Naval Medical Center Portsmouth
Allergy/Immunology Referral Guidelines: Rhinitis

Definition

- Rhinitis is nasal inflammation characterized by 4 cardinal symptoms: congestion, rhinorrhea, nasal itching and sneezing. Rhinitis may be non-allergic or allergic.

Initial Diagnosis and Management

- **Non-allergic rhinitis** may be induced by medications (ASA/NSAIDS), irritant triggers such as smoke, volatile organic compounds (ex. candles, perfumes, scented wax, plug-ins, and mold) or exhaust fumes.
    - Initial therapy is a daily nasal corticosteroid for 6-8 weeks and nasal irrigation (Neil Med Sinus rinse) 2-3 times daily. Irritant trigger avoidance is MANDATORY.
    - For those responding to initial interventions, referral is not indicated. Medication use and irrigation may be minimized to the point that adequate symptom control is maintained.
- **Allergic rhinitis** - ***ALL 4 CARDINAL SYMPTOMS*** of rhinitis are present AND the history is suggestive of allergic sensitization.
    - Serologic testing for patients with exacerbations around animals or defined seasonal exacerbations may be done by the PCM to confirm sensitization and guide avoidance measures.
    - AHLTA: NC/VA panel < 3 years of age, Wide-RAST > 3 years of age. (Completely negative test results, < 0.35 kUa/L, effectively exclude allergy)
    - www.aaaai.org and www.acaai.org are websites with patient information to guide avoidance measures.
    - Initiation of antihistamine therapy and the addition of intra-nasal corticosteroid therapy may be begun by the PCM.

Evaluation and Management objectives

- Diagnosis of allergic or non-allergic rhinitis and exclusion of other conditions contributing to symptoms.
- Proper medication use and avoidance measures to ensure effective symptom control.
- Identification of patients who may benefit from allergen immunotherapy by skin testing.

Indications for Specialty Evaluation

- **Allergy referral is indicated for patients with suspected allergic rhinitis who have persistent or poorly controlled symptoms despite medical therapy. The primary goal of referral is treatment of refractory patients with immunotherapy.**
- Chronic rhinitis symptoms exacerbated by NSAIDS or unresponsive to initial therapy after 6-8 weeks.
- Alternative evaluation should be considered in some circumstances.
    - Adenoid hypertrophy may be present in children < 2 years of age with persistent rhinitis, nasal and upper airway obstruction in the absence of sneezing, nasal itching or an identifiable trigger. These children often have persistent serous otitis media and ENT evaluation should be considered.
    - If a patient has systemic symptoms (fever, fatigue, malaise, weight loss) associated with rhinitis complicated by nasal pain, epistaxis or hematuria; a vasculitic process (ex. Wegener's or Goodpasture's syndrome) should be considered and Rheumatology consulted.

Return to Primary Care:

- Evaluation completed and treatment plan is provided to patients not meeting criteria or who do not desire immunotherapy.
- Completed evaluation of chronic rhinosinusitis. Patients will be returned to PCM for ongoing management once symptoms are well controlled.

Reference: Hamilos, Daniel L. Chronic Rhinosinusitis: Epidemiology and medical management. *J All Clin Immunol* 128 (4) 2011: pp. 693 – 704.