

Asthma in Practice Position Paper 2

Asthma and Rhinitis

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The IPCRG guidelines on the management of allergic rhinitis¹ recognise and advise on the association between the upper and lower airways. Since their publication, new evidence has emerged to further support the notion that the management of co-existing asthma and allergic rhinitis is beneficial.

Link between asthma and allergic rhinitis

Asthma and allergic rhinitis are strongly linked in terms of similar epidemiology, similar inflammation and common triggers.² Most patients with asthma also have rhinitis³, with rhinitis often preceding the development of asthma. Rhinitis appears in many patients to be a marker of the degree of lower airways inflammation; the severity of rhinitis being associated with the severity of asthma.³ Clinically diagnosed allergic rhinitis is associated with significantly worse asthma control.^{4,5} In adults with new onset of symptoms, rhinitis may herald the development of occupational asthma.

Practice Point 1: Patients with asthma should be assessed for symptoms and signs of rhinitis and vice versa. Ask about symptoms of itchiness, sneezing and runny, blocked noses in the absence of a cold in young, wheezy children. Also, check for symptoms of cough, wheeze or nocturnal dyspnoea awakening with nasal symptoms. Bear in mind that patients may not mention nasal symptoms because they consider the consultation to be about asthma only.

Emerging evidence suggests children with asthma are more likely to be re-admitted to hospital if they also have rhinitis⁶, suggesting that concomitant rhinitis may be a predictor of which asthmatic children are more likely to suffer exacerbations.

Management

The GINA guidelines note that treatment of rhinitis may improve asthma symptoms but fall short of recommending concomitant treatments. The ARIA guidelines (<http://www.whiar.com>) and the IPCRG guidelines recommend a combined strategy for treating the upper and lower airways.

Treating upper and lower airways inflammation ?	
Upper airway treatment options	Lower airway treatment options
Upper and lower airway treatment options	
Corticosteroids (nasal)	
Anti-IgE	
Immunotherapy	

There is evidence to suggest that antihistamines⁷, immunotherapy and leukotriene receptor antagonists⁸ improve asthma as well as rhinitis symptoms in some patients, although the effect size for antihistamines is very small. But little data exists to suggest nasal steroids, alone, improve asthma symptoms in patients with seasonal allergic rhinitis.⁹ There is observational data that supports the above treatment paradigm. In some countries, use of immunotherapy and leukotriene receptor antagonists is restricted to specialists.

In practice, which agents are most appropriate to use in individual patients may depend on their relative cost, any license restrictions in different countries and on patient preferences. However, it should be borne in mind that untreated concomitant allergic rhinitis may result in an increased use of healthcare resources than if asthma and rhinitis are both adequately controlled.^{4,5}

Practice Point 2: Consider using combined treatment strategy for upper and lower airways.

References

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