

ALLERGIC RHINITIS AND TREATMENT



What is allergic rhinitis?



Inflammatory response to allergens that involves the upper respiratory tract



Environmental allergens trigger the body to release histamine.



Can occur seasonally or year round (perennial)

Symptoms of allergic rhinitis

Itchy/watery eyes

Stuffy or runny nose

Itchy/sore throat

Sneezing

Frequent ear infections



Causes of allergic rhinitis

Mold spores

Pollen from trees, grass, and weeds

Pet dander

Dust mites that live in carpets, drapes, bedding, and furniture

Treatment

Antihistamines

- PO, intranasal
- **MOA:** antagonist, blocks histamine receptors from responding to trigger
- **1st generation:** diphenhydramine (causes sedation)
- **2nd generation:** fexofenadine, loratadine, cetirizine (non-sedating)
- **Intranasal:** azelastine

Intranasal glucocorticoids

- Intranasal
- **MOA:** reduces the release of inflammatory mediators
- **1st generation:** beclomethasone, budesonide, triamcinolone (more systemic effects)
- **2nd generation:** ciclesonide, fluticasone propionate (less system effects)
- More effective than antihistamines

Sympathomimetic decongestants

- PO, intranasal
- **MOA:** mimics SNS response, activates alpha-1 receptors causing vasoconstriction, reduces swelling
- Phenylephrine, pseudoephedrine
- Contraindicated in clients with HTN, cardiovascular disease d/t vasoconstriction
- Requires ID to purchase d/t use in crystal methamphetamine production

Client education



Clients should be educated on how to reduce exposure to triggers. However, prevention is not always possible.



Immunotherapy is a long-term treatment option for clients with moderate to severe allergic rhinitis.



Saline nasal irrigation may reduce symptom severity in both children and adults.



Avoid using intranasal sprays for more than a few days (potential for abuse). Wean to prevent rebound congestion.

NOTES

