

## Allergic rhinitis and Quality of Life

Allergic rhinitis is common. At least 500 million people in the world have the condition and it is one of the commonest reasons for attendance with a general practitioner. Both nose and eye symptoms affect 71% of patients and these can be moderate to severe in up to 33% of patients. In Europe the leading cause is the house dust mite (*D. pteronyssinus*) with a prevalence of 21.7% followed closely by grass pollen (predominantly timothy grass) at 16.9%. Allergen exposure can lead to rapid nasal congestion, running, itching and sneezing. The eye symptoms can be watery eyes, itching, burning (irritability), redness or inflammation of the eye surface and sometimes swelling around the eyelids.

It is only recently that the considerable burden allergic rhinitis has on the well being of an individual and thus the quality of life has become apparent. Studies have confirmed that affected children do less well at school than their peers who do not have allergic rhinitis. Learning is impaired as allergic rhinitis can affect sleep, lead to further tiredness from the allergic reaction itself, distracting children in the classroom and making them irritable. In the USA, children miss a staggering 2 million school days off sick as a result of allergic rhinitis. Obvious things that non-allergic children take for granted such as playing outside or enjoying summer cannot be enjoyed by sufferers. These problems also extend to adults with allergic rhinitis. Sense of well being can be severely impaired and again the affects on sleep and day to day function can lead to poor performance at work and compromise the ability to participate in outside activities such as family picnics and gatherings. Studies suggest that the impairment in quality of life for adults with allergic rhinitis can approach that of individuals with significant asthma. Despite such findings allergic rhinitis is commonly overlooked as an important treatable condition and many patients feel that they have to live with what is a very bothersome condition.

The most important thing that an individual with allergic rhinitis can do is to have an accurate diagnosis. The exact allergen (s) provoking the symptoms should be identified. Where possible, allergen avoidance measures should be instigated. Treatment with medication, introduced in a step wise manner in most individuals should also be undertaken, with the possibility of allergy desensitisation by a trained allergist if the symptoms are severe or troublesome. Doctors are getting very good at treating allergic rhinitis and there are several exciting new treatments round the corner.

## **Author details**

**Dr Harsha Kariyawasam MBBS MRCP BSc (hons) PhD  
Consultant in Allergy Medicine and Medical Rhinology  
Royal National Throat Nose Ear Hospital, London**

Dr. Harsha Kariyawasam is the Clinical Lead for Adult Allergy at the Royal National Throat Nose Ear Hospital, London. He is one of few specialists in the UK that has trained both in Allergy and Rhinology (diseases of the nose, sinuses and lower airway) together. He read medicine at St. Bartholomew's Hospital Medical College, University of London. He has a broad based allergy practice with particular expertise in allergic rhinitis and asthma. Details of his practice can be found on the web-site below.

**[www.allergyandnoseclinic.co.uk](http://www.allergyandnoseclinic.co.uk)**