

Allergy & Asthma

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Addressing: Frustrations in Allergic Rhinitis treatment

## "Those who cannot change their minds cannot change anything."

— George Bernard Shaw

Living with Allergic Rhinitis and Allergic Conjunctivitis is a daily
Challenge in Change management!

#### Allergic Diseases

- Systemic disorders
- Caused by impaired immune systems
- AR, Allergic Asthma, AD, Food Allergy
- Complex interactions between genetics and environment
- Listed by the WHO as one of the Top 3
   disorders to be prevented and controlled in the
   21st century

Nature 2023; J Wang et al

#### To Quote Glenis Scadding:

AR diagnosis is often missed, treatment is inadequate and opportunities to alter the course of allergic disease by allergen specific immunotherapy (AIT) are being wasted.

EUFOREA KIDS

#### Definition of Allergic Rhinitis

- Allergic rhinitis manifests as inflammation of the lining of the nose
- is accompanied by nasal symptoms, including rhinorrhea,
   sneezing, nasal congestion, and/or itching
   often associated with ocular symptoms

1. Bousquet J et al. *Allergy*. 2008;63(suppl 86):8–160; 2. Spector et al. *Allergy Asthma Immunol*. 2003;91:105-114.

#### Buzz Words in Literature

- Quality of Life
- Real World data (Patients/Care givers)
- Shared Decision making
- Evaluating symptom control and adapting treatment regimes
- Change management
- Trained Immunity
- Precision medicine

#### **Frustrations**

- For the Patient
- For the Doctor
- All about expectations
- Treatment options seems Limited.



#### Newly Diagnosed - AR

- History Current symptoms
  - Nasal symptoms
  - Lungs and skin
    - Quality of Life
- Age of the patient
- Family history
- Environmental history
- Current
- Past exposure history

### Classification of allergic rhinitis

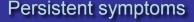
The WHO ARIA workshop suggested a new classification of AR based on **FREQUENCY** and **SYMPTOM SEVERITY** as these are the major factors Involved in determining treatment 2

Intermittent symptoms

- <4 days per week
- Or <4 weeks

#### Mild

- Normal sleep
- Normal daily activities, sport, leisure
- Normal work and school
- No troublesome symptoms



- >4 days per week
- And >4 weeks



Moderate/Severe

One or more items

- Abnormal sleep
- Impairment of daily activities, sport, leisure
- Problems caused at work or school
  - Troublesome symptoms

### Diagnosis made

- According to Severity
- According to ARIA Guidelines
- Intermittent/Persistent
- Mild/ Moderate to Severe

#### Known AR Patient

- Evaluation of Control
- How do we assess control?
- Expectations/Interpretation
- No Finger prick or Blood test level
- No Spirometry like for Asthma
- Symptoms Subjective
- ARCT
- VAS

## Patient's Expectations

- I/my child will outgrow this
- One or two courses of treatment maximum then cured
- I am compliant with my medication as prescribed why am I not better?
- Tell me what I am allergic to in my diet

## Patient specific

GP know this patient

But

We forget

The Patients Forgets

#### AR- Control Tests

- Keep the original score at diagnosis
- Re-Evaluate at next visit
- Re-evaluate at exacerbation
- Symptom score
- Quality of life score
- Co-morbidities
- Possible triggers

#### Symptom Severity/ Disease Control

- How to assess severity?
- EUFORIA re-evaluate regularly
- Do we ask the questions?
- Visual analogue scale
- Quality of live
- What is normal for an Atopic family?



## What is Changing?

- Stimuli for Exacerbation
- Exposure to animals
- Location of the hamster cage
- Sibling now horse riding
- New house with carpets maybe or mouldy
- Revamping the house painting
- Visiting friends with pot-puri in the lounge
- Viral infections
- *Pollen of grass and trees.....*

### What is Changing?

- Immediate Environment changes
- As explained BUT
- Relocated to new area in the country
- Total different vegetation
- Weather changes with season changing
- Weather changing can be within 24h period
- Viral infections in Winter
- Global Environment changes

#### • The Plot Thickens



Inflammation or Infection?

# Rhinovirus has been found to be the cause of 50% of the common cold episodes

#### AR and ARS Link

- AR inflammation of the mucosa leading to impaired barriers function
- Th2 polarized cytokines can upregulate ICAM-1 which is the receptor of 90% of Rhinoviruses
- There is a link between AR and CRS

Review: E De Corso et al. Current Allergy and Asthma Reports 2020

## Complications in AR

- Progression:
- Asthma
- Multiple sensitisations
- Recurrent episodes of sinusitis with antibiotic overuse
- Nasal polyposis
- Nasal bleeds
- Abnormal facial development with dental malformation
- Migraine/ ADHD/Chronic Fatique

## Cohort from Sweden

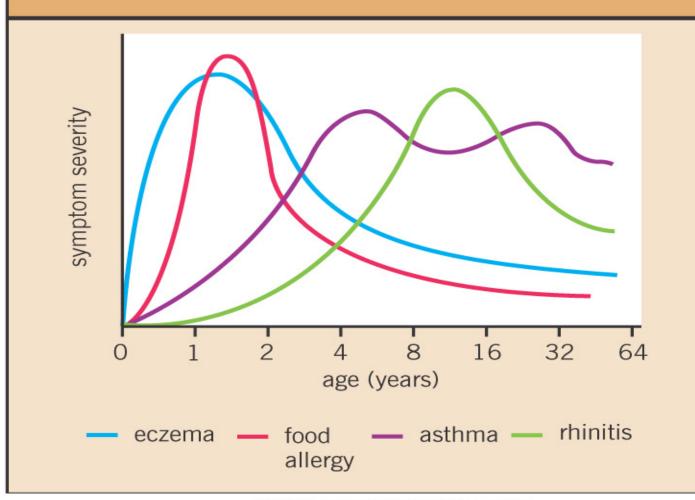
- 225 Individuals +/- Asthma or AR
- 132 Healthy
  - 116 still after 10 years
  - 16 developed AR
    - 4 AR plus Astma
- 82 with AR
  - 26 Remission
  - 53 Unchanged
  - 3 Developed Asthma
- 41 AR + Asthma
  - None in remission

## Cohort from Sweden

- Persistent AR more likely to be sensitised to allergens
- Those with persistent AR more likely to be grass pollen allergic than those that went into remission

Clin Transl Allergy 2023

#### **Symptom Severity Versus Age**



## Allergic Sensitisation - By Age

- Northern Sweden
- Longitudinal Population based
- Three Groups

*–* 19 42,1%

• Remission of sensitization was uncommon.

» 2016

## Cohort from France

The results of this study support the existence of AR flare-ups in patients with HDM-AR. The phenotype "frequent exacerbator" defined as having 2 or more AR annual flare-ups was associated with polysensitization, AR severity and intermittence and severe nasal obstruction.

Plos One 2023

## Allergy Testing

- Precision Medicine
- Assist in Identifying the high risk patients
- Assist in treatment planning
- Avoid unnecessary avoidance of allergens
- Plan necessary avoidance strategies
- Treatment planning according to pollen counts
- Allergen Immunotherapy

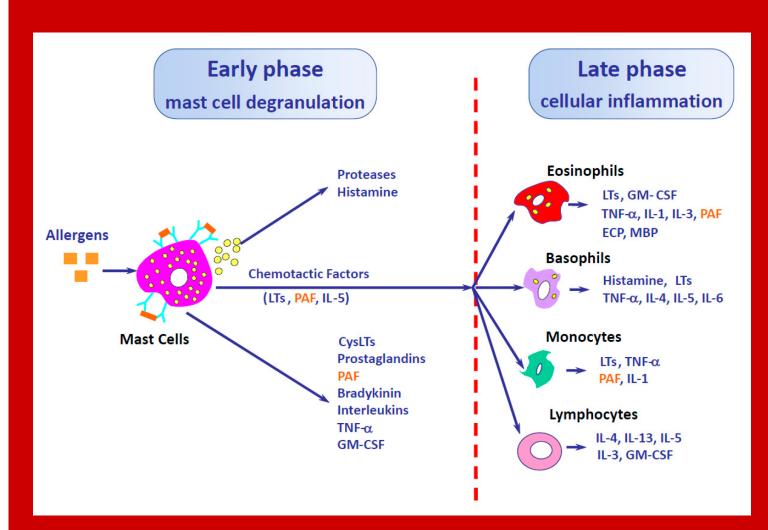
## Allergic Conjunctivitis

- Affects up to 30-40% of patients
- Often as part of Allergic Rhinitis
- Present in 60% of kids with AR
- Can occur without nasal symptoms
- Multiple sensitised patients

#### • Treatment



With what and for How long?



## Allergic Inflamation

- Epithelium cells
- Innate Immunity
- Integrity of essence
- Mast cells
- Part of first line defence
- Mediators/cytokines
- Histamines
- Others

## ARIA Guidelines SAARWG

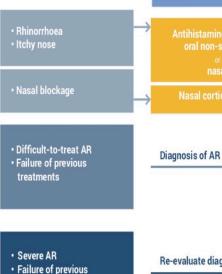
- Allergen avoidance
- Pharmacotherapy
- Topical nasal STEROIDS
- Antihistamines
- Leukotriene inhibitors
- *Other*
- Immunotherapy

#### Allergic rhinitis presentation

Hellings P. et al., Rhinology 2020 Scadding G et al., WAO J, 2020

FIRST LINE CARE Pharmacy - General Practitioner SPECIALIST CARE **Specialist** 

VAS > 5



Uncontrolled

(\*) Add-on therapies · Isolated watery rhinorrhoea: Ipratropium

- · Rhinorrhoea in asthmatics: Leukotriene R/ antagonist
- · Ocular itch/skin rash: Oral non-sedating anti-H1
- · Ocular symptoms: Intra-ocular anti-H1 or Cromones
- · Sudden onset nasal blockage: nasal / oral decongestant ≤ 7 days

VAS > 5 Uncontrolled

treatment

Re-evaluate diagnosis

Add-on therapies (\*)

· AR patient aiming for long-term relief or cure

#### Moderate/Severe AR

- Patients with AR and Asthma:
- needs more medication
- More treatment failures
- Multiple sensitised more severe symptoms

## MASK Study

- Adherence to treatment in Allergic disease are poor
- Self management strategies should be expanded
- Change management is essential in allergic diseases
- Education strategies should be patient-centred

#### Intra-nasal Route

- More effective
- Lower dose needed
- Quick onset of action

Needs motivation and education

#### Treats and Protects

Quick onset of action

**>>** 

- Andrews et al ;2020
- Improves ocular symptoms
  - Gross et al;2019
- Improve quality of life long-term
  - Seagal et al;2019

#### Other Treatments

- Intranasal Saline / Sea water sprays
- Safe and convenient
- Nasal washes
- Safe and very effective
- Intranasal decongestants
- SHORT Term
- Be careful in choosing when to prescribe!
- Like with Benzo's

#### Sea Water/Saline

- First principle:
- the physical (mechanical) effect of cleansing the nasal mucosa of the accumulated secretion and pathogen
- Second principle
- Depends on the effects of the ions on the physiology of the mucosal cells

#### Keep Frustrations Low!

- Keep a ARCT on record
- Give a Treatment Plan written
- No First generation antihistamines
- Target Inflammation
- Re-Evaluate regularly
- Treat the eye symptoms with the nose
- Treat and try to prevent complications!



## Thank you