

ALLERGY CONSULTANTS

Adult and Pediatric Allergy

Ray S. Davis, M.D.
Jeffrey M. Wright, M.D.
Susan S. Berdy, M.D.
Lisa V. Suffian, M.D.

456 N. New Ballas Road, Suite 129
St. Louis, Missouri 63141
(314)569-1881
FAX: (314)569-3277

NONALLERGIC RHINITIS

The word “**rhinitis**” comes from Latin. “**rhin**” means nasal and “**itis**” means inflammation. Therefore, a patient with rhinitis has nasal inflammation due to certain substances that are being inhaled through the respiratory filter system—the nose. Symptoms may include any or all of the following: frequent or chronic runny nose, nasal congestion, post nasal drainage, over production of mucous and phlegm, sinus headaches, sore throat & cough. All of these symptoms can create an environment in the upper respiratory tract that makes the patient more prone to getting secondary bacterial sinus/ or ear infections.

There are two distinct types of rhinitis. The first is “**allergic rhinitis**.” In this type of rhinitis the nasal lining is overreacting to harmless substances called “allergens.” The most common allergens are animal dander (skin flakes), dust mite particles, mold spores, and various pollen granules from trees, grasses, ragweed and weeds. Patients with allergic rhinitis show many positive skin tests due to an allergic reaction of their immune system to the harmless substances (allergens).

The second type of rhinitis is “**nonallergic**” also known as “**irritant rhinitis**.” The symptoms can look exactly like “allergic rhinitis” , but there are often **no** positive skin tests detected. This type of rhinitis is due to extremely sensitive nasal lining that overreacts to many types of irritants. Examples of irritants which often set off nasal symptoms include smoke, dust , smells and odors, perfumes, aerosol sprays, and changes in outdoor weather conditions (temperature and barometric pressure). A patient’s nasal symptoms may be exactly like those of a patient with allergic rhinitis. Only by doing skin testing and proving that allergies are **not** present can one be sure of this diagnosis.

Treatment for many years for **nonallergic rhinitis** has utilized the same medications used for the allergic type of rhinitis with mixed results. Sometimes antihistamines/or decongestants have helped and other times they have not improved patients’ symptoms. Nasal sprays with steroids have proven beneficial in some patients as well. Often, these medications have to be used on a daily preventative basis to control mucous production in order to decrease the frequency of sinus and ear infections. More recently, a nasal spray that contains an antihistamine (Astelin) was studied and found to be the first medication that actually was proven to be effective for **nonallergic rhinitis**. By spraying the antihistamine directly on the nasal tissue, high nasal tissue levels of antihistamine can block the chemical histamine directly with less medication circulating through whole body. There are relatively few side effects with the exception of sleepiness in some patients and nasal bleeding in others (probably due to the drying effects). Astelin works within 1 hour to improve symptoms and lasts for about 12 hours. It may be used along with other medications as there are no drug interactions to be concerned about. The major complaint with Astelin is that it tastes bad to some people when it drains down the back of the throat. By leaning the head forward when spraying it, massaging it in with tissue, and several minutes later gently blowing out the excess, a lot less will drain down the throat. Also, chewing sugarless cinnamon gum seems to numb the taste buds in order to allow the patient to comply with taking it. It is not addictive and can be taken for long periods of time or can just be used in some patients on an “as needed basis.”