895 Clinical Characteristics of Allergic Rhinitis and Nonallergic Rhinitis in Pediatric Allergy Clinic at Siriraj Hospital, Thailand

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RATIONALE: Distinguishing allergic rhinitis (AR) from nonallergic rhinitis (NAR) is important for successful management of chronic rhinitis in children. We reviewed clinical characteristics of these two conditions among patients attended pediatric allergy clinic, Siriraj hospital, Thailand

METHODS: One-hundred and ninety-eight children presented to pediatric allergy clinic with chronic rhinitis symptoms in the past 12-month were categorized into AR and NAR according to their skin prick test (SPT) results. Nasal cytology was done to identify NAR with eosinophilia (NARES).

RESULTS: There were 141 (71.2%) patients with AR and 57 (28.8%) with NAR. Sixteen (28%) of NAR patients had NARES. The median age of onset in AR and NAR were 5 and 4 years old, respectively. The frequency of occurrence of rhinorrhea, postnasal drip and nasal congestion did not differ significantly in both groups. In contrast, nasal itching and sneezing were more common in AR than NAR group ($p<0.01$) while snoring was more common in NAR than AR group ($p<0.01$). Seasonal-related and severity of symptoms did not differ significantly between both groups. Intranasal steroids were prescribed in 93.6% of AR and 78.9% of NAR patients ($p=0.05$). The proportion of asthma was not significantly different between AR (47.5%) and NAR (50.9%) groups. However, allergic conjunctivitis and food allergy were more common in AR (39.7, 7.8%) than NAR group (22.8, 0%) ($p<0.05$).

CONCLUSION: Sneezing and itching were more common in AR than NAR group. Snoring was more common in NAR than AR group. Allergic conjunctivitis and food allergy were more common in AR than NAR group.

896 Nasal Spray Device And Formulation Attributes May Contribute To Stopping Treatment With Prescription Nasal Sprays

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RATIONALE: To assess the most important features of prescription nasal sprays and the key reasons why rhinitis sufferers stop using them.

METHODS: Population based cross-sectional survey. A detailed questionnaire assessing allergic rhinitis burden was administered during an allergy season (April - July) to 9,822 individuals.

RESULTS: A total of 6932 subjects (70.4% response) were available for analysis. 1574 subjects (22.7%) reported a history of prescription nasal spray use and expressed their opinions on the most important features of a nasal spray. Among these users, the most important features selected from the survey's list were: ease of use (47.4%); few side-effects (45.9%); medication that does not run down throat /out nose (43.2%); and does not irritate nose/throat (43.1%). Medication runs down throat/out nose was the primary reason (62.0%) reported for stopping the nasal spray, followed by bitter taste (43.7%), failure to provide 24-hour relief (34.9%), uncertainty if right amount of medication was received in each spray (31.8%), and unclear when a refill is needed (31.1%).

CONCLUSIONS: Device and formulation-related attributes of nasal sprays account for most of the patient defined key barriers to their continued use. Improved formulations and delivery systems that address these key barriers may have the potential to improve adherence and compliance amongst nasal spray users.

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897 US and European Perspective on the Burden of Chronic Sinusitis: Survey of Allergists and Otolaryngologists

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RATIONALE: To assess perceived burden of chronic sinusitis (CS) among physicians in the US and Europe.

METHODS: A survey was developed and administered to 202 physicians (ENTs and allergists) in the US, France, Germany, and the UK. Data collected included: Patient volume, perceived burden of disease, and estimated severity of CS and associated impairment.

RESULTS: Respondents indicated that, on average, they see and treat 45 adult CS patients in a typical month. ENTs treat about two times more CS patients per month than do allergists. About one-third (33%) of these patients are considered surgery refractory. Respondents were generally unhappy with current treatments (86%), wished for more options to treat the surgery refractory population (86%), and for a treatment proven as efficacious and safe (91%). Across countries and specialties, respondents agreed that those patients with CS refractory to surgery suffer from a severe and debilitating condition (88%.) Physicians in the US estimated that a typical surgery refractory CS patient spends 124 days in CS-related discomfort, 114 days in pain, and 31 days unable to work. By contrast, French respondents estimated that a typical surgery refractory CS patient spends 59 days in discomfort, 67 days in pain and 17 days unable to work.

CONCLUSIONS: Regardless of specialty and country of origin, physician reported that surgery refractory CS patients suffer from a severe and debilitating condition that causes discomfort and pain and often interferes with their ability to function normally.

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898 Efficacy and Safety of Mometasone Furoate Alone or With Concomitant Medication for Perennial and Seasonal Allergic Rhinitis

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RATIONALE: Allergic rhinitis is characterized by clearly defined nasal symptoms, but because it can be accompanied by other respiratory and allergic disorders, patients may need concomitant medications.

METHODS: This prospective open-label Austrian study examined the efficacy and safety of the intranasal corticosteroid mometasone furoate nasal spray (MFNS) as monotherapy or combination therapy for perennial allergic rhinitis (PAR), seasonal allergic rhinitis (SAR), or both. Efficacy was assessed by improvement from baseline to endpoint in the symptoms of nasal secretion, nasal obstruction, nasal itching, and sneezing, and evaluation of overall efficacy. Separate results were not provided for patients taking concomitant medications.

RESULTS: Patients ($N=277$; 61.4% with PAR) received MFNS for a median duration of 22 days. MFNS was administered at 200 mcg QD ($n=245$), 100 mcg QD ($n=23$), or 400 mcg QD ($n=6$) (unknown dose [$n=3$]); 195 patients were taking additional medication(s). Treatment with MFNS was associated with significant ($P<0.001$) improvements in efficacy for all 4 symptoms. The percentages of patients reporting no/mild symptoms increased from 32.1% at baseline to 94% at endpoint for secretion, from 4.8% to 83.6% for obstruction, from 55% to 97.7% for itching, and from 52.3% to 96.7% for sneezing. Overall, 85.5% of patients and 86.9% of physicians described patients as markedly improved or symptom free at endpoint. MFNS was well tolerated, with only 4 patients reporting adverse events (2 each for epistaxis and slightly bloody nasal secretions.)

CONCLUSIONS: Mometasone is an effective and well-tolerated treatment for PAR and SAR when used alone or in combination with other medications.

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