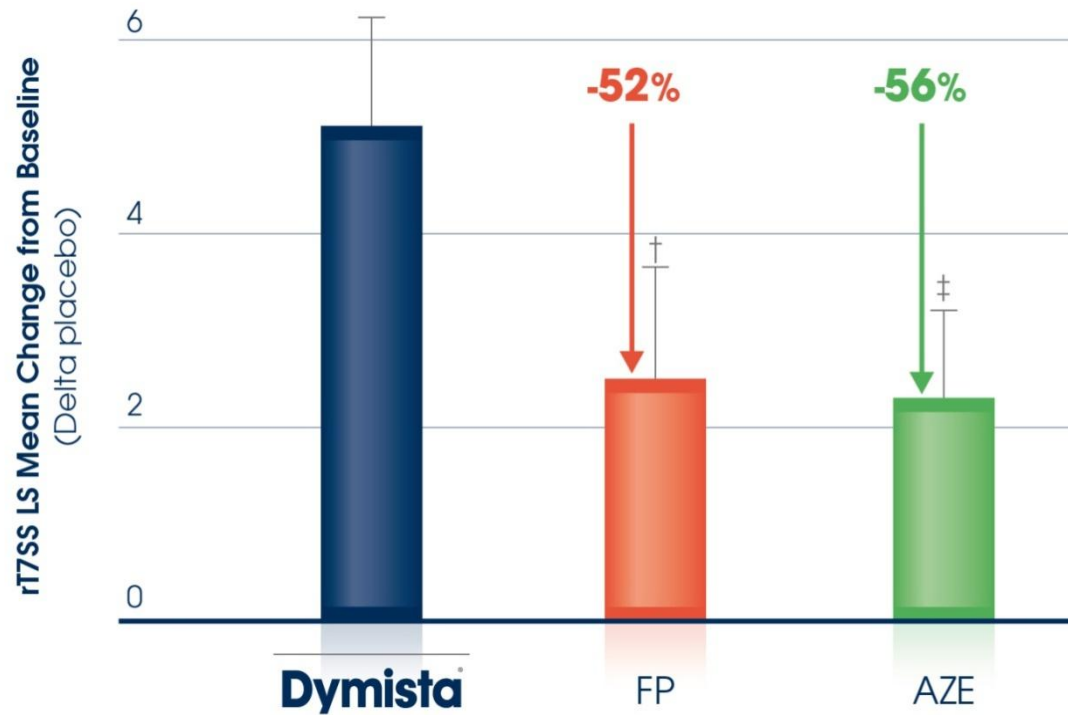
Adapted from Pitman et al. New results from a health utilisation survey including 1000 patients. Poster presented at EAACI Geneva 2012.

Faster and more effective reduction of nasal and ocular symptoms were the treatment targets of drug development

Fluticasone/Azelastine (Dymista®): Indication

Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient.

Fluticasone/Azelastine (Dymista®): Twice as effective as FP or AZE in providing nasal and ocular symptom relief (when placebo effect excluded)

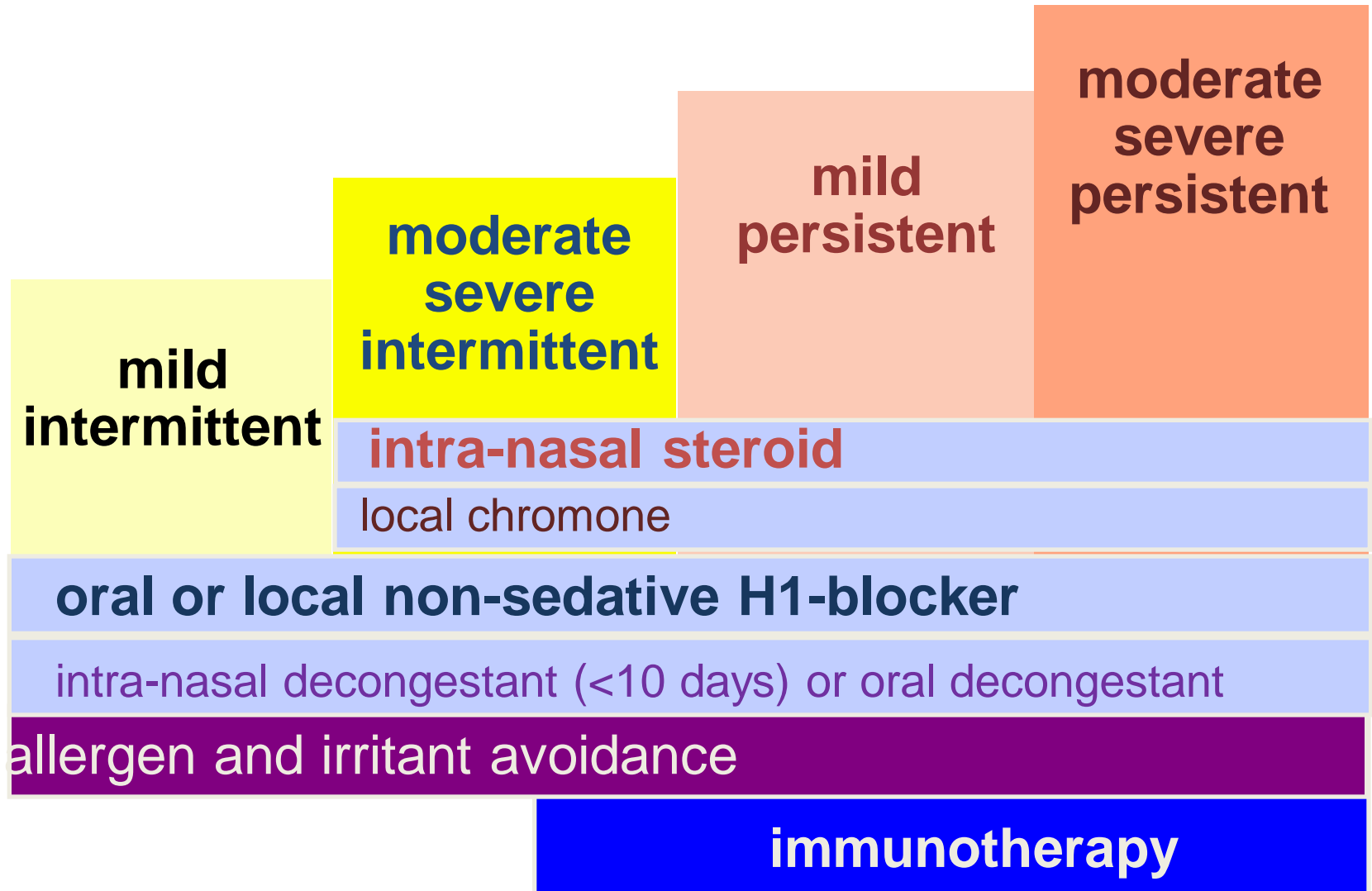


† p=0.0013 vs Dymista®; ‡ p=0.0004 vs Dymista®

In a double-blind, placebo-controlled, 14 day, parallel-group trial, 610 patients (≥12 years old) with moderate-to-severe SAR were randomised to either Dymista, commercially-available azelastine (AZE) or fluticasone propionate (FP) nasal sprays and placebo (all given as 1 spray/nostril bid (total daily doses: AZE = 548µg; FP = 200µg)). Adapted from Price et al. A new therapy (MP29-02*) effectively targets the entire seasonal allergic rhinitis symptom complex. Poster presented at the Symposium on Experimental Rhinology and Immunology of the Nose (SERIN), Leuven (Belgium) 21-23 March 2013.

rT7SS: Total of 7 symptom scores (All nasal plus all ocular symptoms); AZE: Azelastine (n=153); FP: Fluticasone propionate (n=151) Dymista® (n= 153). Results expressed as LS mean change from baseline (delta placebo) with 95% CI

Treatment of allergic rhinitis (ARIA)



Currently available therapies

- Aimed at neutralising effector molecules and inflammatory mediators.
 - histamine, leukotrienes
 - inhibiting functions of inflammatory cells

**LIMITED CAPACITY TO ALTER THE
NATURAL COURSE OF ALLERGIC
DISEASES**

Thank You for listening