

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

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Allergy & Sinus Issues*

*everything you wanted to know about the nose, mucus, and allergy medications but were afraid to ask

Viral Rhinitis - also referred to as the common, "cold," or viral upper respiratory infection. This condition occurs when a virus infects the mucus membranes of the nasal and throat areas. Its symptoms of nasal blockage, mucus drainage, pressure, and even blood in mucus (from inflammation) are sometimes hard to tell from a bacterial sinus infection. Viral rhinitis can last up to 10 days. Decongestant and mucus – thinning agents are the usual treatments for symptom relief.

Bacterial sinusitis – occurs when a bacterial infection occurs in the sinuses that are located around the nose. This almost always follows a cold though can be aggravated by allergies. It is identified when symptoms last more than 10 days or if there is more severe pain or pressure than normal for a cold. It is treated like a cold but with the addition of an antibiotic.

Allergic rhinitis – occur when the body's immune system develops sensitivity to things such as pollen, mold, or animal hair / dander. It is an over – reaction of the immune system and can cause symptoms like those of a cold along with itching of the nose, eyes, and throat. Allergies can be treated with antihistamines, other anti-inflammatory medication, and decongestants.

Vasomotor rhinitis – when the nose produces watery, runny, mucus due to overactive mucus glands. Often occurs with eating or going from hot to cold or vice – versa and seems more common in the elderly. It may respond to a decongestant, topical steroid spray or ipatropium / Atrovent® nasal spray

Selecting nasal and allergy medication – Choosing the right medication is similar to trying on a pair of shoes. Different things work better for each person, and there is some, "trial – and – error," to determine what is best for each particular person. Sometimes, more than one medication is necessary, though the goal is to find the most effective, most convenient, and least expensive medication that doesn't cause side effects.

Oral medications

Decongestants – function to reduce mucus production and also to shrink the membranes in the nose to improve blockage. These can be useful with any of the above types of rhinitis and may help open sinus drainage areas with bacterial sinusitis. Side effects can include excessive nasal dryness, a jittery feeling, and sleeping difficulty. They can raise blood pressure and may not be suitable for patients with hypertension. The jittery feeling can mimic low blood sugar and be a problem for diabetics. Decongestants can cause difficulty urinating in patients with enlarged prostates. They should be used with caution with heart disease.

Antihistamines – Histamine is a chemical released by the immune system because of allergy. It can cause swelling in the nose (blockage), itching / sneezing, and also runny nose / watery eyes. Antihistamines block these effects. Older antihistamines can cause drowsiness while the newer ones (loratadine / Claritin® / Alavert®, desloratadine / Clarinex®, fexofenadine / Allegra®, cetirizine / Zyrtec®) do not cross into the brain and therefore do not cause this problem. These are effective for allergic rhinitis but not the other types. They are often combined with a decongestant (Claritin – D®, Zyrtec – D®, Allegra – D® etc).

Leukotriene inhibitors – Leukotrienes are another type of chemical that are released with allergy, similar to histamine. Montelukast / Singulair ® is an asthma medication that helps in some patients with allergies. It can be used in addition to antihistamines since each medication works in a different way.

Topical (spray) medications

Note: all sprays can cause nasal irritation. It is best to hold the spray in the opposite hand for application – right hand for left nostril, etc. Instead of squirting straight back, the spray should be directed about 30 degrees to the outside in order to avoid spraying right on the nasal septum and to apply it to the outer wall inside the nose (where it will be most effective). A dab of petrolatum / Vaseline® ointment can be applied to the nasal septum (if irritation occurs) just before spraying the medication.

Nasal steroid sprays – These reduce inflammation due to allergy. Their advantages include being very effective for nasal symptoms, having none of the steroid effects on the body, and requiring only once – daily dosage. They can take 1-3 weeks to fully work, cannot be used on an as – needed basis, sometimes cause nasal irritation, and must be used every day. The usual dosage is 1-2 squirts in each nostril per day.

Azelastine / Astelin® – is a topical antihistamine spray that is also squirted into the nose. Some patients find its flavor bitter. For this reason, it is best not to inhale deeply when spraying it in the nose and leaning forward about 45 degrees will help reduce the amount the gets into the throat. Dosage is 1-2 squirts in each nostril twice daily.

Cromolyn / NasalCrom® - is another type of anti – allergy medication that works differently than the other medications. It is available over – the – counter, and applied as 1 spray in each nostril three to four times per day.

Ipratropium / Atrovent® - is the nasal preparation of an inhaler that is also used for lung disease. It “turns off” the mucus glands for vasomotor rhinitis. A double – strength preparation can be used for runny nose with acute viral rhinitis / colds. It is given as 2 sprays in each nostril two to four times per day.

Topical decongestant sprays – These over – the – counter medications include phenylephrine, oxymetazoline, and xylometazoline with brand names such as Neo-Synephrine®, Afrin®, Dristan®, and 4 – Way Nasal Spray. They are used every 6 to 12 hours. They provide prompt relief of nasal blockage but can become habit - forming (the nose can become “hooked” on them) after several days of use.

Saline (saltwater) spray – This is available as a commercial preparation such as Ocean® and is applied as a spray to rinse and moisturize the nose. It can also be prepared at home and applied with a baby – bulb syringe. The salt concentration can be doubled to help draw fluid and congestion from the nose. These sprays are helpful for viral rhinitis, sinusitis, and any other nasal condition. See our separate handout on saline rinses.

Ayr® - This clear water – based gel provides longer moisturizing relief than saline spray and may be used along with saline and Vaseline® for nasal dryness.

Eye drops – These are useful when oral allergy medications are not successful in treating eye symptoms.

Vasoconstrictors / decongestants (Visine®) – These constrict blood vessels to reduce the “bloodshot” appearance of the eyes and help some with allergies.

Topical antihistamines - azelastine / Optivar® and olopatadine / Patanol® are very effective for eye symptoms of allergy. They are dosed as 1 drop in each eye twice per day. Olopatadine / Pataday® is a once – daily preparation of Patanol®.

Cromolyn drops / Crolom®, Opticrom® - is the ophthalmic preparation of cromolyn and is another option for allergic symptoms in the eyes. It is given 1-2 drops in each eye 4 to 6 times per day.

Allergy shots –

Allergy immunotherapy – This involves allergy testing and then receiving allergy shots. Because of its cost and inconvenience (weekly injection), it is used when other treatment fails. The body is exposed to those things to which it is allergic in order to build up tolerance. It is 60-65% successful in curing the particular allergies being treated, though requires 2-5 years of treatment.

Steroid injections – These are also sometimes incorrectly called, “allergy shots.” Patients with severe allergies can be given a steroid injection once or twice per year if there is a particular time (i.e. tree pollen in spring / ragweed in fall) when they experience especially bad symptoms. They should generally not be given more often than this due to side effects of steroids.