

Therapy of the allergic rhinitis:

Avoidance -

Allergen immunotherapy – Pharmacologic Therapy

The simple way to prevent allergic rhinitis is to avoid allergens. As the season lasts several weeks up to month avoidance is a challenge and not a pleasure. An allergen immunotherapy means a three-year therapy in which the body acclimatizes to allergens and develops strategies to get out of allergic reaction. Most symptoms disappear, but not all. Pharmacologic therapy therefore very often is the first choice.

Oral and topical decongestants

Pseudoephedrine and xylometazoline belong to this group of drugs. Both are vasoconstrictive and decongest the nasal mucosa. A blocked nose will be unblocked. But older adults and young children, patients of any age who have a history of high blood pressure and other cardiac or blood circulation problems, should use these medications with caution. Topical decongestants can be considered for short-term (not more than 10 days) and possibly for intermittent or episodic therapy.

Antihistamines

Antihistamines can be used as oral or topical medication. Topical medication is available for specific treatment, as nasal spray and/or eye drops. There are many different oral antihistamines available, some of them are first generation, and some are second generation drugs. The agents of the first generation are

considered as effective, but they have significant potential to cause sedation – a side-effect that is not observed with the preferred second generation agents. Topical treatment can be considered as preferable as the drug reaches the target organ directly and may so show a better safety profile. These have a faster onset of action and a better relief of symptoms. The active substance Azelastine e.g. can be used just when needed. Patients feel relieved after 10 to 12 minutes. The effect lasts up to 12 hours.

Corticosteroids

Corticosteroids in nasal sprays are the most effective treatment of rhinitis. But the side-effects have to be considered. Steroids may cause dryness and irritation of the nose. Sometimes the nasal mucosa starts to bleed, a fact that most patients don't tolerate. Corticosteroids have to be taken regularly, even if pollen pollution level is low due to weather conditions. As the maximum efficacy of steroids is reached after certain time it is recommended to stay with steroids for the time of potential duration of allergic season.

Intranasal Cromolyn (Mast cell stabilisers)

Intranasal cromolyn sodium is effective in some patients for prevention and treatment of allergic rhinitis. But there is one disadvantage: Therapy has to be started early (at least 14 days before the start of pollen pollution), before first symptoms appear.

Hyposensitisation (Specific immunotherapy, SIT)

Hyposensitisation is very effective to treat allergic rhinitis. The success depends on several personal characteristics. It de-

depends on the allergen and the specific immunologic answer, the antibody. Its use also depends on the degree to which symptoms can be reduced by avoidance. The amount and type of medication required and the adverse effects of the medication in addition decide on the success. Hyposensitisation may prevent from new allergen sensitization and may reduce the risk for the future development of asthma.

Nasal saline

Nasal saline is beneficial but only is an adjunctive treatment.

Omalizumab

This agent is effective to treat allergic rhinitis, however, it has US Food and Drug Administration (FDA) approval for use only in allergic asthma.

Oral anti-LT agents

Oral anti-LT agents alone, or in combination with antihistamines, have proven to be useful in allergic rhinitis, especially if asthma is a comorbid condition.