
MANAGEMENT OF ALLERGIC RHINITIS AND ITS IMPACT ON ASTHMA

POCKET GUIDE



GLOBAL PRIMARY CARE EDUCATION

BASED ON THE 2007 ARIA WORKSHOP REPORT AND THE IPAG HANDBOOK
In collaboration with WHO, GA²LEN, AllerGen, and Wonca

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THE PURPOSE OF THIS GUIDE

This document was prepared by the Wonca Expert Panel, including Bousquet J, Reid J, Van Weel C, Baena Cagnani C, Demoly P, Denburg J, Fokkens WJ, Grouse L, Mullol K, Ohta K, Schermer T, Valovirta E, and Zhong N. It was edited by Dmitry Nonikov. This material is based on the IPAG Handbook and the ARIA Workshop Report, in collaboration with the World Health Organization, GA²LEN (Global Allergy and Asthma European Network), AllerGen, International Primary Care Respiratory Group (IPCRG), European Federation of Allergy and Airways Diseases Patients Associations (EFA), and the World Organization of Family Doctors (Wonca).

Management that follows evidence-based practice guidelines yields better patient results. However, global evidence-based practice guidelines are often complicated and recommend the use of resources often not available in the primary care setting worldwide. The joint Wonca/GARD expert panel offers support to primary care physicians worldwide by distilling the existing evidence based recommendations into this brief reference guide. The guide lists diagnostic and therapeutic measures that can be carried out worldwide in the primary care environment and in this way provide the best possible care for patients with allergic rhinitis. The material presented in sections 1-5 will assist you in diagnosing and treating allergic rhinitis.

PRIMARY CARE CHALLENGE

Allergic rhinitis is a growing primary care challenge since most patients consult primary care physicians. General practitioners play a major role in the management of allergic rhinitis as they make the diagnosis, start the treatment, give the relevant information, and monitor most of the patients. In some countries, general practitioners perform skin prick tests. Studies in Holland and the UK found that common nasal allergies can be diagnosed with a high certainty using simple diagnostic criteria. Nurses may also play an important role in the identification of allergic diseases including allergic rhinitis in the primary care of developing countries and in schools. In addition, many patients with allergic rhinitis have concomitant asthma and this must be checked.

ALLERGIC RHINITIS RECOMMENDATIONS

- 1- Allergic rhinitis is a major chronic respiratory disease due to its:
 - Prevalence
 - Impact on quality-of-life
 - Impact on work/school performance and productivity
 - Economic burden
 - Links with asthma
- 2- In addition, allergic rhinitis is associated with co-morbidities such as conjunctivitis.
- 3- Allergic rhinitis should be considered as a risk factor for asthma along with other known risk factors.
- 4- A new subdivision of allergic rhinitis has been proposed:
 - Intermittent (IAR)
 - Persistent (PER)
- 5- The severity of allergic rhinitis has been classified as “mild” or “moderate/severe” depending on the severity of symptoms and quality-of-life outcomes.
- 6- Depending on the subdivision and severity of allergic rhinitis, a stepwise therapeutic approach has been proposed.
- 7- The treatment of allergic rhinitis combines:
 - Pharmacotherapy
 - Immunotherapy
 - Education
- 8- Patients with persistent allergic rhinitis should be evaluated for asthma by means of a medical history, chest examination, and, if possible and when necessary, the assessment of airflow obstruction before and after bronchodilator.
- 9- Patients with asthma should be appropriately evaluated (history and physical examination) for rhinitis.
- 10- Ideally, a combined strategy should be used to treat the upper and lower airway diseases to optimize efficacy and safety.