



Disponible en ligne sur
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com

Revue française d'allergologie xxx (2015) xxx–xxx

REVUE FRANÇAISE
D'**Allergologie**

Which clinical indicators for the control of allergic rhinitis?☆

Quels indicateurs cliniques de contrôle de la rhinite allergique?

Y. Wang^{a,b}, S. Qi^a, R. Zhu^a, A.M. Chiriac^{b,c}, P. Demoly^{b,*,c}

^a Department of Allergy, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

^b Department of Pulmonology, Division of Allergy, hôpital Arnaud-de-Villeneuve, University Hospital of Montpellier, 34295 Montpellier cedex 5, France

^c UPMC université Paris 06, UMR-S 1136, équipe-EPAR-IPLESP, Sorbonne universités, 75013 Paris, France

Received 19 January 2015; accepted 30 January 2015

Keywords: Allergic rhinitis; Control; Seriousness; Score; Treatment

Mots clés : Rhinite allergique ; Contrôle ; Gravité ; Score ; Traitement

The management of allergic rhinitis (AR) is now clearly established and appropriate treatment can improve the symptoms of AR. However, treated patients may report poor levels of satisfaction, with a frequent search for a combination of medications to better reduce their nasal/ocular symptoms [1]. Many patients with AR continue to be undertreated and are at risk for exacerbations. Furthermore, the level of AR control is often overestimated by both patients and physicians resulting in a failure to make the necessary adjustments to medication. The fact indicates that AR treatment guidelines alone are not enough to determine the assessment of AR control. Analogous to those available for asthma, treatment related improvements in symptoms and quality of life (QoL) can be graded to evaluate treatment outcomes and simplify monitoring. Although the traditional goal of treatment has been to reduce the symptoms of AR, current opinion suggests that management should be aimed at achieving long-term, stable control, corresponding to minimal or even no symptoms, no limitations in daily activity, minimal use of rescue medications and infrequent exacerbations, there is no universally agreed indication that it should be measured directly. Based on an analogy with GINA [2] the concept of overall AR control may be considered as the degree of symptom reduction and of achievement of the treatment's goals.

Most of the control tools developed so far focus on measurements of daily or nocturnal symptoms, symptom magnitude (i.e., the patients' perception of how bothersome their symptoms are) and impairment in everyday activities. Therefore, indicators of AR control have been formulated in multitude ways with both objective and subjective measurements and using patient-reported outcomes vs. physician-reported outcomes. Patient-reported metrics are growing in importance in clinical research and, increasingly, in patient care [3]. Evaluation of AR control can be based on a number of criteria, including: nasal and ocular symptoms (congestion, rhinorrhea, sneezing, pruritus, post-nasal drip), a patient-reported metric of QoL (i.e., impairment in sleep or daily activities), satisfaction, and some objective measurements (e.g., peak nasal inspiratory flow, rhinomanometry, increased use of rescue medication). Any increment in medication could indicate loss of control [4]. The presence of rhinitis co-morbidities could also affect control [5]. Many instruments, such as The Control of Allergic Rhinitis and Asthma Test (CARAT), Rhinitis Control Assessment Test (RCAT), Allergic Rhinitis Control Test (ARCT) and Visual Analog Scale (VAS) and other new questionnaires requiring validation have appeared and have been used to determine whether optimal AR care is provided or whether treatment strategies needed to be adjusted. Disease control is being considered for future initiatives and methods for measuring severity and control in allergic disease must be uniform [6], but AR severity is not equivalent to the level of control. The benefits of monitoring the response to treatment, detecting adverse effects and gauging the need to adjust treatment must be balanced against inconvenience, cost

☆ The full article will be published in a future issue.

* Corresponding author at: Hôpital Arnaud-de-Villeneuve, CHRU de Montpellier, 34295 Montpellier cedex 5, France.

E-mail address: pascal.demoly@inserm.fr (P. Demoly).

and the potential impact of false positives and false negatives of disease control [7]. Most of these multi-item questionnaires require the patient to provide a fair amount of information on his/her recent condition and it is enough to capture clinical pictures. Moreover, for the patient, the measures are easily obtained and allowing patients to self-medicate. For the physician, the tools have a low burden in a busy clinical practice and should guide clinical action following the test result. Here, we review the criteria use for the assessment of AR control as well as the existing validated instruments. Specifically, we provide insight into their use in clinical practice. The full paper covering AR control will be published in a coming issue of the Journal.

Disclosure of interest

Last author has developed non commercially one of the allergic rhinitis control questionnaire.

The other authors have no conflict of interest concerning this article.

References

- [1] Marple BF, Fornadley JA, Patel AA, Fineman SM, Fromer L, Krouse JH, et al. Keys to successful management of patients with allergic rhinitis: focus on patient confidence, compliance, and satisfaction. *Otolaryngol Head Neck Surg* 2007;136:S107–24.
- [2] Global strategy for asthma management and prevention: Global Initiative for Asthma (GINA); 2014 <http://www.ginasthma.org>
- [3] Braidot F, Bousquet PJ, Brzoza Z, Canonica GW, Compalati E, Fiocchi A, et al. Specific recommendations for PROs and HRQoL assessment in allergic rhinitis and/or asthma: a GA (2) LEN taskforce position paper. *Allergy* 2010;65:959–68.
- [4] Demoly P, Calderon MA, Casale T, Scadding G, Annesi-Maesano I, Braun JJ, et al. Assessment of disease control in allergic rhinitis. *Clin Transl Allergy* 2013;3:7.
- [5] Cruz AA, Popov T, Pawankar R, Annesi-Maesano I, Fokkens W, Kemp J, et al. Common characteristics of upper and lower airways in rhinitis and asthma: ARIA update, in collaboration with GA2LEN. *Allergy* 2007;62:1–41.
- [6] Bousquet J, Schünemann HJ, Samolinski B, Demoly P, Baena-Cagnani CE, Bachert C, et al. Allergic rhinitis and its impact on asthma (ARIA): achievements in 10 years and future needs. *J Allergy Clin Immunol* 2012;130:1049–62.
- [7] Glasziou P, Irwig L, Mant D. Monitoring in chronic disease: a rational approach. *BMJ* 2005;330:644–8.