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ALLERGIC RHINITIS: PREVENTION AND TREATMENT

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Abstract

Allergic rhinitis is one of the most common allergic diseases and is an inflammatory disease of the nasal mucosa caused by an immune response to various allergens. The disease is characterized by episodes of sneezing, nasal congestion, watery nasal discharge, nasal itching, and impaired nasal breathing. Allergic rhinitis has a significant impact on patients' quality of life, affecting sleep, work performance, and educational activities, and may also contribute to the development of other respiratory diseases, including bronchial asthma.

The main areas of prevention include identifying and eliminating exposure to relevant allergens, maintaining hygienic measures, controlling the environment, and timely treatment of concomitant diseases. Modern therapy includes allergen avoidance measures, intranasal glucocorticosteroids, antihistamines, antileukotriene agents in selected clinical situations, and allergen-specific immunotherapy. The choice of treatment depends on the severity of symptoms, duration of the disease, patient's age, and the presence of concomitant pathology. A comprehensive approach to prevention and treatment can significantly reduce the severity of symptoms and improve patients' quality of life.

Keywords: Allergic rhinitis, allergy, rhinitis, allergens, nasal congestion, sneezing, antihistamines, intranasal glucocorticosteroids, prevention, treatment, allergen-specific immunotherapy.

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Introduction

Allergic rhinitis is a chronic inflammatory disease of the nasal mucosa that develops as a result of an immune response to allergens. The disease can develop at any age, although it often begins during childhood and adolescence. The most common allergens include pollen, house dust mites, animal epidermal allergens, and mold fungi.

The relevance of the problem is associated with the high prevalence of allergic rhinitis and its impact on daily activities. Persistent nasal congestion, sleep disturbances, headache, decreased concentration, and reduced work capacity significantly impair quality of life. In addition, allergic rhinitis is often associated with bronchial asthma and other allergic diseases.

Main Causes and Risk Factors. The development of allergic rhinitis is associated with genetic predisposition and exposure to environmental allergens. The main causative factors include: pollen from trees, grasses, and weeds; house dust mites; animal hair and epidermal particles; mold fungi; household allergens; occupational allergens; air pollution and tobacco smoke as factors that may aggravate symptoms.

Depending on the course of the disease, seasonal and perennial allergic rhinitis are distinguished. The seasonal form is mainly associated with pollen, whereas the perennial form is more often caused by continuous exposure to household allergens.

Clinical Manifestations. The main symptoms of allergic rhinitis include: paroxysmal sneezing; nasal itching; watery nasal discharge; nasal congestion; difficulty breathing through the nose; itchy and red eyes; lacrimation; decreased sense of smell.

In some patients, symptoms worsen during a particular season or after contact with a specific allergen.

Prolonged impairment of nasal breathing may lead to sleep disturbances, chronic fatigue, decreased concentration, and reduced quality of life.

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Diagnosis. The diagnosis of allergic rhinitis is based on an analysis of complaints, medical history, and the results of an objective examination.

When taking the medical history, it is necessary to determine the seasonal pattern of symptoms and their relationship to staying in certain environments and contact with animals, household dust, or plants.

To identify the causative allergen, the following methods may be used: skin allergy tests; determination of specific IgE in blood serum; complete blood count; rhinoscopy; additional examinations when concomitant bronchial asthma or other diseases are suspected.

Prevention of Allergic Rhinitis. Prevention is an important part of the management of patients with allergic rhinitis.

Allergen Avoidance. The main preventive measure is to reduce contact with the allergen when it has been identified.

For patients allergic to house dust mites, regular cleaning of premises, washing bed linen at an appropriate temperature, using special protective covers for mattresses and pillows, and maintaining a favorable indoor climate are recommended.

For pollen allergy during the flowering season, patients should, whenever possible, limit outdoor exposure during periods of high pollen concentration, keep windows closed when appropriate, and take a shower and change clothes after returning home.

Indoor Climate Control. Premises should be regularly ventilated and wet-cleaned. The accumulation of household dust should be minimized, especially in the bedroom.

When mold is present, sources of excessive moisture and affected areas should be eliminated promptly.

Avoidance of Tobacco Smoke. Active and passive smoking can increase respiratory tract irritation and the severity of symptoms. Therefore, patients are advised to avoid exposure to tobacco smoke.

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Control of Concomitant Diseases. Patients with allergic rhinitis should undergo timely examination if they have symptoms of bronchial asthma, sinusitis, or other allergic diseases.

Treatment of Allergic Rhinitis. Treatment should be individualized and aimed at reducing inflammation of the nasal mucosa, relieving symptoms, and preventing exacerbations.

Antihistamines are used to reduce sneezing, itching, rhinorrhea, and other manifestations of allergy. Modern second-generation antihistamines are generally preferred because they cause less pronounced drowsiness compared with first-generation drugs.

Intranasal glucocorticosteroids are among the main treatments for allergic rhinitis, particularly in cases of significant nasal congestion. They reduce inflammation of the nasal mucosa and the severity of the main symptoms of the disease.

Proper nasal spray technique and treatment adherence are important for achieving optimal results.

Saline Solutions. Nasal irrigation or spraying with isotonic saline solutions may be used as an additional treatment method. It helps remove allergens and facilitates nasal breathing.

Leukotriene Receptor Antagonists. Drugs from this group may be used in selected patients, particularly when allergic rhinitis is combined with bronchial asthma. The decision to prescribe these drugs is made by a physician based on the clinical situation.

Allergen-specific immunotherapy is a treatment method aimed at modifying the body's immune response to a specific allergen. It may be considered in patients with confirmed allergy when appropriate indications are present.

Immunotherapy is performed under specialist supervision after an allergy evaluation and identification of the causative allergen.

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The Role of the Patient in Preventing Exacerbations. The effectiveness of treatment largely depends on the patient's adherence to medical recommendations. Patients should know their individual triggers, follow the prescribed treatment regimen, control environmental conditions, and seek medical attention promptly if symptoms worsen.

It is particularly important to avoid prolonged self-administration of vasoconstrictor nasal drops, as their improper and prolonged use may lead to rhinitis medicamentosa.

Conclusion

Allergic rhinitis is a common chronic disease that can significantly impair patients' quality of life. The basis of effective management is a combination of preventive measures and rational pharmacotherapy. The most important preventive measures include identifying relevant allergens, reducing exposure to them, controlling the indoor climate, and avoiding tobacco smoke exposure.

Modern treatment includes antihistamines, intranasal glucocorticosteroids, and other medications when indicated. Allergen-specific immunotherapy may be used in patients with confirmed allergy when appropriate indications are present.

An individualized approach, proper adherence to recommendations, and regular medical follow-up make it possible to control symptoms and prevent disease exacerbations.

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