# DIAGNOSING ALLERGIC RHINITIS



### Useful tips for clinicians in the primary care setting

Allergic rhinitis (AR) is an inflammatory response of the nasal mucous membranes after exposure to inhaled allergens<sup>1,2</sup>

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- Primary care providers are often the first healthcare professionals to address patients' AR symptoms<sup>2</sup>
- AR affects about 20% of people<sup>3</sup>

**SNEEZING** 

NASAL CONGESTION

### **KEY DIAGNOSTIC CHARACTERISTICS**

Clinicians should make the clinical diagnosis of AR when patients present with a history and physical examination consistent with an allergic cause, and 1 or more of these 4 key symptoms<sup>1,2</sup>:

### DIFFERENTIATING SIGNS AND SYMPTOMS

## SYMPTOMS THAT MAY BE ASSOCIATED WITH AR

- Watery, clear rhinorrhea<sup>1,4</sup>
- Bilateral nasal obstruction<sup>4</sup>
- Sneezing, especially paroxysmal<sup>4</sup> Itchy nose<sup>1</sup>
- Itchy, watery eyes<sup>1</sup>
- Pale or bluish swelling of nasal mucosa<sup>2</sup>

### SYMPTOMS USUALLY NOT ASSOCIATED WITH AR

**RUNNY NOSE** 

**ITCHY NOSE** 

- Postnasal drip with thick 🥏 or colored nasal discharge<sup>4</sup>
- Unilateral symptoms<sup>4</sup>
- Fever<sup>4</sup>

- Pain<sup>1</sup> Nasal obstruction
- without other symptoms<sup>4</sup> Recurrent nosebleeds<sup>1</sup>
- Sore throat<sup>4</sup>

#### CLASSIFYING AR SYMPTOMS Several parameters are now used to classify AR symptoms<sup>1</sup>

TIME	<b>FREQUENCY</b> <sup>1</sup>	SEVERITY <sup>1</sup>
<b>Seasonal:</b> eg, pollens, grasses <b>Perennial (year-round):</b> eg, dust mites, pet dander <b>Episodic:</b> Nonroutine exposures (eg, visiting a home with a pet)	Intermittent: <4 days per week or <4 weeks per year Persistent: >4 days per week or >4 weeks per year	<b>Mild:</b> Symptoms do not interfere with quality of life (QoL) <b>More severe:</b> Symptoms are bad enough to interfere with QoL (eg, impairment of daily activities, leisure, or school or work performance)



WHETHER ALLERGY SYMPTOMS ARE MILD, MODERATE, OR SEVERE, **START WITH ZYRTEC®** 

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