DR LIM
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Runners and blockers

Those affected by allergic rhinitis could be plagued by a runny nose or a blocked nose, but they share the same question – can it be cured? **By Lim Ing Ruen**

DOC, I have a stuffy nose! I cannot breathe well, I snore at night. My nose runs like a river, I need to carry a towel for a handkerchief. I cannot smell my food. My cough keeps me up all night. I sneeze non-stop. Even my eyes itch. Can I still keep my pet with me? Is there a cure?

Not to be dismissed, allergic rhinitis (sensitive nose) affects one third of the adult population and up to half of all children. It may seem trivial, but, it impacts negatively on the individual's quality of life, becomes an economic burden when you cannot focus at work, affects performance at school and interferes with healthy growth of a young child.

It is sometimes misconstrued as flu or the common cold. But the real viral flu usually lasts for three to five days and affects people in high-density areas such as the child care or school as frequently as once a month. Any runny nose lasting longer than that is definitely not flu.

If we are able to choose our lineage, we can control our risk of a life of sniffles. If one parent has the condition, chances of having allergic rhinitis is one in four, and this translates to an almost definite risk once both parents have the sniffles.

Even if we have been bequeathed the genome, all is not lost. Allergy unfolds slowly through life in a series of unfortunate events called the atopic march. It first starts as eczema or red, itchy, scaly skin in the infant, who subsequently develops food allergy presenting as colic or diarrhoea in the toddler, who may grow up to have sniffles in preschool and asthma a little later.

Early sensitisation to allergenic proteins such as dairy milk, egg and peanut in the first year of life doubles the risk of having allergic rhinitis and asthma by primary school.

Exposure to second hand cigarette smoke and dust and pet dander in the first year of life also increases the risk. So watching what we eat or breathe in may just stop the march in its track.

The main problem that runners (those with a runny nose) face is how to keep their nose dry. The main problem that blockers (those with blocked nose) face is how not to have to rely on mouth breathing. The runners have a pronounced immediate hypersensitive reaction to the allergen, while the blockers have a delayed reaction which causes the nasal lining to swell and thicken.

Antihistamines act fast and effectively for runners, while topical nasal steroid sprays work on the delayed reaction and keep the blockage at bay. Other medications work on various other pathways synergistically.

A word of caution for nasal sprays: there are two broad categories, the decongestant type and the steroid type. Decongestant sprays can be picked up over the counter without a prescription, they work fast, but cause side effects if used for more than a week. Steroid sprays can be bought only with a doctor's prescription. The steroid nasal spray is just like the anti-asthma puff, it reduces the delayed allergic pathway.

Seasonal and perennial allergy

Have you ever wondered why you get better when you are on a holiday? Some expatriate patients of mine get better after being posted to Singapore for work assignments, even though Singapore is humid and indoor dust mites flourish on our cushions, bedsheets and air conditioner filters.

Perennial allergy sufferers from home can get a breath of fresh air when they travel to cooler, dryer climates. Conversely, Singaporean grass is better for seasonal allergy sufferers during spring and autumn when pollen is common in the air.

Treat the underlying condition

Allergy testing is done using a skin prick test or a blood test to identify the offending allergens. Avoidance is the key to more successful management. Medications can help control symptoms in a large majority.

Persistent sufferers should see an otolaryngologist (ear, nose & throat doctor). There is a list of conditions that mimic allergic rhinitis. A blocked nose may be due to deviated nasal septum (crooked nose), hypertrophy of the turbinates (excessively swollen nose tissue), sinusitis, nasal polyps, large adenoids, and others. Further diagnosis with endoscopy and computerised scan may be needed. Surgery may be recommended as the appropriate treatment in some cases.

There may be a cure

Allergen immunotherapy is now pushing the frontiers of allergy treatment. It uses controlled exposure to known allergens to reduce the severity of the allergic symptoms.

It is almost like vaccination in that tiny amounts of implicated allergens are injected or ingested over a long period of time to trick the body into accepting it. It is reserved for severe allergic rhinitis which do not respond to standard medications. It requires at least three to five years of dedicated uninterrupted therapy to be effective in decreasing the reliance on medications.

Allergy immunotherapy may interrupt the allergic march. The PAT (Preventive Allergy Treatment) Study was conducted in 200 young patients in Northern Europe with grass or birch pollen allergy with allergic rhinitis. These treated children had a lower likelihood of developing asthma compared to the untreated children in developing asthma.

Last but not least, I always tell my patients to be on the lookout for odd symptoms. We have two nostrils. A blocked nose or runny nose affecting only one nostril, or a nose bleed should not be taken lightly. It may be a sign of something more sinister, even possibly cancer. If you are not certain, get yourself checked early. It may mean the difference between cure or death.

✎ **Dr Lim is a Consultant Ear, Nose & Throat Surgeon with special interest in Rhinology at Singapore Medical Specialists Centre. She has post graduate qualifications in Otolaryngology from the Royal College of Physicians and Surgeons of Glasgow, UK and did fellowship in Rhinology and Sinus Surgery at the University of Pennsylvania, US. She also has specific sub-speciality interests in advanced sinus surgery and otolaryngic allergy and thyroid surgery. She is a fellow of the American Academy of Otolaryngology, Head & Neck Surgery and a member of the American Rhinologic Society and Singapore Society of Allergy and Clinical Immunology**

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