**Allergic Rhinitis Guidelines and Recommendations**

**South Burlington Family Practice**

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**Allergic Rhinitis is a significant burden to many patients**
- Contributes to learning problems in children
- Decreases work productivity by 10%
- Increases fatigue and loss of sleep in both children and adults
- More than 25% of MDs underestimate impact of AR on patient quality of life

**Practice Statistics**
- AR is more common than HTN or DM in the practice!
- 16% of patients have AR on their problem list vs 20-30% national average
- 29% of patients with asthma also have AR on their problem list vs 90% national average

**Daily Pollen Counts**
http://tlaaresearch.com/index.php#pollen

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**Diagnosis**

The terms seasonal and perennial are no longer recommended in the ARIA guidelines! Symptoms should be defined by frequency and severity described below to guide treatment options.

<table>
<thead>
<tr>
<th>Intermittent</th>
<th>Persistent</th>
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<tbody>
<tr>
<td>• &lt;4 days per week&lt;br/button&gt;or &lt;4 weeks</td>
<td>• &gt;4 days per week&lt;br/button&gt;or &gt;4 weeks</td>
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</table>

**Defining Symptoms According to ARIA guidelines**

- **Mild**
  - Normal sleep
  - No impairment of daily activities
  - Normal work and school
  - No troublesome symptoms

- **Moderate to Severe**
  1+ of:
  - Abnormal sleep
  - Impairment of daily activities
  - Abnormal school or work
  - Troublesome symptoms

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**Step-wise Treatment Approach**
- ✓ Allergen avoidance (when possible)
- ✓ Oral antihistamines
- ✓ Nasal Corticosteroids and Nasal Saline Sprays (for Mod-Severe Pts)
- ✓ Antihistamine Eye Drops
- Referral to Specialist for Persistent Sx

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**Referral Info**

**Timber Lane Allergy**
- Great for determining specific allergies
- Refer for penicillin allergy (often misdiagnosed and affects hospital stays!)
- Send records from prior workup, if available

**Diagnostic Techniques**
- Skin prick testing
- Specialized therapy
- Injection immunotherapy
- Sublingual therapy for grass and weed pollen

**UVM Otolaryngology**
- Refer for patients with frustrating or troublesome symptoms
- Order CT scan if clear cut anatomic pathology
- Order serum eosinophil count if unable to differentiate allergic from non-allergic

**Diagnostic Techniques**
- Nasal Endoscopy
- CT Imaging
- Specialized Therapy
- Surgery

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Community Health Improvement Project by Leah Novinger July 2014 See [https://db.tt/h9GDIHf](https://db.tt/h9GDIHf) for references
Information and References

- **Allergic Rhinitis is a significant burden to many patients**
  - Learning problems in children:
    - 2008 ARIA guidelines
  - Loss of sleep
    - 2008 ARIA Guidelines
  - 10% decreased work productivity
    - Unproductive 2.3 hours per day: 2008 ARIA Guidelines
  - Physicians underestimation of the impact of AR on patients:

- **Practice Statistics**
  - AR is more common than HTN or DM
  - 16% of patients have AR on their problem list vs 20 - 30% national average
    - 20% national average
    - 25% in Europe
      - 2008 ARIA Guidelines
    - 30% national average
  - 29% of patients with asthma also have AR on their problem list vs 90% national average
    - 90% national average
      - Coexistence of asthma and allergic rhinitis in adult patients attending allergy clinics: ONEAIR study. **18**, 233–238 (2008)

- **Diagnosis:** (2008 ARIA guidelines)
- **Treatment Approach:** step a step wise approach (2008 ARIA guidelines)
  1. Allergen Avoidance: encase bedding in impermeable covers, wash bedding on hot cycle, replace carpets with hard flooring, use HEPA filter air cleaners Oral antihistamines: use non-sedating second generation
  2. Intranasal corticosteroids are a step up for for mild persistent or moderate/severe symptoms, they can be more effective than oral antihistamines
  3. Leukotriene receptor antagonists
  4. Allergen Immunotherapy (injection or sublingual)

- **Referral Info**
  - *Name Withheld*, Interview, July 2014
  - *Name Withheld*, Interview July 2014

- **Images Sources**
  - Allergic Shiners: http://www.honolulueyeclinic.com/blog/?attachment_id=438