Have you wondered why every time your nasal allergies act up your asthma does too?

The connection between asthma and nasal allergy symptoms of allergic rhinitis, commonly called "hay fever," has been the subject of many epidemiological investigations, identifying a significant overlap between these diseases.

Asthma and allergic rhinitis have markedly increased in North America, Western Europe, and Australia, with similar health care costs and impact on quality of life. They are both inflammatory disorders with similar pathophysiology, frequently sharing similar treatment approaches. But, why are these two conditions so closely connected?

Recent research revealed these two conditions share a common physiological response to an allergen, though their symptoms are different.

There is evidence of a global immune response in the entire airway system when an allergen is introduced anywhere in the airways from the nose to the bronchus of the lungs. This explains why nasal allergy symptoms are often associated with symptoms of uncontrolled asthma or chronic obstructive pulmonary disease (COPD). This research is also helping us understand how to treat both conditions more effectively, and possibly even avoid exacerbations of either disease.

Common symptoms of allergic rhinitis include sneezing, nasal congestion, runny nose, and itchy, watery eyes. The burden of symptoms can result in fatigue with an overall decrease in the perception of general health, leading to missed days from work and social activities. Children experience similar physical symptoms which may result in learning impairments, anxiety, and missed school days.

The quality of life changes become more pronounced with increasing number and severity of symptoms. Sinus inflammation, ear, and respiratory infections are common adverse effects of uncontrolled allergies, resulting in further decline in the quality of life. The wheezing and shortness of breath of asthma have similar effects on quality of life, in addition to being a chronic disease that carries the risk of death. An allergy-induced asthma exacerbation could lead to an emergency room visit or hospitalization.

Allergic rhinitis can present with associated wheezing and shortness of breath, suggesting asthma but may instead be called "reactive airway disease."

Treatment includes an antihistamine and nasal steroid spray for the nasal allergy symptoms, and an inhaled bronchodilator and inhaled steroid for the asthma symptoms. Treating symptoms of both asthma and allergic rhinitis is the best approach when there is evidence of both diseases.

Get to know your allergy triggers. A simple blood test ordered by your health care provider can identify the most common allergy triggers in the Pacific Northwest.
Knowing what you’re allergic to and avoiding it is the best way to manage allergic rhinitis and allergy induced asthma. See your provider before your allergy season and develop a plan of action. Discuss how to avoid your triggers. Identify what symptoms to watch for, when to step up your medications, and when to make an appointment with your provider verses a visit to the emergency room for more severe symptoms.

Start your allergy medications a few weeks before the allergy season begins and continue them through the entire season. Take your daily maintenance asthma medications and keep your rescue inhaler with you.

The goal is to minimize or prevent a flare up of symptoms and avoid emergency room visits and hospitalizations. Working with your provider to be proactive this allergy season and enjoy our beautiful Pacific Northwest!

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