Simple Means to Improve better Care for Patients with Allergic Rhinitis

Mahidol University, Thailand

Pakit Vichyanond

Despite an increasing prevalence of allergic rhinitis worldwide, little attention has been paid to measures to improve diagnosis and treatment of this once considered a benign condition. Although, skin test and measurement of specific IgE is commonly performed, translation of results of these tests into proper treatment such as allergen control and avoidance has not generally been carried out. It is well known that 'allergic rhinitis' education is required to increase compliance by the patients. Patients puts the highest regards to their doctors and explanation from 'their' doctors is the most respected. However, in busy allergy practice, the delivery of the allergen avoidance measures by an educational nurse might be acceptable. Only 'providing brochures' to patients should be avoided. Such poor compliance in allergen avoidance, especially to house dust mites and cockroaches could be the reason why negative results of research were reported. Nasal videoscope has been introduced and this could simply relate severity of rhinitis directly to patients. Nasal cytology is a very simple and easy procedure to perform. In our practice, a simple dye that could stain nasal cells within 2 minutes allow patients to appreciate types of cell such as eosinophils. With a microscope and a connected screen, patient and family can understand pathophysiology of the disease and thus increasing level of compliance. Nasal cytology can also be used for a follow up and to determine the progress of response to therapy. Measurement of nasal flow is a mean to measure severity of rhinitis. It can be done easily in allergy office by using a nonexpensive peak nasal inspiratory flow (PNIF). In the near future, measurement of nasal nitric oxide may come into practice but this awaits further validating studies. Monitoring patients who do not improve on follow up may require further work up for the presence of sinusitis, nasal polyps and immune deficiencies. There has been a lot of progress regarding therapy of allergic rhinitis. Newer non-sedative antihistamines are very useful as well as newer intranasal steroids. It is to be emphasized that in order administer intranasal steroids properly, one may have to use intranasal decongestant for a few days. Also, nasal saline wash has become an essential part of therapy, particularly among patients with chronic disease. There is little evidence that leukotriene antagonist should be used in allergic rhinitis. Allergen immunotherapy both by subcutaneous and sublingual route should be considered in patients who do not respond to simple treatments as described above.