

Hello, doctor Brady and fellow classmates. This is my presentation for Week seven's Clinical Practice Guidelines on allergic rhinitis. Disease and background. What is allergic rhinitis?

It is airway inflammation caused by an allergic reaction. The most prevalent chronic disease among adults. Other terms for this condition include hay fever or nasal allergies. IGE is activated by the presence of certain antigens leading to the production of antibody immunoglobulin E. Sneezing, itchy, and watery eyes, eyelid edema, swelling of the nasal mucosa, nasal passages, and post nasal drip are the symptoms being described. There is also excessive production and flow of mucus known as rhinorrhea, and otitis media with effusion, are the other symptoms as well.

Classification of allergic rhinitis, categorization based on the specific patterns of exposure to allergens that produce the allergic reaction. Types of seasons, perennial, which lasts throughout the year, occupational, which is related to one's job or occupation, frequency of symptoms, which is how often symptoms occur, and intensity of symptoms.

Prevalence of allergic rhinitis in the United States population. Approximately ten to 20% of the population in the United States are affected by allergic rhinitis. 40% of that of the population consists of children. The average age range is 8-12 years and the percent of the patients have nasal symptoms throughout their presentation. The burden of incidents include factors such as cost, quality of life, and productivity.

The pathophysiology of this condition involves the following steps. The individual is exposed to allergens. This exposure triggers the production of a particular kind of immunoglobulin called IGE. The IGE molecules then bind to the allergen with the help of antigen presentation cells. This binding leads to the formation of allergen specific IGE. These allergen specific IGE molecules are present in the nasal mucosa. Publication and applicability in Primary Care. Authors, they are numerous. The writer chair of the guideline is Seidman, and the assistant chair is Gergel. I hope I'm pronouncing those correctly. The guideline was developed by the AAO/HNSF Organization in 2015. It is intended to be applied in primary care settings with a focus on quality improvement. The guideline aims to address the management of conditions that are commonly encountered in primary care. Its goals include promoting effective diagnosis and therapy, reducing harmful and unnecessary variations in care, and optimizing patient care. The guideline is intended for both pediatric and adult patients.

Guideline definitions for evidence based statements. The outline for the key action statement and body of evidence for the following four slides. Strong recommendation, grade A or B, indicating high quality evidence. Recommendation, grade B or C, indicating lower evidence of good quality. Options, grade D indicates a low quality of evidence available. No recommendation, grade D indicates a lack of relevant evidence.

Key action statements and body of evidence. Guideline action statements. Clinicians should diagnose allergic rhinitis based on the patient's medical history and physical examination. The strengths of this advice are graded as C. The recommendation is only based on observations and the level of confidence in the evidence is high.