RHINITIS

Nasal congestion, runny nose, sneezing, itching, post nasal drip, and sometimes headache are signs of a sensitive and inflamed nose or rhinitis. Rhinitis affects more than 40 million people in the United States. Rhinitis can be allergic or non-allergic. Allergy testing will help differentiate between allergic and non-allergic rhinitis. In addition, allergic rhinitis and non-allergic rhinitis can be present in the same person.

ALLERGIC RHINITIS

Allergic rhinitis is caused by allergens such as pollens, dust mite, animal dander or mold. Seasonal allergies caused by airborne pollens occur during spring, summer and fall. In contrast, allergies that can occur at any time of the year are caused by indoor allergens such as house dust mite, animals and mold. Eye symptoms, such as itching, tearing, red eye as well as asthma may be present with allergic rhinitis.

Testing can be helpful in identifying both seasonal and non-seasonal allergens. For further help on controlling your allergies, please refer to the brochure, Controlling Your Airborne Allergies.

Management of Allergic Rhinitis

1. Avoid allergens when possible.

2. Medical Management. The first line of medical therapy is nasal inhaled steroids. Oral medications like antihistamines and decongestants and can be helpful. If you want to use decongestants, you need to discuss their use with your provider. Other medications may be considered by your provider as well.

3. Allergy immunotherapy (shots) may be an option for some patients.

NON-ALLERGIC RHINITIS

If it isn’t an allergy, what is it?

If it isn’t an allergy, most likely it is a condition that mimics allergic rhinitis, known as vasomotor rhinitis. In this condition, the most bothersome symptoms are nasal congestion, sinus pressure and post nasal drip. Patients with vasomotor rhinitis have a very sensitive nasal lining that can be triggered by common irritants such as smoke, perfume, weather or temperature changes, and strong chemical fumes or odors. Even the strong smells from certain flowers and trees can act as irritants.
Why don’t the tests show any allergy reactions?

Allergy tests (skin and/or blood) only detect true allergies and not irritant reactions. Because there is no immune reaction involved in vasomotor rhinitis, tests can’t identify the troublesome irritants. People usually know the obvious irritants well, from personal experience!

How does a person develop this condition?

We don’t know. Vasomotor rhinitis can start at any age and may start after a cold, or intense exposure to a strong irritant, or even “out of the blue.” In contrast, allergic rhinitis tends to run in families and typically starts in childhood or adolescence.

How long will it last?

Vasomotor rhinitis does not follow a regular pattern. It may go away quickly or it can last forever.

Management of Vasomotor Rhinitis

1. Avoid obvious irritants when possible.

2. Irrigate your nose and sinuses with nasal sinus washes.

3. Medical Management. The first line of medical therapy is nasal inhaled steroids. Oral medications like decongestants and expectorants can be helpful, but you need to discuss their use with your provider. Other medications may be considered by your provider as well.

What about Allergy Shots or Other Treatments?

Unfortunately, immunotherapy will not work for vasomotor rhinitis.

RHINITIS MEDICAMENTOSA

Rhinitis medicamentosa is a form of rhinitis which causes severe nasal congestion. This occurs when topical decongestant nasal sprays like Afrin Nasal Spray (?) or 4 Way Nasal Spray (?) are used for more than three days. The only way to treat this condition is to stop the over-the-counter, decongestant nose spray completely and to avoid using these sprays for more than three days. Oral corticosteroids can be helpful in helping the patient to discontinue the use of these nose sprays in selected patients.

STRUCTURAL RHINITIS

Structural rhinitis is due to the narrowing of nasal passages. In most cases, one side is affected more than the other. This type of rhinitis can cause year-round congestion. You may need referral to a head and neck surgeon for further evaluation.