

## Letter to the editor

# Toward a 'united' management of 'united airways disease': the role of otorhinolaryngologists and pneumologists

The article by Civelek et al. entitled 'Turkish physicians' perception of allergic rhinitis and its impact on asthma' (1) provides evidence of the necessity to continue developing a practical integrated approach to the management of patients suffering from rhinitis, asthma, or both diseases. There seems to be sufficient awareness among physicians of the link between rhinitis and asthma but some difficulties arise when the time comes to implement recommendations suggested by guidelines such as those derived from the Allergic Rhinitis and Its Impact on Asthma (ARIA) initiative (2).

The recognition by otorhinolaryngologists and pneumologists of the importance of regarding the respiratory tract as a whole becomes fundamental for the management of the 'united airways disease'. To start with, they should avoid setting rigid boundaries to the anatomical level of interest in their clinical practice. Overall, the diagnosis and treatment of rhinitis and

asthma continue to be conducted independently by otorhinolaryngologists and pneumologists. Published articles have commented on the therapeutic implications of the 'united airways disease', emphasizing the potential advantages of a judicious and well-planned management of rhinitis and asthma based on evidence on the synergistic effects of drugs used in the treatment of both diseases (3, 4, 5). The ARIA initiative recommends an integrated diagnostic and therapeutic approach to the management of rhinitis and asthma. However, precise guidelines are necessary to achieve the ARIA recommendations. Both otorhinolaryngologists and pneumologists are well aware of how to diagnose and treat patients suffering from rhinitis and asthma, respectively. However, it is important to formulate directives on the way they should proceed for a 'united' diagnostic and therapeutic approach to patients suffering from rhinitis, asthma, or both diseases. It would

be important to define (i) the respective roles of the otorhinolaryngologist, pneumologist and also the general practitioner, occupational health medicine specialist, and allergy specialist; and (ii) how to make a joint decision on the best management of the patient. Once all those involved in the management of rhinitis and asthma become aware of their role, it will be easier to formulate practice parameters at the different levels of health care. Ultimately, the results of an optimal 'united' management of rhinitis and asthma will, we hope, translate into a better quality of life for those suffering from 'united airways disease'.

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