



Reasons for poor asthma control

7: Comorbid rhinitis

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Many patients with asthma, over 50% in most studies, have rhinitis. Several factors support more than a coincidental association between these two conditions.^{1,2}

1. Asthma and rhinitis, both allergic and nonallergic, share
 - a similar epidemiology,
 - common triggers, and
 - a similar pattern of inflammation involving T helper type 2 cells, mast cells, and eosinophils.
2. Nasal challenge results in asthmatic inflammation and vice versa.
3. Rhinitis is an independent risk factor for the development of asthma.
4. Patients with asthma who have rhinitis, both adults and children, use more health-care resources than those without rhinitis, indicating that their asthma is less well-controlled.

Will treatment for rhinitis improve asthma control?

While this question requires further study, preliminary data would suggest that it does. In the COMPACT trial,³ patients with comorbid rhinitis who received budesonide plus montelukast, a leukotriene receptor antagonist effective in treating rhinitis symptoms in patients with asthma, showed significantly greater improvement in morning peak expiratory flow than the group receiving monotherapy with doubled dose of budesonide (Figure; see overleaf). This treatment difference was not seen among patients without comorbid rhinitis, suggesting that the effects of montelukast on rhinitis improved lung function.³

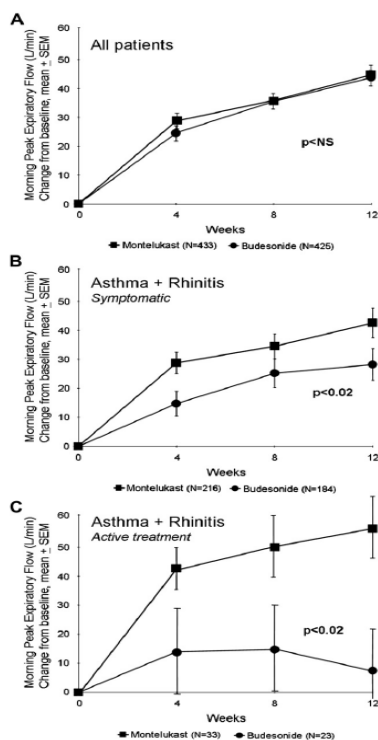


Figure. Change from baseline in morning peak expiratory flow for patients who received montelukast 10 mg once daily + budesonide 400 µg twice daily or budesonide 800 µg twice daily. (A) All patients, (B) patients with asthma and concomitant allergic rhinitis, (C) patients with concomitant rhinitis requiring regular treatment.

From Price DB et al. *Allergy*. 2006;61:737–42.³ Adapted with permission from Wiley-Blackwell.

Clinical approach to rhinitis

The diagnosis of rhinitis is based on a good history, examination of the nose, and the patient's answer to a single, practical question, adapted from that used by the International Study of Asthma and Allergies in Childhood (ISAAC):

"Do you have an itchy, sneezy, runny, or blocked nose when you don't have a cold?"

Treatment for concomitant asthma and rhinitis should include either concomitant therapies for each condition or therapy targeting both upper and lower airways (Table). The IPCRG has published guidelines for the management of allergic rhinitis¹ (http://www.thepcrj.org/journ/view_article.php?article_id=136&volissue=12).

Treatment of comorbid rhinitis and asthma

Upper airway treatment options	Lower airway treatment options
Nasal steroids Antihistamines	Inhaled steroids
Upper and lower airway treatment options	
Leukotriene receptor antagonists Anti-IgE Immunotherapy	

References

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