Rhinitis Medicamentosa (Rebound Nasal Blockage/Congestion)

Patient Information

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Overview

Rhinitis medicamentosa, also known as rebound congestion, is a condition characterised by nasal congestion that develops due to the overuse of topical nasal decongestant sprays, drops, or gels. These medications are commonly used to relieve nasal congestion caused by colds, allergies, or other respiratory conditions. However, when used for prolonged periods, typically for seven to ten days or longer, they can lead to a cycle of worsening congestion, prompting further use of the decongestant. This creates a vicious cycle where the medication intended to provide relief becomes the cause of the problem.

Symptoms and Causes

The primary symptom of rhinitis medicamentosa is persistent nasal congestion. Unlike other forms of rhinitis that may affect the eyes, ears, or throat, rhinitis medicamentosa primarily affects the nasal passages. Patients may experience the following symptoms:

- **Nasal congestion:** A persistent feeling of stuffiness or blockage in the nose.
- **Runny nose:** Excessive mucus production and discharge from the nose.
- **Sneezing:** Frequent and uncontrollable expulsion of air from the nose and mouth.
- **Itchy nasal passages:** An irritating sensation inside the nose.

Rhinitis medicamentosa is caused by the overuse of topical nasal decongestants. The most common culprits include:

- **Oxymetazoline/Xylometazoline:** Found in brands like Sudafed © or Otrivine © Nasal Sprays and Vicks © Sinex Nasal Spray.
- **Phenylephrine:** Found in brands like Sudafed Liquid Nasal Spray.

These medications work by constricting the blood vessels in the nasal passages, which temporarily reduces swelling and congestion. However, with prolonged use, the blood vessels become less responsive to the medication, leading to rebound congestion when the medication's effect wears off. This prompts individuals to use the decongestant more frequently, perpetuating the cycle.

Diagnosis and Investigations

Diagnosing rhinitis medicamentosa primarily involves a thorough medical history and physical examination. The doctor will ask about the patient's symptoms, including the duration and severity of nasal congestion, and inquire about their use of nasal decongestants. It is crucial for patients to be honest about their medication use, including the frequency and duration of decongestant use.

During the physical examination, the doctor may examine the nasal passages using a nasal speculum, a small instrument that allows for better visualisation of the nasal lining. The doctor may observe signs of

inflammation, such as redness and swelling, and may also check for the presence of nasal polyps, which are small, noncancerous growths that can develop in the nasal passages with prolonged decongestant use.

In some cases, the doctor may order additional tests to rule out other causes of nasal congestion, such as allergies or chronic sinusitis. These tests may include:

- **Allergy testing:** Skin prick tests or blood tests to identify specific allergens that may be contributing to nasal congestion.
- **Nasal endoscopy:** A procedure in which a thin, flexible tube with a camera is inserted into the nasal passages to provide a detailed view of the nasal lining and sinuses.
- **Imaging studies:** X-rays or CT scans of the sinuses to assess for signs of inflammation or structural abnormalities.

Management and Treatment

The primary goal of treating rhinitis medicamentosa is to break the cycle of decongestant overuse and restore normal nasal function. The first step is to gradually reduce the use of nasal decongestants. Abruptly stopping the medication can worsen symptoms, so a gradual tapering approach is recommended. The doctor will provide specific instructions on how to wean off the medication slowly.

While discontinuing the nasal decongestant, the doctor may recommend other treatments to help manage nasal congestion and inflammation. These may include:

- **Glucocorticoid nasal sprays:** These sprays contain corticosteroids, which help reduce inflammation in the nasal passages. Examples include:
  - **Beclometasone (Beconase):** Available over the counter (OTC) and by prescription. It is typically used twice daily.
  - **Fluticasone (Flixonase):** Available OTC and by prescription. It is typically used once or twice daily.
  - **Budesonide (Rhinocort Aqua):** Available by prescription. It is typically used once or twice daily.
  - **Mometasone (Nasonex):** Available by prescription. It is typically used once daily.

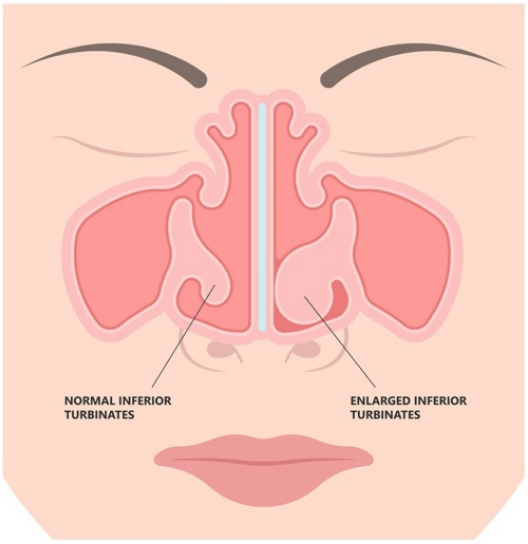
- **Oral decongestants:** These medications, taken by mouth, can help reduce swelling and congestion. Examples include:
  - **Pseudoephedrine (Sudafed):** Available OTC. It is typically taken every 4-6 hours as needed.
  - **Phenylephrine (found in some combination cold and flu remedies):** Available OTC. It is typically taken every 4 hours as needed.

- **Saline nasal sprays or rinses:** These drug-free options help moisturise the nasal passages and clear out mucus. They can be used as often as needed and are available OTC. Examples include Sterimar and NeilMed Sinus Rinse.

- **Antihistamines:** If allergies are contributing to nasal congestion, antihistamines may be recommended. Examples include:
  - **Cetirizine (Zirtek):** Available OTC. It is typically taken once daily.
  - **Loratadine (Clarityn):** Available OTC. It is typically taken once daily.
  - **Fexofenadine (Telfast):** Available by prescription. It is typically taken once or twice daily.

Surgical Options (For Severe or Persistent Cases):

If nasal congestion remains severe and significantly impacts your quality of life despite diligently following the treatment plan (including medication withdrawal and other therapies), your doctor might discuss a surgical option called inferior turbinate reduction. The turbinates are small, bony structures inside your nose that help humidify and filter the air you breathe. In rhinitis medicamentosa, they can become chronically enlarged. Turbinate reduction aims to decrease their size, creating more space in the nasal passages and improving airflow. Several techniques can be used, including radiofrequency ablation, microdebrider resection, or partial turbinectomy. However, it is crucial to understand that surgery is a *temporary* solution. It does *not* cure rhinitis medicamentosa. If you continue to overuse nasal decongestants after surgery, the congestion will likely return. Surgery is best viewed as a way to provide a "window of opportunity" to allow the nasal lining to recover while you completely stop using the offending decongestants.



Prevention

Preventing rhinitis medicamentosa involves using nasal decongestants only as directed and for the shortest duration possible. It is essential to read the package instructions carefully and not exceed the recommended dosage or frequency of use. Over-the-counter nasal decongestants should generally not be used for more than three to five consecutive days.

If nasal congestion persists despite using nasal decongestants as directed, it is important to consult a doctor. They can evaluate the underlying cause of the congestion and recommend alternative treatments that do not carry the risk of rhinitis medicamentosa.

Outlook / Prognosis

The outlook for rhinitis medicamentosa is generally good. Most individuals experience significant symptom relief after discontinuing the overuse of nasal decongestants and following the recommended treatment plan. Nasal congestion typically improves within a few days to a few weeks after stopping the decongestant.

However, if nasal decongestant use is continued, the condition can worsen, leading to chronic nasal congestion and potentially the development of nasal polyps. In some cases, surgery may be necessary to remove polyps and restore normal nasal airflow.

After recovering from rhinitis medicamentosa, it is crucial to avoid prolonged use of nasal decongestants in the future. If nasal congestion recurs, it is best to consult a doctor to determine the underlying cause and discuss appropriate treatment options.