ENT Specialists Of North Florida

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Allergic and Non-Allergic Rhinitis

Allergic rhinitis, also known as hay fever, occurs when your body's immune system over-responds to specific, non-infectious particles such as plant pollens, molds, dust mites, animal proteins, chemicals, foods, medicines, insect venom, and other triggers. During an allergic attack, a special antibody (fighting protein), called IgE, attaches to cells that release histamine and other chemicals in the lungs, skin, and the mucous linings of the body. These chemicals open the blood vessels and produce skin redness and swollen membranes. When this happens in the nose various symptoms can occur including sneezing, itching, runny nose, and congestion or nasal obstruction.

Seasonal allergic rhinitis depends on specific plants that are pollenating at that time. In the United States, springtime allergic rhinitis is typically due to pollinating trees. Early summer allergic rhinitis is often due to grass pollination, and allergic rhinitis in the fall is usually due to weeds pollinating. Hypersensitivity to ragweed is very common in autumn. Also in the fall, you may experience allergic symptoms from mold spores on falling leaves.

Perennial allergic rhinitis can be felt year-round and can result from sensitivity to animal proteins, mold, houseplants, and dust mites in carpeting and upholstery.

Non-allergic rhinitis and vasomotor rhinitis (a type of non-allergic rhinitis) do not depend on the presence of IgE antibodies, and is not due to an allergic reaction. Some of the causes of non-allergic rhinitis include:

- Certain infections
- Certain medications (various over-the-counter and prescription preparations)
- Eating and drinking (sometimes specific foods, sometimes all food/drink consumption)
- Weather or temperature changes
- Aging
- Hormonal changes or pregnancy
- Consumption of alcohol, especially red wine
- Inflammation or irritation in the nose unrelated to allergy
- Nasal symptoms of other medical conditions

Many treatment options for both allergic and nonallergic rhinitis overlap

Treatment options:

There are a wide variety of treatment options to help control the symptoms of rhinitis. Sometimes we need to combine several treatment options in order to achieve the desired symptom control. The treatment plan that provides the best symptom control for one person may be different than that of another person. Finding the best treatment plan for YOU may take a process of trial and error. As with any condition, we start with the most conservative treatments (least risk of side effects) first and progress from there. A list of treatment options that may be recommended are listed below:

Saline rinses: This is step 1 for almost any problem related to the nose. This rinses out allergens and irritants which sit on the lining of the nose and cause inflammation and also reduces swelling of the lining of the nose which helps improve airflow, prevent dryness and crusting, and improve sinus drainage. You can think of it like brushing your teeth or taking a shower, but for your nose! It takes some getting used to but if you make it part of the daily routine it will help. See separate handout for specific instructions on how to use saline rinses.

Topical nasal steroid: Nasal steroid sprays are effective at reducing inflammation in the nose and, in most cases, are safe for long term use because very little is absorbed into the bloodstream. Flonase (Fluticasone) and Nasacort (Triamcinolone) are available over the counter without prescription.

Spray technique: Hold the bottle in the opposite hand from the nostril you are spraying, look down at the ground and have the nozzle facing straight up, Aim the spray away from the septum (e.g. tilt spray bottle away from midline so that it is aimed on a plane pointing toward your ear and parallel to the roof of your mouth inside your nose). Avoid sniffing hard during or after spraying. Use the spray AFTER your saline rinse.

If sprays are not effective, we may add a steroid into your saline rinse instead. If you have an eye condition called glaucoma, you should avoid nasal steroids or at least check with your eye doctor prior to starting. If you experience nosebleeds, you should notify your doctor and stop nasal steroids in any form.

Antihistamine: When you have an allergic reaction, cells in your immune system release a substance called histamine which causes inflammation. Antihistamines work by decreasing the effect of histamine. There are various forms available over the counter without a prescription. Some common antihistamines include Zyrtec (Cetirizine), Allegra (Fexofenadine), Claritin (Loratadine), and Xyzal (Levocetirizine). You should only take one of these medications at a time. The effect of a particular antihistamine can decrease with time and some people find that they get sustained effect by switching from one medication to another about every 3 months. Some of these medications come in combination with a decongestant such as Phenylephrine or Pseudoephedrine (Zyrtec-D, Claritin-D). We typically recommend you avoid long term use of these decongestants as they can cause problems with blood pressure. Benadryl is a different type of antihistamine which causes significant drowsiness in most people. Topical antihistamine nasal spray called Astelin (Azelastine) is also available by prescription and can be used alone or in combination with topical nasal steroid spray.

Anticholinergic spray: For patients with main complaint of clear nasal drainage (runny nose) or post-nasal drainage who do not respond well to the above treatments, an anticholinergic nasal spray called Atrovent (Ipratropium) is available by prescription. This has the specific purpose of drying up drainage. If you notice your nose becoming too dry or you have nosebleeds, notify your doctor and stop using this spray.

Leukotriene inhibitor: Singulair (Montelukast) is another prescription medication used to treat allergic rhinitis which does not respond to the treatments listed above. This medication is also used to treat asthma. While Singulair works well for these purposes, it is important to note that the FDA has placed a "black box" warning on this medication due to a variety of rare but reported neuropsychiatric side effects including agitation, depression, disorientation, sleep disturbance, vivid dreams, and even suicidal thoughts and behavior. This may be more likely to occur if you have known psychiatric conditions. If you experience any of these while taking Singulair, stop this medication immediately and notify your doctor.

Allergy testing/Immunotherapy: Another way to treat allergy symptoms is to find out what exactly you are reacting to in the environment through allergy testing (skin test or blood test) and using this knowledge to make a specific treatment (immunotherapy) which "trains" your immune system to stop reacting so strongly to these things. The allergy testing provided by our office is specific to local environmental allergens including many types of trees, grasses, weeds, dust mites, pet dander, and molds. We do not test for food allergies. If you desire testing for food allergies as well or if you have risk factors such as severe asthma or history of severe allergic reaction (anaphylaxis) we may refer you to an allergist/immunologist for testing. If you are scheduling allergy testing, be sure to avoid all of the medications listed on separate allergy testing handout for the week prior to your test.

Surgery: If you have persistent nasal obstruction (inability to breathe well through your nose) or runny nose or postnasal drainage which has not responded well to medical treatments there are a range of surgical options as well. These include fixing anatomical obstruction with procedures such as septoplasty, turbinate reduction, Latera implants (for nasal valve collapse), or full rhinoplasty. For runny nose, there is a procedure called Clarifix which is applying freezing energy (cryoablation) to the specific nerve branch that causes your nose to produce clear drainage.

IMPORTANT NOTE: DO NOT use decongestant nasal sprays such as Afrin, Sinex, or any spray with the active ingredient Oxymetazoline for more than 3 days in a row. This is a powerful decongestant but if you use it regularly the effect begins to wear off faster and faster. Once the effect wears off, you will experience rebound congestion which is worse than before you used it. You will then be tempted to use it more and more often until you become dependent on it. This condition has a medical term called rhinitis medicamentosa and can be very difficult to fix.