

EDITORIAL

Allergic rhinitis – patients' perception upon disease

Elena Patrascu, MD, PhD

“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania



It is both a privilege and a challenge to write the editorial for the 17th issue of the Romanian Journal of Rhinology, about allergic rhinitis patients' perception upon disease.

As it is well-known, allergic rhinitis is a chronic major disease, with great impact upon patients' quality of life, leading to poor performance at school or work, absenteeism from school or work and chronic tiredness, determining both direct and indirect increased therapeutic costs.

Patients' aim of the treatment is to increase their quality of life. It is essential that allergic rhinitis is appropriately and cost-effectively treated, when diagnosed. In order to provide the exact diagnosis, an interdisciplinary approach between ENT specialists and allergologists is required. The international consensus Allergic Rhinitis and its Impact on Asthma (ARIA) establishes therapeutic options in three main directions: allergen avoidance, pharmacotherapy and allergen immunotherapy. With so many options, we must have a systematic approach, in order to optimize the therapeutic results.

Apart from various therapeutic methods currently available, patient education has probably the most important role. Patients expect for the physicians to be able to explain the disease, regarding its symptoms, manifestations, evolution, effects and causes. A greater understanding of patient expectations increases medication compliance, as well as satisfaction and confidence.

People usually go to the doctor for diagnosis and treatment initiation, in case of worsening and persistence of symptoms, and for the doctor to release the prescription. Therefore, as long as they can buy the necessary medication from the pharmacy without a prescription, the visit to the doctor is perceived as a waste of time.

People do not go to the doctor for periodic check-up or for adjusting the treatment; neither for obtaining further information on allergic rhinitis. Being a chronic disease, once a diagnosis and an initial treatment plan have been established, the patient no longer finds a clear benefit of going to the doctor regularly.

Most patients perceive this condition as one with reduced gravity, being more a nagging, annoying condition, which produces a general discomfort to the patient and to those around him.

Allergic patients often feel embarrassed and frustrated with their disease, because of the less “elegant” symptoms, especially in women: runny nose, sneezing, nasal itching. If symptomatic manifestations of this kind appear in public places, patients feel in the spotlight, feel judged because those around them do not understand the allergic condition that cannot be controlled at all times. People relate not only to moments of “normality”, before symptoms, but also to the “episodes” stronger in intensity and/or duration, which, basically, work as reminders for their disease.

Patients talk about allergic rhinitis with a sort of gratitude because this condition is one that they can live with, does not involve major renunciation or extreme consequences, in case of non-compliance with treatment, being regarded rather as a “safe” disease.

There are two types of patients, depending on the attitude towards the disease:

- patients who deny their condition, by perceiving it as too little (like a cold for a longer period of time) - the symptoms are rather lighter, periodical;
- patients who accept that they are sick, but do not dramatize; their condition is characterized as “acceptable”, “relatively good”, “bearable”; they control their disease and do not let it rule their lives.

Dissatisfied patients say their health care provider does not understand their therapeutic needs and does

not take their allergy symptoms seriously, leading to decreased compliance and increased reliance on multiple agents and over-the-counter products. There is a perception among patients that doctors are not challenged by the difficulty of this disease, which causes a bored attitude and disinterest in patients. Also, it is considered that there is insufficient availability and involvement of doctors, due to the large number of consultations scheduled one day.

Many of the newer treatments are being marketed aggressively to patients via the mass media, further increasing the pressures on primary care physicians to treat and prescribe medication for allergic rhinitis. Consequently, doctors need a clear understanding of appropriate therapies for allergic rhinitis and related conditions.

There is no relationship itself doctor - patient, except in rare cases when allergic rhinitis is associated with other diseases (asthma) or surgery (deviated septum, nasal polyps). Co-morbidities in patients with

IgE-mediated rhinitis are aggravating factors of disease progression, associated with more aggressive clinical forms and difficult-to-control treatment, with higher odds for noncompliance. They require a close monitoring to reduce healthcare costs and morbidity.

Although it may seem a simple and benign disease, with multiple therapeutic options, allergic rhinitis management encounters many problems. Despite these promising treatment modalities, researchers should work actively to find more selective ways to inhibit the allergic inflammatory reaction. Currently, novel approaches are in study, at different stages of development, in order to modify the allergic inflammation. Future therapies should be individualized according to each person's molecular and cellular improved diagnosis.

In fact, no matter how good the treatment is, the results are still unsatisfactory as long as the patient is non-compliant, compliance being essential in obtaining optimal medical results.