

## Allergic rhinoconjunctivitis: Guidelines of the German Society of Allergology and Clinical Immunology (DGAKI)

Allergic rhinitis interdisciplinary workgroup from the ENT section, Allergo J 2003; 12: 182–94

### Summary

Allergic rhinitis (AR) is clinically defined as a symptomatic hypersensitivity reaction of the nose induced by an IgE-mediated inflammation of nasal mucosa as a result of exposure to allergens. To date, AR has been classified into three types: seasonal, perennial or occupational. However, allergens that are considered seasonal (pollens, mold spores) may in fact be present throughout multiple months of the year, and perennial allergens such as mites fluctuate in their seasonal concentration. Consequently, the WHO work group suggested a new classification which emphasizes the duration of the symptoms.

The clinical picture of AR is defined by the main symptoms of sneezing, itching, clear nasal secretions and nasal obstruction. The impairments to quality of life and performance caused by AR range from inability to sleep, including daytime sleepiness, to difficulties in the ability to learn, especially among children.

### **Complete avoidance of allergic triggers is the best approach to treating allergic**

**diseases.** Each patient's options in terms of avoiding allergens vary significantly depending on the nature and number of the sensitivities they have. A prerequisite for effective allergen-avoidance consultation is the physician knowing detailed information about the patient's particular spectrum of sensitivities as well as the nature and prevalence of the allergens. Recommended strategies should be appropriate and feasible (e.g. diets, domestic construction measures, travel recommendations).

**For patients with house dust mites allergies and asthma, encasings for mattresses, pillows and bedding have been shown to reduce allergic triggers and help minimize symptoms.**