LITERATURE REVIEW

The concept of control in allergic rhinitis: a new perspective

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ABSTRACT

The concept of disease control has recently been discussed for allergic rhinitis. The disease severity and control are distinct, yet related concepts. Allergic rhinitis control may be defined in several ways. A simple visual analog scale and the Rhino-Conjunctivitis Allergy-Control-Score are currently discussed. The treatment algorithm for allergic rhinitis in relation to control may be adapted from the state-of-the-art ARIA guidelines. Allergic rhinitis management driven by the level of control demands a close partnership relation between the physician and the patient. Several unmet needs must also be taken into account regarding the control of allergic rhinitis. The concept of control in this allergic inflammatory disease offers a new perspective for its assessment and therapeutic approach.

KEYWORDS: allergic rhinitis, severity, control

INTRODUCTION

The purpose of Allergic Rhinitis and its Impact on Asthma (ARIA), the world health initiative on allergic rhinitis, is to educate and implement evidence-based management of allergic rhinitis in conjunction with asthma. ARIA is a non-governmental organization working in collaboration with the World Health Organization.

According to ARIA documents, allergic rhinitis is defined as an immune-mediated inflammatory disease of the nasal mucosa, induced after allergen exposure by an IgE-mediated hypersensitivity reaction in the nose, clinically characterized by suggestive symptoms of sneezing, nasal itching, rhinorrhea and nasal obstruction. Rhinitis symptoms occur during two or more consecutive days for more than one hour on most days.

Allergic rhinitis requires the demonstration of IgE-mediated hypersensitivity. The role of the allergy specialist, in the multidisciplinary approach together with ENT specialists, resides especially in:

- performing and interpreting allergic history,
- in vivo and in vitro allergy testing (avoiding unvaluated risks for the patient or wrong evaluations),
- assessment of allergen cross-reactivities and allergic inflammation,
- complex environmental modification strategies to reduce allergen exposure,
- allergen-specific immunotherapy and/or anti-inflammatory pharmacologic therapies for patients with respiratory allergies,
- evaluating the control of the respiratory allergies. Misinterpretation of the results for diagnostic tests or in assessing the control level by non-specialists can lead to inappropriate diagnosis and/or management. Conversely, the under-appreciation of the severity of respiratory allergy can lead to life-endangering under-treatment or the lack of potentially specific immunotherapy.

Allergic rhinitis classification consisted previously into seasonal, perennial and occupational forms, but this subdivision is nowadays considered not satisfactory because:

- in certain regions, pollens and molds are perennial allergens,
- weather/climatic changes modify the timing, distribution, quantity and quality of pollens as aeroallergens,
- traveling creates different exposure conditions to aeroallergens in different times of the year,
- symptoms to perennial aeroallergens may not always be present all year round,
- lifestyle, building and inhabited conditions influence indoor aeroallergen exposure,

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