

Allergy and asthma proceedings : the official journal of the International Union of Pure and Applied Chemistry  
v. 22, no. 4 (Jul-Aug 2001)  
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# ALLERGY and ASTHMA

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The Official Journal of Regional and State Allergy Societies

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95 Pitman Street, Providence, R.I. 02906. Single copies: \$15.00 (add \$5.00 for outside USA address); 2001 Subscriptions: \$120.00 per year, Institution price \$200.00 (outside USA add \$30.00). ISSN 1088-5412  
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# Treatment Update: Nonallergic Rhinitis

Phil Lieberman, M.D.

## ABSTRACT

*Chronic nonallergic rhinitis is a diagnosis of exclusion. The pathophysiology underlying this disorder is unknown. There probably are several mechanisms involved and several different variations of this condition. Therapies which have been approved for use in the treatment of chronic nonallergic rhinitis include topical corticosteroids and azelastine. Topical corticosteroid preparations that have received approval are fluticasone, budesonide, and beclomethasone. Topical nasal saline also has been established as a beneficial adjunct to therapy in some instances. Other therapies have included capsaicin, silver nitrate, botulin toxin, and various surgical procedures. These procedures include turbinate reduction, which has been performed by a number of techniques including submucosal diathermy, cryosurgery, laser cauter, and classic resection. Ethmoidal and vidian neurectomies have been performed by excision, diathermy, and cryotherapy. These procedures have met with varying degrees of success.* (Allergy and Asthma Proc 22:199-202, 2001)

Rhinitis is defined as an inflammation of the lining of the nose and is characterized clinically by one or more of the following symptoms: rhinorrhea, sneezing and nasal itching, congestion, and postnasal drainage.

The diagnosis of chronic nonallergic rhinitis is made by exclusion. There is no generally accepted definition and therefore there is a lack of consensus regarding terminology.

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Presented at the Post-Symposium of the Combined Meeting of Southwest Allergy Forum and Eastern Allergy Conference, Acapulco, Mexico, January 14, 2001. Supported by an educational grant from Wallace Laboratories

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There are no characteristic physical findings and therefore a diagnosis is based mainly on the patient's complaints. The term should refer to any form of chronic rhinitis that is not caused by allergic disease. A classification of the forms of nonallergic rhinitis suggested by Settignano<sup>1</sup> is noted in Table I.

## EPIDEMIOLOGY

Statistics on the incidence and demographics of nonallergic rhinitis are difficult to evaluate. There are at least five studies in the literature that have investigated this issue<sup>2-6</sup> (Table II).

Mullarkey *et al.*,<sup>2</sup> Enberg,<sup>3</sup> Togias,<sup>4</sup> and a joint task force each evaluated the incidence of nonallergic rhinitis as patients with this condition presented to the allergist's office. Mullarkey *et al.*<sup>2</sup> found that 52% of 142 rhinitis patients had nonallergic rhinitis. Enberg<sup>3</sup> evaluated 152 adults and found a 30% incidence of perennial nonallergic rhinitis. Togias<sup>4</sup> found that 17% of 362 rhinitis patients had the nonallergic variety of this condition. A joint task force (National Rhinitis Classification Task Force) of several allergists surveyed 975 patients and found that 23% had nonallergic rhinitis. In addition, they found that 34% of the subjects had a combination of allergic and nonallergic disease (mixed rhinitis).<sup>5</sup> The European Community Respiratory Health Survey (ECRHS)<sup>6</sup> took a different approach. They performed a general population survey and selected 1412 subjects based on the fact that they had a history suggesting rhinitis. They found that 25% of 1400 subjects complaining of rhinitis suffered from the nonallergic variety.

Of course, it is "risky" to extrapolate a general incidence from these data. However, the incidence ranged from 17 to 52%. Thus, using a rough incidence of 33% and considering that there are probably 50 million individuals suffering from rhinitis in the United States, one could conclude that perhaps 17 million of these suffer from the chronic nonallergic variety of this condition. Probably an additional one-third has a mixture of both allergic and nonallergic disease. Thus,

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