
GERIATRIC RHINITIS

Rhinitis is an inflammation of the mucous membranes or lining of the nasal cavity. Geriatric rhinitis, or rhinitis in senior patients, is a common but often neglected or overlooked condition because it is not life-threatening. Patients with geriatric rhinitis may have nasal obstruction or congestion, runny nose or post-nasal drip, itchy nose, sneezing, and/or nasal dryness or crusting. There are three main types of rhinitis: allergic, non-allergic, and atrophic.

WHAT ARE THE SYMPTOMS OF GERIATRIC RHINITIS?

For the most part, rhinitis symptoms, diagnosis, and treatment are the same for the elderly as other adult age groups. However, there are special considerations for senior patients, and symptoms of geriatric rhinitis may include:

- Constant feeling of nasal drainage
- Chronic or uncontrolled need to clear the throat of mucus
- Sense of nasal obstruction, most often while lying down
- Nasal crusting, especially during winter and in patients taking diuretics
- Vague facial pressure
- Decreased sense of smell and taste

WHAT CAUSES GERIATRIC RHINITIS?

The allergic form of rhinitis is caused by a reaction to various allergens. Elderly patients with symptoms such as repeated sneezing, watery eyes, nasal obstruction with a clear, watery runny nose, and soft, pale turbinates (finger-like structures in the nose that heat and moisten the air you breathe) may have allergic rhinitis. The most common triggers include pollen, mold, dust mites, pet

dander, and cockroaches. Allergic reaction to these triggers is diagnosed either by skin prick or blood testing.

Like the allergic form of rhinitis, patients with non-allergic rhinitis may experience nasal congestion, runny nose, and post-nasal drainage. However, these symptoms differ because they do not have an allergic (IgE) component. Non-allergic rhinitis is diagnosed based on the patient's medical history and the exclusion of other causes. Symptoms can be triggered by changes in temperature, humidity, and exposure to irritating chemicals, smells, or certain medications.

Some older patients are unusually sensitive to environmental, seasonal, and/or physical irritants that don't bother most people. This is a condition called vasomotor rhinitis, which refers to an overstimulation of the blood vessels ("vaso") in the nose causing periodic episodes of sneezing, watery drainage, and/or congestion.

Finally, the atrophic form of rhinitis is more common in older adults. A reduction of blood flow to the mucosal lining of the nasal cavity can cause the tissues of the nose to shrink and dry out, causing nasal congestion. This form of rhinitis is associated with nasal dryness, congestion, crusting, and a foul odor if there is an infection.

WHAT ARE THE TREATMENT OPTIONS?

Treatment for geriatric rhinitis mainly involves medical options. In certain instances, however, surgery may be advised. Treatment for geriatric patients is based not only on the type of rhinitis, but also on the individual patient's health, medical history, slower metabolism, and increased potential for side effects. Options may include:

Medications—Eighty to 85 percent of elderly patients have chronic diseases and take multiple prescriptions, including over-the-counter medications, to help manage

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their conditions. Medications to treat geriatric rhinitis, such as intranasal corticosteroids, antihistamines, anticholinergic sprays, and immunotherapy, can place patients at a risk for adverse drug interactions, and should be discussed with a primary care physician or an ENT (ear, nose, throat) specialist, or otolaryngologist.

Surgery—An ENT specialist can determine if surgery of the turbinates is an option. Patients with structural abnormalities, such as a deviated septum or nasal valve collapse causing severe nasal problems, should be referred to an ENT specialist for evaluation.

WHAT QUESTIONS SHOULD I ASK MY DOCTOR?

1. Do I have rhinitis or sinusitis? What's the difference?
2. How can I improve my condition?
3. Will medications to treat geriatric rhinitis interfere with my current medications?
4. Do you recommend surgery for my condition?
5. Do I need to see an ENT specialist or allergist?