

ALLERGIC & NON-ALLERGIC RHINITIS

Rhinitis, or inflammation of the mucous membranes of the nose, is often classified simply as allergic or non-allergic rhinitis, but that is a bit of an oversimplification. Though all types of rhinitis do fall into these categories, there are many variations of the non-allergic form. So let's take a look at the distinguishing characteristics of each of the types of rhinitis and how each variation is treated.

ALLERGIC RHINITIS

Allergic rhinitis, which is caused by contact with allergens such as pollen, dust, mold or animal dander, produces sneezing, congestion, a runny nose and itchiness in the nose, throat and ears. It will often be accompanied by allergic conjunctivitis, an ailment which causes eyes to become runny, itchy and red.

Allergic rhinitis may occur in the spring and summer if you are allergic to pollen; in the fall if you are allergic to outdoor mold; or in the winter or all year long if you are allergic to indoor mold or animal dander. Oral medications such as antihistamines and decongestants are often used to treat this ailment and applied medications such as topical cromolyn or corticosteroids, may also be prescribed. Allergic rhinitis may also be treated through immunotherapy, or injection therapy.

NON-ALLERGIC RHINITIS

Vasomotor rhinitis, or irritant rhinitis, is a condition of unknown origin which seems to be aggravated by fumes, odors, temperature and atmosphere changes, smoke and other irritants. This form of rhinitis, which usually afflicts adults, causes year-round symptoms that include congestion and headache. Decongestants and topical steroids are usually prescribed for this illness, though no known medications can give complete relief from symptoms.

Eosinophilic, non-allergic rhinitis is named after the blood cell which distinguishes it from other forms of rhinitis – the eosinophil. This type of rhinitis behaves like allergic rhinitis in that it causes frequent, recurrent bouts of sneezing and rhinorrhea (runny nose). This disorder, which may seem to appear from out of the blue, can be provoked by changes in the environment such as air pressure changes or weather shifts. Antihistamines, decongestants and topical cromolyn or corticosteroids may be prescribed for this difficult-to-treat form of rhinitis.

Rhinitis medicamentosa occurs when topical decongestants (nasal sprays such as Afrin) are used to excess. This form of rhinitis causes increased congestion and is best treated by going “cold turkey” and discontinuing the use of the offending nasal spray. Topical or oral corticosteroids can also be used to help end nasal spray dependency. The patient may be advised to use cromolyn sodium or corticosteroid nasal sprays as they do not cause this problem.

Neutrophilic rhinosinusitis is another form named for the blood cell which distinguishes it. This type of rhinitis is usually precipitated by a sinus or related infection but may also be associated with colds and flu. It causes post-nasal drip, sinus pain and pus-filled secretions which may be treated with decongestants, nasal saline solution and antibiotics.



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Structural rhinitis is caused by structural abnormalities in the nasal septum normally resulting from an injury or congenital abnormality. This type of rhinitis can produce perennial, or year-round, congestion that usually affects one side of the nose more than the other. There is no effective way to treat the symptoms but surgery can be performed to correct the septal abnormalities.

Nasal polyps are growths on the mucous membrane which causes congestion and loss of sense of smell. They provoke symptoms year-round and usually begin between the ages of 20 and 40. Nasal polyps may be associated with asthma and aspirin sensitivity, and can be treated with decongestants and topical corticosteroids.

Primary vasomotor instability usually occurs as a result of pregnancy, thyroid disorders or as a response to certain medications. The vessels in the nasal passages overreact in this condition, causing congestion. This type of rhinitis can be treated with decongestants, nasal saline solutions and topical corticosteroids.