

Allergic Rhinitis

Burden of Illness, Quality of Life, Comorbidities, and Control



Eli O. Meltzer, MD

KEYWORDS

• Allergic rhinitis • Quality of life • Comorbidities • Control • Burden of illness • RCAT

KEY POINTS

- Allergic rhinitis is a highly prevalent and costly condition.
- The disease burden suffered by patients includes the morbidity of the nasal symptoms, the impairment of multiple domains of quality of life (QOL), and numerous comorbidities.
- The goal of therapy is long-term good control.

INTRODUCTION

The World Health Organization in 1948¹ provided the following definition: health is a state of complete physical, mental, emotional, and social well-being and not merely the absence of disease or infirmity. In this context, most patients with allergic rhinitis are not healthy. This article describes the burden of this disease, which manifests itself as disease in terms of high prevalence, uncontrolled symptoms, impaired QOL, and unpleasant comorbidities. It also suggests that the goal of therapy is control of this disease.

PREVALENCE OF ALLERGIC RHINITIS

Allergic rhinitis is a common condition. It affects up to 60 million people in the United States annually, including self-reported rates of 10% to 30% of adults and as many as 40% of children. Recent surveys that required a physician-confirmed diagnosis of allergic rhinitis published prevalence rates of US adults, 14%; US children, 13%; Latin America adults, 7%; and Asia-Pacific adults, 9%.² Another survey from a representative Belgian population (n = approximately 5000) found a self-declared overall prevalence of approximately 39% for recent rhinitis symptoms. Detailed information from a

Conflict of Interest Statement: There are no commercial conflicts of interest, financial conflicts of interest, or funding sources associated with this article.

Allergy & Asthma Medical Group and Research Center, 5776 Ruffin Road, San Diego, CA 92123, USA

E-mail address: eliomeltzer@gmail.com

Immunol Allergy Clin N Am 36 (2016) 235–248

<http://dx.doi.org/10.1016/j.iac.2015.12.002>

immunology.theclinics.com

0889-8561/16/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

sample of approximately 750 respondents determined a prevalence of allergic rhinitis of approximately 30% and of nonallergic rhinitis of approximately 10%. Compared with the nonallergic rhinitis patients, statistically significantly more patients with allergic rhinitis had persistent symptomatology (41% vs 24%) and moderate/severe symptom intensity (75% vs 53%). A greater number of symptoms and comorbidities were also significantly more commonly reported in the allergic rhinitis patients.³

There are risk factors for the development of allergic rhinitis. These include (1) a family history of atopy, (2) a serum IgE greater than 100 IU/mL before age 6 years, (3) a higher socioeconomic class, and (4) the presence of a positive allergy skin prick test.⁴⁻⁷ The influence of early childhood exposure to infections (the hygiene hypothesis), animals, and secondary tobacco smoke on the development of atopy and allergic rhinitis is still unclear.⁸⁻¹³

The presentation of allergic rhinitis in childhood is more frequent in boys, but in adults, it is more common in women. Children with a bilateral family history of atopy may develop symptoms more frequently and at a younger age than those with a unilateral family history.^{14,15} Aeroallergen sensitization rarely begins before 6 months of age¹⁶ but may start between 6 months and 2 years of life.¹⁷ Infants born to atopic families are sensitized to pollen aeroallergens more frequently than to indoor aeroallergens in the first year of life.¹⁷ The frequency of sensitization to inhalant allergens is increasing and is more than 40% in many populations in the United States and Europe.¹⁸

Seasonal allergic rhinitis symptoms generally do not develop until 2 to 7 years of age.^{19,20} Food ingestion rarely causes allergic rhinitis in infants, children, or adults unless there are associated gastrointestinal, dermatologic, or systemic manifestations. The prevalence of seasonal allergic rhinitis is higher in children and adolescents, whereas perennial allergic rhinitis has a higher prevalence in adults.²¹

QUALITY OF LIFE IN ALLERGIC RHINITIS

“Quality of life” has been defined as the subjective value a person places on satisfaction with his or her life.²² Health-related QOL focuses on patients’ perceptions of their disease and measures impairments that have a significant impact on a patient. The burden of disease, as a patient perceives it, forms the basic motivation to seek medical aid and undergo therapy. The burden is usually described by patients in terms of symptoms and impact on QOL.

The 4 major symptoms of allergic rhinitis are nasal congestion, rhinorrhea, sneezing, and nasal itch. Nasal congestion is the most frequent and generally the most bothersome symptom in both adults and children. In adults, 60% report it the most common symptom during the worst time of the year, and in the pediatric population aged 4 to 17 years it is noted every day or most days by 52%.^{2,23} Postnasal drip, runny nose, and sneezing are similarly common and more so than nasal itch. Postnasal drip and runny nose, however, are generally more bothersome than either sneezing or nasal itch.

The impact of nasal allergies on patient-perceived health status is substantial. Although a majority of patients with allergic rhinitis have reported a good overall sense of their health (excellent, 11%; very good, 29%; and good, 34%), when compared with adults without nasal allergies, it was evident that allergic rhinitis patients rated their overall health significantly lower. Nearly twice as many adults without nasal allergies described their health as excellent (23%) and at the other extreme, nearly twice as many allergic rhinitis patients rated their health as only fair/poor/very poor (27%) compared with adults without nasal allergies (15%).²⁴ According to physicians’

Download English Version:

<https://daneshyari.com/en/article/3354460>

Download Persian Version:

<https://daneshyari.com/article/3354460>

[Daneshyari.com](https://daneshyari.com)