



GP CONSULTATION

ALLERGIC RHINITIS AND POLLEN ALLERGY PATIENT 4 – THOMAS (65 YEARS OLD)

“ I am **unusually tired all the time** and I have had a **blocked nose** since early March [now mid-April]. I have used **nasal sprays and antihistamines**, but these haven't helped much. It has made it **very difficult for me to look after my granddaughters** while my son is at work.”

1. MEDICAL HISTORY



- Moved to the UK 5 years ago
- No personal allergy history
- Symptoms:
 - First appeared last April and have re-appeared this year
 - Last for ~8–10 weeks
 - Include nasal congestion, sneezing, itching, sleep disturbances and fatigue
 - Are worse when outside
 - Are present most days
- Does not experience any symptoms related to pollen–food syndrome
- Previous treatments: nasal irrigation with saline, intranasal antihistamine and oral antihistamines
- Has had a pet dog (for 6 years)
- Non-smoker

2. PHYSICAL EXAMINATION



- No conjunctivitis symptoms
- Nasal congestion
- Allergic shiners
- Rhinorrhoea

3. GP INVESTIGATION



“ Thomas may be experiencing **rhinitis**.

Due to symptoms occurring in a **seasonal pattern, this could be allergic rhinitis**.

Birch tree pollen release occurs between March and June, peaking in April. I will begin by carrying out **specific IgE tests for birch pollen and dog dander** as he also has a pet dog.”

4. TEST RESULTS



- Specific IgE testing: dog dander (0.2 kU_A/l) and common silver birch tree pollen (35.2 kU_A/l)

5. GP ACTION



Thomas is **sensitised to birch tree pollen** and was prescribed a regular intranasal corticosteroid to manage his symptoms.²

Thomas was also advised to implement a few of the following lifestyle changes:³

- Check weather reports for pollen counts and stay indoors when it is high (if possible)
- Avoid drying clothes/bedding outside in high-pollen season
- Wear wrap-around sunglasses to protect the eyes
- Keep windows closed during the pollen season and use air conditioning (if possible)
- Shower and change clothes after being outside
- Avoid parks and fields when pollen count is at its highest

Four weeks later, Thomas returned to the GP with conjunctivitis. His nasal symptoms have also worsened. He was referred onto an allergist. (See next page)



ALLERGIST CONSULTATION

“ I have read the GP’s notes, Thomas’s medical history and specific IgE results. I have also recorded his worsening symptoms. Taking all this information into consideration, it appears that Thomas **may be allergic to birch tree pollen.**

I will carry out a **skin prick test to confirm Thomas’s specific IgE test result.** I will also **test for sensitisation to grass pollen extract**, as grass pollen season begins in May in the UK.”

1. TEST RESULTS

- Skin prick test: grass pollen (1 mm wheal), birch tree pollen (7 mm wheal), dog dander (1 mm wheal).



2. ALLERGIST ACTION

“ Thomas is **not sensitised to any grass pollen but is sensitised to birch tree pollen.**

I have checked that he is using his intranasal corticosteroid correctly. Taking into consideration Thomas’s moderate-to-severe allergic rhinitis, poor symptom control with pharmacological therapies and specific IgE test results, **I will prescribe him birch tree pollen immunotherapy.**^{2,4”}



3. REFERENCES

1. Asthma UK. Pollen, hay fever and asthma. 2019. Available at: <https://www.asthma.org.uk/advice/triggers/pollen/> [accessed October 2019]
2. NICE CKS. Allergic Rhinitis. 2018. Available at: <https://cks.nice.org.uk/allergic-rhinitis> [accessed October 2019]
3. NHS. Prevention: Allergies. 2018. Available at: <https://www.nhs.uk/conditions/allergies/prevention/> [accessed October 2019]
4. EAACI. Allergen Immunotherapy Guidelines – Part 2: Recommendations. 2017. Available at: https://www.eaaci.org/documents/Part_II_-_AIT_Guidelines_-_web_edition.pdf [accessed November 2019]

