

Nasal Allergies – New Trends in Treatment

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Nasal allergy is the most common chronic recurrent disease that affects Americans. Nasal allergy (Allergic Rhinitis) has significant effects on social life, sleep, school and work. The economic impact of Allergic Rhinitis is therefore significant. Nasal allergy cannot be cured, but can be kept under control with appropriate treatment. Nasal allergy and Allergic Asthma are related, and often coexist.

The basic tenets of allergy treatment are: 1. Avoidance of allergen (prevention). 2. Symptom treatment with antihistamine tablets and nasal sprays such as Omnaris, Astelin or Astepro. 3. Allergen immunotherapy.

Allergen specific immunotherapy is the only treatment that affects the natural course of Allergic Rhinitis. Allergen immunotherapy is able to influence inflammation caused by the Immune globulin E (IgE) which is a primary mediator in allergic reaction. Steroids and antihistamines treat the inflammation that has already occurred due to allergic reaction.

Specific immunotherapy needs precise diagnosis of IgE mediated allergy before it can be started. A skin prick test or a blood test (RAST) can be used to diagnose the inhalant allergen.

Subcutaneous Immunotherapy (SCIT): Traditionally, allergy treatment has been administered under the skin. This is usually done at the doctor's office. It is more effective because of supervision and compliance.

Sublingual Immunotherapy (SLIT): A new, viable and interesting option is being evaluated and tested. It involves administration of allergen under the tongue. Advantages include ease of administration and treatment at home, thus saving time and indirect costs. However, sublingual therapy involves more concentrated allergens and more frequent therapy, such as a daily or twice a week regimen. This increases the overall cost. Safety of sublingual therapy is far superior to subcutaneous therapy. Serious reactions such as anaphylactic shock have almost never been reported with sublingual therapy. Such reactions do occur with subcutaneous therapy (1 in 2.5 million injections).

Sublingual therapy has not yet been cleared by the FDA. It is not covered by insurance companies or Medicare. Further testing in the field and in research centers will hopefully convince FDA and insurance companies to approve this type of treatment in the next few years. Since sublingual therapy is done at home, it is mandatory that supervision and epinephrine injections should be available in the immediate vicinity to treat any allergic emergencies.