

Information

FOR PATIENTS AND CARERS



Non-Allergic Rhinitis Frequently Asked Questions

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Q 1: What is non-allergic rhinitis?

Non-allergic rhinitis is a group of conditions that cause inflammation (redness and swelling) of the lining in the nose. The most common type is called vasomotor rhinitis, which affects blood vessels. The main symptoms of non-allergic rhinitis are nasal blockage or congestion (stuffy nose), a runny, itchy nose and sneezing. Symptoms may come and go (intermittent) or be present most of the time (persistent).

Symptoms of non-allergic rhinitis are often similar to allergic rhinitis (hay fever), and it can be hard to tell them apart. Allergic rhinitis involves the immune system. The cause of non-allergic rhinitis is not fully known. Allergy testing is sometimes used to rule out allergic rhinitis, as the treatments can be different. Some people can have allergic rhinitis and non-allergic rhinitis.

Q 2: What can trigger non-allergic rhinitis?

Non-allergic rhinitis can be triggered by:

- Physical factors such as cold weather, dry air and/or exercise.
- Irritants such as strong odours, air pollution (including smoke) and petrol fumes, cleaning products, chlorine in swimming pools, spicy foods and smoking.
- Hormonal factors such as pregnancy and oral contraceptive pills.
- **Medications** such as nonsteroidal anti-inflammatory drugs (NSAIDS) including aspirin or ibuprofen and some blood pressure medications.
- **Overuse of nasal decongestants** which can cause a dependence effect called rhinitis medicamentosa (rebound congestion), resulting in inflammation of the lining in the nose.
- Older age and chronic health issues such as thyroid disease and previous radiation.

Q 3: How is non-allergic rhinitis treated?

Non-allergic rhinitis cannot be cured but many people find relief by avoiding or minimising triggers, and using treatments, which include:

- Saline (salt water) treatments such as nasal sprays or rinses are safe and effective, and help to moisten and wash irritants and mucus from the nose.
- Intranasal corticosteroid sprays (INCS) reduce inflammation and work best when used regularly and correctly.
- Antihistamine nasal sprays can give quick relief and may be used as needed or regularly.
- **Combination sprays** (INCS and antihistamine) offer the combined advantages of both medications.
- Anticholinergic nasal sprays combined with decongestant can dry the nose but should only be used short term (3-5 days).

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For more information go to <u>www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis</u> To support allergy and immunology research go to <u>www.allergyimmunology.org.au/donate</u>