

INTRODUCTION

So your skin testing is completely negative. But you still can't believe it when your doctor tells you that you don't have "allergies." You've had nasal problems for years and always assumed that allergies were the cause.

Don't be alarmed. You're not crazy. You do have nasal problems. The lining of your nose is boggy, congested, inflamed, reddened, putting out too much mucus, possibly causing chronic cough or annoying throat clearing. You do have a type of rhinitis (*swelling/inflammation of the nose lining*, but it is not due to allergens floating in the air.

Studies from all the major allergy centers have shown that many people have "NAR"--NonAllergic (rather than allergic) Rhinitis. This is a well-known disorder to all allergists.

Although allergens are not the cause of NAR, **irritants** in the air can worsen the disorder in some patients. Non-allergen triggers such as perfumes, diesel fumes, exhaust, cooking odors, tobacco smoke, burning candles, mildew smells, animal hair/dander/odors, cold or dry air, or even changes in air temperature or humidity can aggravate NAR.

The bad thing is that since allergens are not the cause, allergy shots/immunizations with allergen proteins (ie: pollens, molds, dust mite, animal danders) will not help.

The good thing is that the same medications that treat allergic rhinitis are also frequently effective for treating nonallergic rhinitis.

This flyer looks at some of different treatments of NAR.

Occasionally, when NAR remains difficult to control, we also look for other contributors such as hidden sinus disease, nasopharyngeal reflux ("silent esophageal reflux"), sulfite or aspirin sensitivities, nasal polyps, a deviated septum or other structural nasal abnormalities.

Sometimes, we may even recommend that some of your other medications be changes because they could be contributing to the nasal symptoms (ie: Beta-blockers or other blood pressure medications; Hytrin or Flomax for the prostate; Nasal Calcitonin for osteoporosis, & Others).

Often, with a determined approach, we can beat this disorder or at least improve symptoms enough to make your quality of life better.

Allergy & Asthma of the Black Hills

Robert C. Stelzle, MD
Board Certified Allergist & Immunologist

TEL: (605) 716-6010
FAX: (605) 716-6011

Rushmore Medical Building
101 E. Minnesota St., Suite 240
Rapid City, SD 57701



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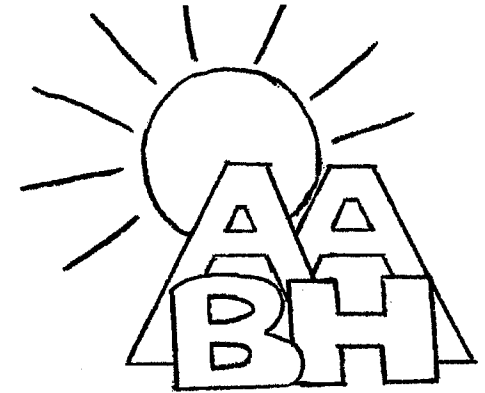
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NONALLERGIC RHINITIS

WHEN SKIN TESTING IS NEGATIVE



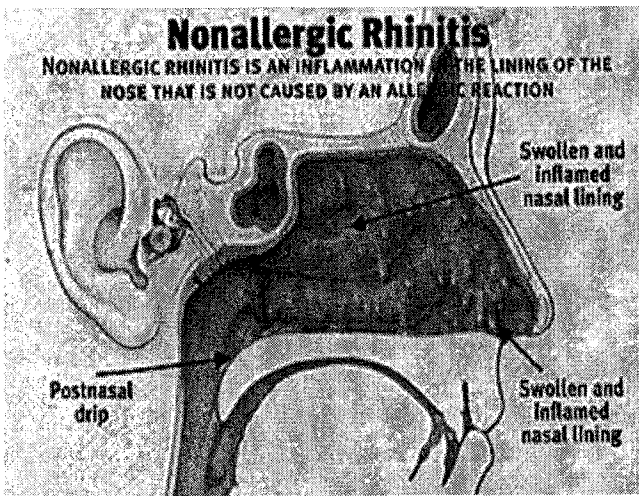
*Allergy & Asthma
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NONALLERGIC RHINITIS FACTS:

- About 40% of Rhinitis is Nonallergic
- Even those with Allergic Rhinitis may have a "Nonallergic component" and be classified as having a "Mixed Rhinitis."
- This condition actually affects millions, especially as we become older.

NONALLERGIC RHINITIS: TREATMENT APPROACHES



MUCUS THINNING AGENTS

1) Saline (ie: Ocean spray, McNeil's Sinus Rinse)

Keeping the nose moist with a spray or gentle rinsing with a bottle keeps the mucus down and lining clean & healthy.

2) Moisturizers (ie: Polnaris, Alkolol, Glycerin)

A dab of Vaseline, or these others, can keep the nasal lining moist & mucus from getting dry, tacky & sticky.

3) Mucolytics (ie: Giafenex, Guiafenesin / Mucinex)

These may help actually thin the mucus, but one must drink lots of water throughout the day while using these.

COMBINATION AGENTS

1) Antihistamine + Decongestant

(ie: Claritin D, Zyrtec D, Allegra D, Dimetapp, Rynatan, Triaminic & lots of OTC brands)

2) Decongestant + Mucolytics

(ie: Gauifenex PSE, Duratuss GP, Robitussin PE, Entex PSE & many others)

3) Nasal Spray Mixes (ie: "Home-made" Mixes)

Sometimes patients get more benefit from several together than one agent alone, so we may combine them in one bottle for convenience.

ANTI-SWELLING MEDICATIONS

1) Nasal Steroids Sprays (ie: Flonase, Nasacort, Rhinocort, Nasonex, Nasarel/Nasalide [Flunisolide], Veramyst, Omnaris)

Probably the best long-term anti-swelling type medication. It causes those inflammatory cells (eosinophils & mast cells) that are bogging up the lining to "melt away." Must aim tip outwards before squirting (ie: toward ears & away from the nasal septum) to avoid bleeding. Although a steroid, generally very safe for long term use because of so very minimal systemic absorption.

2) Leukotriene Inhibitors (ie: Singulair, Accolate)

Non-steroid pills that are about as safe a medication as you will find on the market. Side-effects are almost unheard of & the FDA has even approved Singulair down to age one. These are not quite as potent at shrinking the nasal swelling as nasal steroid sprays, but some people like pills better than sprays & the one a day dosing is convenient. More expensive than steroid sprays.

3) Oral Decongestants (ie: Sudafed, Pseudoephedrine)

These are the "poor man's way of treating rhinitis." Unlike nasal steroids & LT Inhibitors, these medications don't really get rid of the swelling (ie: don't decrease the amount of inflammatory cells in the nasal lining, nor rid the lining of inflammation).

Decongestants work by causing the small arteries to constrict so blood can't fill the lining – therefore, the nose feels less boggy and more open. This effect only lasts temporarily, until the medication has worn off. Again, there is no change in the underlying inflammation and no long-term improvement. These agents are stimulants, like caffeine, so some people feel "wired" or can't sleep if they are taken before bed. Rarely, they may raise blood pressure or cause prostate problems with urination.

4) Topical Decongestant Sprays (ie: Afrin, Neo-Synephrine, Sinex, Oxymetazoline, Phenylephrine)

Addicting. Don't get "hooked" on these. Works great!!! – initially...but after a few days, are less and less effective, and trying to stop leads to severe "rebound" congestion. Generally, only recommended for 3 straight days of use at a time to avoid problems.

DRYING MEDICATIONS

1) Oral Antihistamines (ie: Claritin/Alevert, Clarinex, Allegra, Zyrtec, Benadryl/Diphenhydramine, Xyzal)

These block histamine – which causes the itch, water, sneeze of hay fever, so usually work best for allergic rhinitis. However, the drying effect sometimes works well for nonallergic rhinitis, too.

2) Antihistamine Sprays (ie: Astelin, Patanase)

Spraying antihistamine right onto the lining of the nose has the advantage that it works quicker and actually does have more anti-swelling effect than when given in pill form.

3) Anticholinergic Sprays (ie: Ipratropium/Atrovent, Atropine in saline)

These are the classic drying medications. They work quickly to shut down runny drippy noses. The effect lasts 6-12 hours. Sometimes too drying or not drying enough, so one needs to be patient in trying different concentrations to get it just right. Can cause acute glaucoma, so important to keep from getting in the eyes.

"WHEN ALL FAILS"

1) Consider "Hidden" Chronic Sinusitis (ie: Screening Sinus Xray/CT Scan; or Take a 3-4 wk Trial of Antibiotics)

When nothing seems to help, it is probably time to check the sinuses. The sinuses also make mucus & drain into the nose through tiny holes called osteae. Sometimes, they are chronically infected and put out way too much mucus.

2) Consider "Silent" Gastroesophageal Reflux (ie: Take a 6 week Trial of Antacid-Type Medications)

Although a rare cause of rhinitis, GE reflux of stomach acid into the nasopharynx (ie: back of the throat) may cause the nose to become inflamed & congested. One need not have classic heartburn, since reflux is often asymptomatic, ie: while sleeping.