Dear Colleagues

July seems to be that dead of winter month when most of us take some time to find ourselves and have a break. If you do or did I hope it was good. If you worked and looked after all those sick patients out there I hope life is not too hectic for you.

So a common misconception is that winter is a quiet time for Allergists because allergens (especially pollens) are not around. Forget it. All aeroallergens are still with us and for many individuals the added burden of respiratory tract viruses make winter a particularly uncomfortable time. Remember most acute exacerbations of asthma are driven by rhinovirus colds and this is especially true in allergic individuals where both combine to make exacerbations more severe.

In addition those of us with allergic rhinitis are often huddled together indoors with our pets and our moulds. However, it is certainly true that two additional problems exist for allergic rhinitis sufferers. Firstly we have a condition called ‘minimal persistent inflammation’ where allergens cause a background of inflammation in low levels and secondly many of us have co-existent chronic ‘vasomotor’ rhinitis that is exacerbated by conditions such as indoor heaters and air conditioning units. To that end I thought I would include in this newsletter an extract from our recently published Guideline for the management of chronic rhinitis.

In addition I am Introducing you to our most important ALLSA member – Ruwayda Adams. Ruwayda is the Secretary of the ALLSA Office in Cape Town and is single handedly responsible for holding things together. Without her our lives would be much more stressful.

Lastly I am ‘Focusing’ this month on Professor Heather Zar, long-time ALLSA Excom Member and immediate past Chairman of SATS. Heather made an enormous contribution to ALLSA and for many years was Editor-in-chief of our journal, Current Allergy and Clinical Immunology.

Enjoy again!

Regards

Robin Green
Ruwayda completed 2 years at Todd’s Secretarial College. Her work experience started in the typing pool at Groote Schuur Hospital.

One year later she was promoted to relief secretary at the Medical School of the University of Cape Town. She gained an enormous amount of experience and learnt how the various departments at Medical School functioned.

While working in the department of Clinical Science & Immunology for the HOD, Professor Eugene Dowdle, she was offered a permanent position as his secretary. She was forced to resign after twelve years when her father took ill.

Ruwayda assisted Professor Paul Potter, who was the Hon. Secretary, of ALLSA at the time with all the Societies administration duties. ALLSA was in the process of opening their first office when Professor Potter offered her the position of a half-day secretary. She welcomed this opportunity as it allowed her to work as well as take care of her dad.

She has been with ALLSA since its inception and has worked closely with all the Chairmen, Hon. Secretaries and Treasurers for the last 25 years!

Ruwayda completed a Book keeping Course with Damelin and passed with Distinction. She then assisted Professor Cas Motala who was the Treasurer at the time, with the ALLSA finances. He encouraged her to complete the Pastel Accounts course which she passed with Distinction. Her duties now include the preparation of the financials for VAT returns. She also assists the Accountant, Des Brown.

Ruwayda is married and has two sons. Her husband is a Chief Medical Orthotist/Prosthetist and is HOD of the Spinal Unit at Conradie Hospital. Her eldest son is a Paramedic and the younger is studying BCom Law.

Thank you Ruwayda for making ALLSA so successful. We could not do it without you!
FOCUS ON: PROFESSOR HEATHER ZAR

Heather is Director of Paediatric Services at the Red Cross War Memorial Children’s Hospital in Cape Town and of the Department of Paediatrics of the University of Cape Town. She is also Director of Paediatric Pulmonology Services.

After graduating in Medicine from the University of the Witwatersrand, Heather specialised in Paediatrics. Heather then completed a 3 year Fellowship in Paediatric Pulmonology at Columbia University, New York, USA and obtained the American Board Certification in Paediatrics as well as in Paediatric Pulmonology.

Since returning to South Africa in 1994 she has worked in the Department of Paediatrics and Child Health, UCT. She holds numerous degrees including a PhD. Prof Heather Zar was awarded a multi-million dollar grant and is leading a major new study on lung health among children, thanks to a major research grant by the Bill and Melinda Gates Foundation.

Her research interests include children’s lung diseases, tuberculosis, HIV infection and allergy.

It is her latter interest that made her such a valuable member of ALLSA and the ALLSA Excom for many years. Heather was Editor-in-Chief of the journal Current Allergy and clinical Immunology for some time and created a world class journal that is still popular with doctors all over the world.

Heather and her team have received a number of Research Awards both locally and internationally.

Heather we thank you with profound gratitude for what you have done for ALLSA.
On behalf of the South African Allergic Rhinitis Working Group


Abstract

The term rhinitis implies inflammation of the lining of the nose and is characterised by symptoms of a blocked nose, anterior and posterior rhinorrhea, sneezing and itching. Not all cases of chronic rhinitis have an allergic basis. Chronic non-allergic rhinitis, then by definition is a condition where ongoing rhinitic symptoms are present for many months (as for persistent allergic rhinitis) but where there is no IgE basis. There is a long list of conditions that may be presenting as chronic rhinitis (CR) (Table 1). These conditions are common and need to be investigated and managed on their own merits. Not all cases of chronic rhinitis respond to allergic rhinitis therapy and continued attempts to manage chronic rhinitis as allergic rhinitis, may be hampered by pathophysiological conditions where other specific therapy may be required. Chronic rhinitis impacts on patient quality of life and therapy is important. Management of patients with chronic rhinitis requires attention to patient education in order to achieve maximal therapeutic benefit of medication. This update is intended to provide clinicians with a sound basis for management of a common condition.

The impact of rhinitis on South Africans

Considering that most epidemiological studies of AR are in fact studies of CR, there are valuable lessons from studies of the impact of rhinitis on quality of life. Many South African studies have suggested that CR impacts significantly on patient quality of life and the major effect of this is on impaired sleep. Trivialising CR as a minor, non-life threatening, illness promotes the concept that CR does not affect patients significantly. CR may result in significant co-morbidity, presenteeism and absenteeism from work and school.

Local allergic rhinitis

Recently the condition of local allergic rhinitis (LAR) has been recognised. In this condition patients report typical allergy induced rhinitic symptoms but all IgE based allergy testing is negative. This condition is one in which IgE is produced locally in the nose, to allergens, but not systemically. Only provocation testing diagnosis the problem, however, these tests are not widely available and only a limited number of allergens can be tested. Patients with this condition do, however, respond to usual treatments for AR (including anti-histamines and intranasal steroids).

Doctor and patient education for CR

Patients with CR must be educated about their condition and therapy. In clinical studies, only 31% of patients are regularly shown how to use nasal sprays. There is good evidence from international and local studies that patients are frustrated by CR and education helps to allay fears and concerns and improves medication compliance.
Table 1. Causes of CR

Allergic rhinitis (intermittent or persistent)

Local allergic rhinitis

Non-allergic rhinitis:

- acute exacerbation of a low grade chronic rhinitic condition (eg. By a common cold)
- drug induced - rhinitis medicamentosa or other drugs (beta-blockers, ACE inhibitors, reserpine, calcium channel blockers, methyldopa, alpha-receptor antagonists, phosphodiesterase-5 inhibitors, aspirin, NSAIDS, oral contraceptives)
- vasomotor rhinitis (non-allergic rhinopathy)
- occupational rhinitis
- chronic infective rhinosinusitis
- gustatory rhinitis
- pregnancy associated rhinitis
- primary ciliary dyskinesia
- primary or secondary immune deficiency
- cystic fibrosis
- senile rhinitis

Recommendations for action in CR

1. Consider CR as a multifactorial condition of which AR is only one cause
2. Long term studies of change in prevalence of CR in relation to climate change are needed
3. The AR Essential Drug List (EDL) for South Africa should be updated to reflect safe and effective therapy.
   Sedating antihistamine therapy must not be recommended
4. Medical Aid organisations must be encouraged to allow therapy for CR to be paid for through chronic benefits
5. Medication should be tailored to individual patients
6. Patient education for CR is very important