

Asthma Patients' Allergic Rhinitis Self-Assessment



For further information on asthma visit our website at: www.asthmasociety.ie

Or phone our Asthma Line at 1850 44 54 64.



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Asthma – and Allergic Rhinitis



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Dear Friend,

As a well-travelled botanist, television presenter and environmental campaigner, I have seen for myself the wonderful and varied influence that Mother Nature exerts on the lives of people all around the globe.



I am sure that you feel as strongly as I do about the need to protect natural habitats from the many threats they currently face.

With the increasing changes both in our countryside and our lifestyles, increasing numbers of people are being diagnosed with asthma and other allergies, including three members of my own family. As a result people can now find it difficult to head out into the countryside to appreciate the wonder of beautiful forests, hedgerows and wildflower-strewn summer meadows. It's no fun to experience endless runny noses, sneezing and watery eyes as soon as the first grass of the summer is cut.

I have recently had a fascinating series of meetings with Irish doctors and nurses to examine why as many as one in ten Irish people have hayfever and why Ireland has the fourth highest rate of asthma in the world. These conditions are up to three times more common than they were 20 years ago and, if not tackled, can make life both outdoors and at home a hostile experience.

But all is not doom and gloom. Science and medicine are hard at work with doctors unravelling the causes of these conditions and are coming up with medicines and techniques which can help us cope with these effects.

And to help people like you and me to breathe a little easier, the Asthma Society of Ireland - in association with Merck Sharp & Dohme Ireland (Human Health) Ltd. has produced this booklet. It contains useful advice on controlling allergies and asthma and will help you read your way to better comfort!

Take care and enjoy the great outdoors!

David Bellamy

Asthma and Allergic Rhinitis

Research by expert groups has revealed that between 60% and 80% of asthma patients also have allergic rhinitis - both affect the airway.

Both asthma and allergic rhinitis are caused by an allergic reaction and the two conditions frequently overlap. Several of the same allergens are known to trigger asthma and allergic rhinitis exacerbations. It has been found that allergic rhinitis tends to make asthma worse and also that it may be a risk factor in the development of asthma. If allergic rhinitis is treated effectively this has the potential to reduce asthma symptoms and may even help prevent the development of asthma.

Asthma is a condition that affects the airways, the small tubes that carry the air in and out of the lungs. People with asthma have airways that are extra sensitive and react to substances (or triggers) which irritate them. Common triggers include **colds** or **flu**, **cigarette smoke**, **exercise** and **allergic responses to pollen, furry or feathery animals** or **house dust mites**. Everybody's asthma is different and each patient may have several triggers.

Sneezing, an itchy and runny nose, red and watery eyes and a feeling of congestion that leads to headache are all symptoms of a condition called rhinitis. It is caused by inflammation in the nose. Most cases are seasonal. This is called hayfever and is caused by allergic reaction to pollen from grasses, trees and other plants, or spores released at certain times of the year. However, some people experience symptoms all year round and, in most cases, these are also triggered by an allergic reaction to a variety of allergens like house dust-mites, furry or feathery pets or air pollution.



Coping with allergic rhinitis

The traditional self-help method is to try to avoid allergens that trigger your allergic reaction. If you can do this the symptoms may stop.

If pollen and spores are the problem, staying indoors when the pollen count is high, taking steps to prevent pollen from getting into the house, and keeping yourself and your clothes as free from the allergen as possible will help.

Those with year-round allergic rhinitis need to avoid the triggers permanently; for example, banishing furred and feathered pets, keeping the house dust-mite, mould and spore free, and avoiding air pollution. It's not easy and in some cases you may not even have identified exactly what causes your allergic reaction. It may be helpful to make a note of when symptoms occur on the form at the back of this booklet.

A new way of looking at asthma and allergic rhinitis

International guidelines from the Allergic Rhinitis and its Impact on Asthma panel in association with the World Health Organisation emphasise that because these related conditions are both caused by inflammation in the airways, treatment of both should be combined. The high incidence of allergic rhinitis in people with asthma has led to the recommendation that treatment of both the upper and lower airway should be considered.

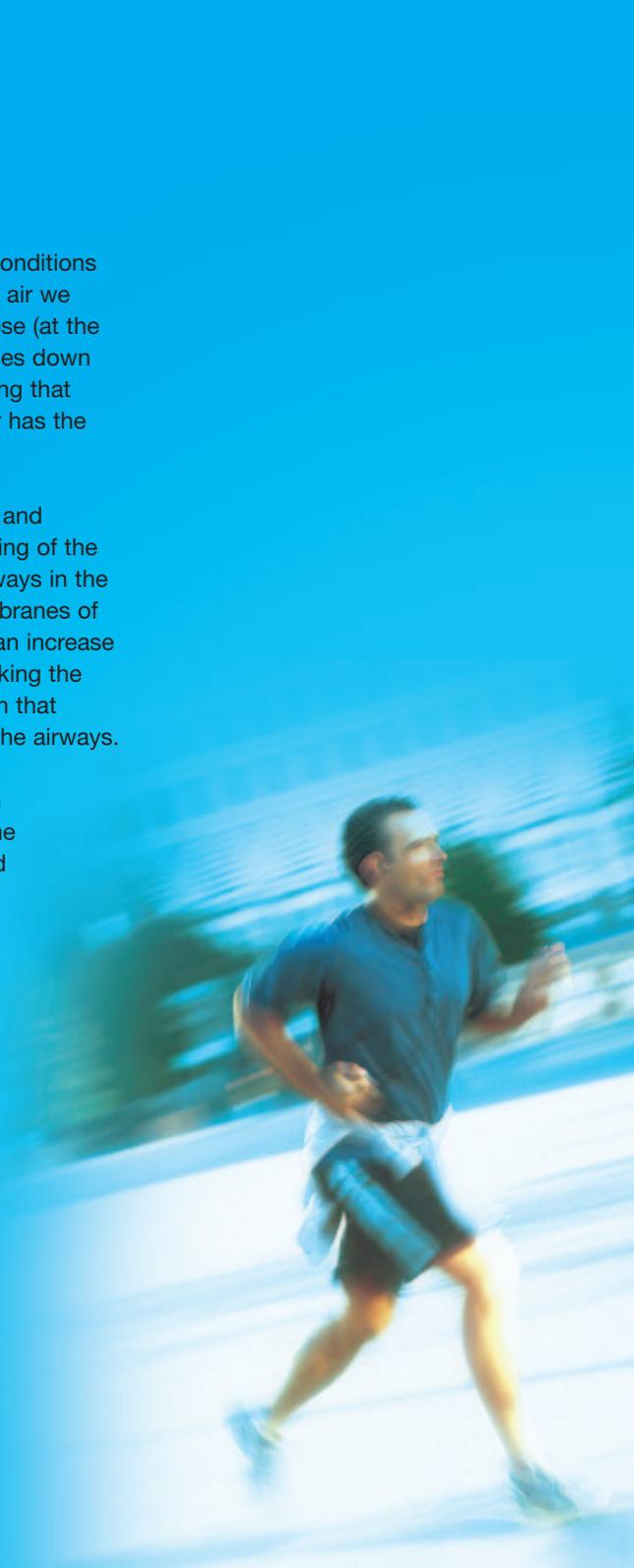


One airway, one disease

Asthma and rhinitis are related conditions linked by a common airway. The air we breathe in passes through our nose (at the start of our airway), then continues down the airway into the lungs. Anything that obstructs the free passage of air has the potential to cause problems.

With asthma the breathlessness and wheezing is caused by a narrowing of the bronchioles (small branched airways in the lungs). Inflammation of the membranes of these small airways may cause an increase in the production of phlegm, making the obstruction worse; the dry cough that develops is an attempt to clear the airways.

In allergic rhinitis the obstruction occurs in the upper section of the airway (in the nose). The blocked and runny nose occurs because the membranes of the nose have become inflamed. In the same way as coughing is an attempt to clear the obstruction in the lower part of the airway, sneezing is an attempt to clear the mucus from the upper part.



Treatment

While there is no cure for asthma or allergic rhinitis, there are medical treatments available that in most cases can effectively control symptoms.

Treating allergic rhinitis

- **Anti-histamines.** These aim to provide quick relief of symptoms by lessening the effects of histamine which is one of the chemicals released by the body during an allergic reaction. They will reduce sneezing, runny noses, watery eyes, and itchy throats. New types do not make you drowsy but some interact with other medicines and foods. Take advice on their use from your doctor or pharmacist.
- **Decongestant sprays.** These can help relieve a blocked nose; generally they should only be used for a few days at a time.
- **Preventer treatments.** These aim to prevent symptoms developing by suppressing the allergic reaction. With seasonal allergic rhinitis (hay fever) you need to begin taking them several weeks before the “high season” for your particular allergic reaction. Until now, these have been delivered with eye drops and nasal sprays which you need to learn how to use correctly if they are to be effective. Some preventer medications contain corticosteroids and if you need to take these long term you’ll need to discuss this with your doctor.

Treating asthma and seasonal allergic rhinitis together

- A leukotriene receptor antagonist (LTRA) is a treatment available for people with both mild to moderate asthma and seasonal allergic rhinitis which may be prescribed by your doctor. A LTRA blocks the action of naturally occurring chemicals in the lungs called leukotrienes – an underlying cause of allergy symptoms which can lead to inflammation in both upper and lower airways.

Talk to your doctor, nurse or pharmacist about which treatment is most suitable for you.

The Asthma Society

We are a national voluntary association of people with asthma, their parents, medical personnel and all those with an interest in the condition.

Purpose and Vision

We provide information, advice and reassurance to people with asthma and to their immediate families.

We run campaigns on behalf of people with asthma to promote awareness and understanding of the condition, and we represent our members' interests in policy-making forums at a national and European level. We also support a number of research programmes which we hope will ultimately lead us to achieving our goal of an Ireland free from asthma.

Our goal is to work towards a situation where people with asthma can realise their full potential, and not be at a disadvantage health-wise, socially or financially.

The Society provides the following services:

- **Asthma Live Line** – an information line
- **Advice line managed by qualified asthma nursing specialists**
- **Information literature**
- **Information days and seminars**
- **Medical Research**
- **Magazine** - distributed periodically to members
- **Administration and general running costs**

It costs just €15 to join the Society and benefits include access to the Asthma Society Magazine, free booklets and peak flow meters at a special rate.



For more information contact
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www.asthmasociety.ie

Asthma Patients' Allergic Rhinitis Self-Assessment

Please fill in the questionnaire below, by placing a tick (✓) in either the Yes or No boxes below for each question.

- | | Yes | No |
|--|--------------------------|--------------------------|
| • During the last year have you experienced symptoms such as nasal congestion, itching nose, watery eyes, sneezing or runny nose during the day? | <input type="checkbox"/> | <input type="checkbox"/> |
| • During the last year have you experienced such symptoms at night, that make it difficult to fall asleep or that awaken you? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you experience these symptoms more than one day per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do these symptoms affect your job, home activities, schoolwork, or family activities in a negative way? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find that your asthma tends to get worse when these symptoms occur? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "Yes" to any of these questions you should discuss this with your doctor.