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Allergic rhinitis guidelines 2018

Seasonal allergic rhinitis, which has a prevalence of 14% among U.S. adults, can be mild (i.e., symptoms do not affect quality of life) to severe (i.e., symptoms do affect quality of life). Although treatment options include environmental controls and allergen immunotherapy, it is often treated with pharmacologic therapy, which is the focus of this guideline. However, there is no consensus about whether one medication is superior to another, or if using at least two medications in combination is beneficial. To outline quality improvement opportunities for the treatment of seasonal allergic rhinitis, the Joint Task Force on Practice Parameters, consisting of experts from the American Academy of Allergy, Asthma, and Immunology (AAAAI) and the American College of Allergy, Asthma, and Immunology (ACAAI), created a guideline to outline initial pharmacologic treatment in persons at least 12 years of age with moderate to severe seasonal allergic rhinitis. Pharmacologic therapy includes intranasal and oral formulations of antihistamines, decongestants, and corticosteroids, and intranasal cromolyn, intranasal anticholinergics, and oral leukotriene receptor antagonists. However, the three questions addressed in the updated guideline focused on only certain medications based on clinical importance, new data, and the opportunity to support improved care or better cost effectiveness. Because combination therapy with oral antihistamines and intranasal corticosteroids is commonly used in patients with seasonal allergic rhinitis that does not respond to intranasal corticosteroids alone, the first question aimed to determine if there was any clinical benefit of using combination therapy over intranasal corticosteroid monotherapy. Because previous recommendations indicate that intranasal antihistamines can be used as first-line treatment despite being less effective than intranasal corticosteroids, the second question outlined the clinical benefit of using combined intranasal corticosteroids and intranasal antihistamines compared with either medication alone. Finally, because multiple monotherapies for treatment of seasonal allergic rhinitis exist, such as montelukast (Singulair) or intranasal corticosteroids, the third question discussed the effects of montelukast vs. intranasal corticosteroids in patients 15 years and older. For patients at least 12 years of age presenting with seasonal allergic rhinitis, intranasal corticosteroid therapy should initially be prescribed over combined intranasal corticosteroid and oral antihistamine therapy to treat nasal symptoms, because moderate-quality data did not show a benefit associated with adding the antihistamine. With this regimen, adherence and convenience were shown to be improved and adverse effects reduced (e.g., sedation with oral antihistamines). By supporting monotherapy, physicians can reduce variations in care and improve quality of life, including performance at work or school and sleep. In addition, there is no increased risk of harm of monotherapy vs. combination therapy. Although intranasal corticosteroid monotherapy may not be effective in some patients, the data were inadequate to determine if additional therapy with oral antihistamines is beneficial to treat persistent symptoms. For patients 12 years and older, combined intranasal corticosteroid and intranasal antihistamine therapy may be considered for nasal symptoms, because they can be better controlled with combination therapy than with either therapy alone. High-quality evidence indicated that the combination was beneficial, with combined fluticasone propionate and azelastine (Dymista) having greatest effect on symptoms compared with either agent alone. It should be noted that although using a single spray may be more convenient, it has a greater cost and possibly no benefit over separate sprays. Adverse effects of combination treatment include sedation, unpleasant taste, and nosebleeds. For patients 15 years and older, an intranasal corticosteroid is preferred over a leukotriene receptor antagonist, such as montelukast. High-quality evidence indicated intranasal corticosteroids were more effective, increased benefits, and decreased treatment variation. In addition, there is no significant difference in adverse effect rates among them. Intranasal corticosteroids are associated with nasal irritation, bleeding, and long-term effects such as cataracts, increased intraocular pressure, and glaucoma. Montelukast is associated with headaches and rare neuropsychiatric events. Some patients may prefer oral montelukast or another leukotriene receptor antagonist, even though these therapies are less effective than intranasal corticosteroids. These alternatives may be beneficial in some patients, particularly those who also have mild persistent asthma. Guideline source: Joint Task Force on Practice Parameters Evidence rating system used? Yes Systematic literature search described? Yes Guideline developed by participants without relevant financial ties to industry? No Recommendations based on patient-oriented outcomes? Yes Published source: Ann Allergy Asthma Immunol. December 2017;119(6):489–511.e41 Available at: 17/30656-7/fulltext Page 2 Please note: This information was current at the time of publication. But medical information is always changing, and some information given here may be out of date. For regularly updated information on a variety of health topics, please visit familydoctor.org, the AAFP patient education website. Am Fam Physician. 2018 Jun 1;97(11):online. See related article on diets for health A healthy diet has a lot of benefits. It can prevent certain health conditions like heart disease and cancer, and it can lower your cholesterol. It can give you more energy, help you focus, and improve your mood. It can also help you lose weight or stay at a healthy weight. The choices you make about what you eat and drink matter. They should add up to a balanced, nutritious diet. We all have different calorie needs based on our age, sex, and activity level. Health conditions can have a role, too. Fruits and vegetables are rich in fiber, vitamins, and minerals. They should be the basis of your diet. Try to get many different colors of fruits and vegetables each day to add flavor and variety. Fruits and vegetables should cover half of your plate at each meal. Try not to add saturated fats and sugar to vegetables and fruits. This means avoiding margarine, butter, mayonnaise, and sour cream. You can use yogurt, healthy oils (such as canola or olive oil), or herbs instead. Potatoes and corn are not considered vegetables. Your body processes them more like grains. Choose products that list whole grains as the first ingredient. Whole grains are high in fiber, protein, and vitamins. They are digested slowly, which helps you feel full longer and keeps you from overeating. Avoid products that say “enriched.” Hot cereals like oatmeal are usually low in saturated fat. However, instant cereals with cream may contain processed oils and can be high in sugar. Granola cereals usually contain a lot of sugar. Cold cereals are generally made with refined grains and are high in sugars. Look for whole-grain, low-sugar options instead. Try not to eat rich sweets, such as doughnuts, rolls, and muffins. Consider fruit or a piece of dark chocolate instead to satisfy your sweet tooth. Protein can come from animal and vegetable sources. People who get more of their protein from animal sources tend to have more health problems that can lead to illness and early death. It is healthier to eat meat less often and get most of your protein from plant sources. When you eat meat, choose leaner cuts. Vegetable Protein Sources There are many ways to get protein in your diet even if you do not eat meat. Most vegetables have some protein. When you eat these vegetables with whole grains, seeds, nuts, and especially beans, you can get a good amount of protein. You can swap beans for meat in recipes like lasagna or chili. Soy foods such as tofu, tempeh, and edamame are also good sources of protein. Beef, Pork, Veal, and Lamb Lean beef and veal cuts have the words “loin” or “round” in their names. Lean pork cuts have the words “loin” or “leg” in their names. Trim off the outside fat before cooking the meat. Trim any inside fat before eating it. Use herbs, spices, and low-sodium marinades to season meat. Baking, broiling, grilling, and roasting are the healthiest ways to cook meats. Lean cuts can be panbroiled or stir-fried. Use a nonstick pan, canola oil, or olive oil instead of butter or margarine. Don't serve meat with high-fat sauces and gravies. Poultry Chicken breasts are a good choice because they are low in fat and high in protein. Only eat duck and goose once in a while, because they are higher in saturated fat. Remove skin and visible fat before cooking. Baking, broiling, grilling, and roasting are the healthiest ways to cook poultry. Skinless poultry can be pan broiled or stir fried. Use a nonstick pan, canola oil, or olive oil instead of butter or margarine. Seafood Most seafood is high in healthy polyunsaturated fats. Healthy omega-3 fatty acids also are found in some fish, such as salmon and cold-water trout. If good-quality fresh fish isn't available, buy frozen fish. To prepare fish, you should poach, steam, bake, broil, or grill it. Choose low-fat, skim, or nondairy milk, such as soy, rice, or almond milk. Try low-fat or part-skim cheeses and other dairy products, or choose smaller portions of foods high in saturated fat. Yogurt can replace sour cream in many recipes. It is important to pick yogurt without added sugar. Try mixing yogurt with fruit for dessert. Sorbet and frozen yogurt are lower in fat than ice cream. Although high-fat foods are higher in calories, they can help you feel satisfied with eating less. Don't be afraid to have fats in your diet, but try to limit saturated and trans fats. You need saturated and unsaturated fats in your diet, but most Americans get too much saturated fat. Heart disease, diabetes, some cancers, and arthritis have been linked to diets high in saturated fat, particularly saturated fats from animal products. It is important that you stay hydrated. However, drinks that contain sugar are not healthy. This includes fruit juices, soda, sports and energy drinks, sweetened or flavored milk, and sweet tea. Artificial sweeteners may also be bad for your health. Drink mostly water or other unsweetened drinks. Don't drink too much alcohol. Women should have no more than one drink per day. Men should have no more than two drinks per day. How many servings should I eat from each food group? If I'm on a strict diet, such as vegetarian or vegan, how can I make healthy food choices? To see the full article, log in or purchase access. This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at . This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject. 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