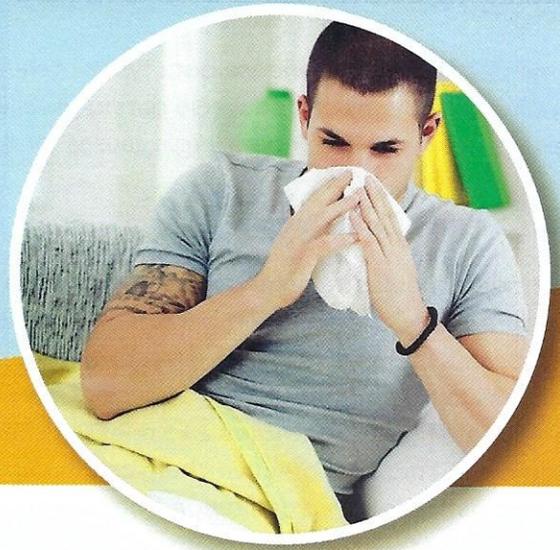


Find an **allergist**

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www.AllergyAndAsthmaRelief.org



What is rhinitis?

Rhinitis is a term describing the symptoms produced by nasal irritation or inflammation. Symptoms include:

- Runny nose
- Stuffy nose
- Sneezing
- Itchy eyes
- Loss of smell
- Drainage in the back of the throat

Allergic rhinitis, commonly known as hay fever, affects more than 15 percent of adults and children.

What causes rhinitis?

The nose normally produces mucus to trap substances (dust, pollen and pollution) and germs (bacteria and viruses). Mucus flows from the front of the nose and drains down the back of the throat. When too much mucus is made, it can cause a runny nose from the front or post-nasal drip to the back. Cough is the natural response to clearing the throat from post-nasal drip.

Itching, sneezing, and other symptoms can be responses to:

- Allergic reactions
- Chemical exposures including cigarette smoke
- Infections
- Medicines
- Temperature changes
- Other triggers

In most people, nasal congestion goes from one side of the nose to the other in a cycle lasting several hours. Strenuous exercise or changes in head position can affect nasal congestion. Severe congestion can result in facial pressure, pain and dark circles under the eyes.

What is sinusitis?

Sinusitis is inflammation or infection of any of the four groups of sinus cavities in the skull. These sinus cavities open into the nasal passages. Sinusitis is not the same as rhinitis. These conditions may be associated and their symptoms may be similar. The terms "sinus trouble" or "sinus congestion" are sometimes incorrectly used to mean nasal congestion. An allergist can help distinguish between these conditions.

What is allergic rhinitis?

Allergic rhinitis can affect people differently. Two major patterns include:

- **Seasonal rhinitis:** symptoms occur in spring, summer and/or early fall. They are usually caused by sensitivity to pollens from trees, grasses or weeds, or from airborne mold spores.
- **Perennial rhinitis:** symptoms may occur in any time of the year. They are generally caused by sensitivity to house dust mites, animal dander, cockroaches and/or mold spores. Underlying or hidden food allergies almost never cause perennial nasal symptoms.

Some people may experience both types of rhinitis. Perennial symptoms can be worse during specific pollen seasons. There are also non-allergic causes for rhinitis.

What is an allergy?

Your body constantly defends itself against harmful invaders, such as viruses and bacteria. With allergies, your body's immune system overreacts by attacking harmless things such as dust, molds or pollen. The body treats these as invaders and releases chemicals in defense. These "protective chemicals" cause allergic symptoms that can range from mild to severe. Sometimes the symptoms are just annoying. Sometimes they are deadly.

What starts the reaction?

Hundreds of ordinary things can trigger an allergic reaction. These are called "allergens." Some of the most common are plant pollens, molds, household dust (dust mites), cockroaches, pets, foods, medicines and stings from flying or crawling insects.

Is there any escape?

A common question from people who suffer from allergic rhinitis is: Can I move some place where my allergies will go away? Some allergens are tough to escape. Ragweed pollen, which affects 75 percent of people with allergic rhinitis, blankets most of the United States.

Allergists seldom recommend moving as a cure for allergies. A person may escape one allergen but develop sensitivity to other allergens in the new location. Moving can have a disrupting effect on a family financially and emotionally. Relocation should be considered only in an extreme situation and only after consultation with an allergist.

Can allergic rhinitis cause other problems?

Some known complications include:

- Ear infections
- Sinusitis
- Recurrent sore throat
- Cough
- Altered sleep patterns

- Fatigue and irritability
- Headache
- Poor school performance

Children may develop altered facial growth and orthodontic problems.

What is infectious rhinitis?

The most common cause of rhinitis is the common cold, an example of infectious rhinitis. Most infections are relatively short-lived, with symptoms improving in three to seven days. Colds can be caused by any one of more than 200 viruses. Children, particularly young children in school or day care centers, may have between eight to 12 colds each year. Fortunately, the frequency of colds lessens after immunity develops from exposure to many viruses.



Colds usually begin with congestion. Then runny nose and sneezing may follow. Over the next few days, congestion may become worse. Nasal mucus may become colored, and there may be a fever and/or cough. Cold symptoms go away within 1-2 weeks, although a cough may sometimes persist longer. Cold symptoms that last longer may be due to other causes, such as non-infectious rhinitis or sinusitis.

What causes non-allergic rhinitis?

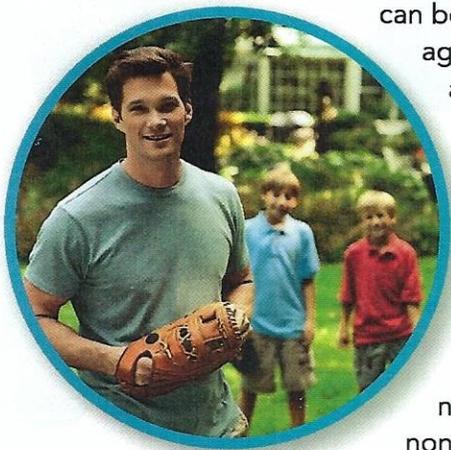
Non-allergic rhinitis, or vasomotor rhinitis, is not caused by allergy or infection. Other causes of recurrent or chronic nasal congestion, excess mucus, itching, and other nasal symptoms include:

- **Chemicals and irritants:** such as smoke, air pollution, strong odors and fumes, cosmetics, laundry detergents, cleaning solutions and spices used in cooking.
- **Physical factors:** such as mechanical blockage and changes in weather or temperature.
- **Medicines:** such as NSAIDs (ibuprofen, aspirin), certain blood pressure medicines (beta-blockers), birth control pills and other female hormone preparations, and prolonged use of over-the-

counter decongestant nasal sprays or illicit cocaine use.

- **Hormonal factors:** such as under-active thyroid or hormone changes during pregnancy. However, pregnancy can either make rhinitis worse or better, or have no effect.
- **Alcohol and tobacco:** Alcoholic beverages (particularly beer and wine) can cause the blood vessels in the nose to enlarge temporarily and produce significant nasal congestion. Patients with non-allergic rhinitis should not smoke.

Dryness of the nasal tissues can be a normal effect of aging. This may cause a foul smelling nasal discharge.



Allergic antibodies do not form in people with non-allergic rhinitis. Therefore, results of allergy testing will be normal. The causes of non-allergic rhinitis are not well understood. Many

strong odors or irritants will cause nasal irritation in almost anyone.

Non-allergic rhinitis often can't be cured. Fortunately, symptoms can be controlled by reducing exposure to triggers and by taking medicine when needed.

What type of rhinitis do I have?

You should speak with your allergist. Sometimes several conditions can be present in the same person. Any of these conditions will be worsened by a cold. Nasal symptoms caused by more than one problem can be difficult to treat. This often requires the cooperation of an allergist and an otolaryngologist (a surgeon specializing in the ear, nose and throat).

How is allergic rhinitis diagnosed?

Your allergist will begin by asking you questions about your lifestyle. Your answers will help pinpoint the cause of your symptoms. You'll be asked about your:

- Work and home environment
- Lifestyle habits

- Medical history
- Frequency and severity of symptoms
- Allergy medicines you have tried in the past

Your allergist may do a skin test. If so, small amounts of suspected allergen will be placed into the skin. Skin testing is the easiest, highly sensitive and generally least expensive way of making the diagnosis. Another advantage is that results are available immediately. In some cases, a special blood test for specific allergens may be done. See AllergyAndAsthmaRelief.org for more information.

How is rhinitis treated?

Once allergic rhinitis is diagnosed, treatment options include avoidance, medicine and immunotherapy (usually allergy shots).

Avoidance: A single ragweed plant may release one million pollen grains in just one day. The pollen from ragweed, grasses and trees is so small that the wind may carry it miles from its source. Mold spores grow outdoors in fields and on dead leaves and are almost everywhere. They may outnumber pollen grains in the air even when the pollen season is at its worst.

It's difficult to escape pollen and molds. Here are some ways to reduce your exposure.

- Keep windows closed and use air-conditioning in the summer, if possible. Automobile air conditioners help too.
- Don't hang clothing outdoors to dry. Pollen may cling to towels and sheets.
- Limit outdoor activities in the early morning. Outdoor air usually has more pollen and mold between 5 a.m. and 10 a.m.
- Wear a pollen mask (such as a NIOSH rated 95 filter mask) when mowing the lawn, raking leaves or gardening. For a mask to be useful, it must make a complete seal around your entire face. Flimsy medical masks are of little value. Take appropriate medicines beforehand.

Medicines: When avoidance measures don't control symptoms, medicines may help to reduce nasal congestion, runny nose, sneezing and itching. They are available in many forms, including nasal sprays, eye drops and liquids. Some medicines may cause side effects, so it is best to speak to your allergist.

Additional information about medicines is available at AllergyAndAsthmaRelief.org.

Immunotherapy: Allergen immunotherapy may be recommended for persons who:

- Don't respond well to treatment with medicines
- Experience side effects from medicines
- Have allergen exposure they can't avoid
- Want a more permanent solution to their allergic problem



Immunotherapy can be very effective in controlling allergic symptoms. It can decrease the need for medicines. Certain types of allergen immunotherapy may help prevent you from developing sensitivity to new allergens. It can reduce the risk for developing asthma in patients with allergic rhinitis.

Immunotherapy does not help symptoms caused by non-allergic rhinitis.

One type of immunotherapy is allergy shots. An allergy shot program consists of injections of diluted allergy extract. Shots are given frequently at increasing doses until the "maintenance dose" is reached. This is continued for a period of three to five years.

Sublingual (below the tongue) immunotherapy tablets should be taken once daily. In the U.S., there are tablets approved for grasses, ragweed and dust mites. An allergist can determine the best type of immunotherapy for you.

Either type of immunotherapy helps the body build resistance to the effects of an allergen. It reduces the intensity of symptoms caused by allergen exposure. Immunotherapy can sometimes make skin

test reactions disappear. As resistance develops, symptoms should improve after several months.

There are many ways to treat allergies. Each person's treatment must be individualized based on the frequency, severity and duration of symptoms and on the degree of allergic sensitivity. If you have more questions, you should speak to an allergist.

To learn more about rhinitis, visit www.acaai.org.

Find an allergist. Find relief.

Anyone with allergies and asthma should be able to feel good, be active all day and sleep well at night. You don't need to accept less. Allergists are specially trained to help you take control of your allergies and asthma, so you can live the life you want.

When should I see an allergist?

See an allergist if you have any of these conditions. Allergists treat two of the nation's most common health problems – allergies and asthma. More than 50 million people in the United States have these allergic diseases. Although symptoms may not always be severe, allergies and asthma are serious and should be treated that way. Many people with these diseases don't realize how much better they can feel. Allergists also treat conditions with similar symptoms, such as non-allergic rhinitis.

What is an allergist?

An allergist is trained to find the source of your symptoms, treat it and help you feel healthy. Life's too short to struggle with allergies or asthma. An allergist can help you find the answers you're looking for.

After earning a medical degree, the doctor completes a three-year residency training program in either internal medicine or pediatrics. They then finish two or three more years of study in asthma, allergy and immunology. The best way to manage your allergies or asthma is to see an allergist.