



Perennial Allergic Rhinitis (PAR) is one of the most common cause of allergy symptoms, which are the 6th leading cause of chronic illness in the U.S. Over 50 million Americans suffer from these every year.

An allergy is an “over-reaction of the immune system to an allergen” (causing agent). They can be categorized in many ways: indoor/outdoor, environmental, food/drug, latex, insect, skin/contact, to name a few.

There are two ways to prevent allergic reactions: either avoid the allergen, or go through the allergy testing and desensitization process. This process is costly, both time and money. On the horizon will be oral formulations, sublingual tablets or pills, which will make desensitization an easier, and less costly treatment.

The allergic reactions cause two primary sets of symptoms, managed by different classes of drugs used to treat the symptoms. Histamines cause the sneezy, runny, itchy symptoms, while leucotrienes cause the stuffy, congested symptoms.

Many antihistamines are now available over-the-counter (OTC), and can relieve up to 80% of the symptoms. They can be eye drops, nasal sprays, or pills. It is usually best to use the long-acting, less sedating formulations, such as Claritin. Side effects of this class of drugs include drowsiness (at higher doses), dry mouth, constipation, blurred vision, and some problems with urination. These medications should be avoided if a person has an enlarged prostate, or angle-closure glaucoma, unless a medical professional has authorized the treatment.

Decongestants treat the “stuffy” symptoms caused by the leucotrienes, and they can often be combined with the antihistamines. Decongestants narrow the blood vessels, decrease blood flow to the area, then help clear the congested symptoms and improve breathing. These come in eye drops, nose sprays, pills, and liquids. Nasal sprays like Afrin should only be used for 3 days. Side effects include headache, nervousness, tremors, sleeplessness, rapid heart rates, and should be avoided, or used under medical supervision, if a person for example, has high blood pressure, heart disease, thyroid disease, or diabetes.

Anti-inflammatory medications can be used to prevent the inflammation that occurs during the allergic response. A new OTC, Cromolyn Na Nasalcom, is not used to treat inflammation, but used prior to exposure to prevent inflammation. Nasacort allergy 24-hr is a steroid nasal spray, and can be used to prevent and treat the inflammatory response.

Similar to anti-inflammatories, the leucotriene-receptor antagonist is used to prevent the allergy symptoms. Available by prescription, an example is Singulair,



which should be started by mouth several weeks before the anticipated allergy season, and continued throughout this period.

All in all, there are many options to help control PAR. Consider using combination drugs to treat the full spectrum of symptoms. Be cautious about side effects of each class of drugs. When OTC's do not provide adequate relief, consider using prescription medications that may offer improved efficacy. Consult with your pharmacist or medical provider if you have any questions.

References: Asthma & Allergy Foundation of America - aafa.org;
Center for Disease Control and Prevention - cdc.gov;
American Academy of Allergy, Asthma, and Immunology - aaii.org