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Allergic rhinitis is common malady with a significant impact on quality of life. It can affect 25% to 35% of people, depending on the population studied. Costs for physicians' visits and medications, and indirect costs of missed school and work and lost productivity, are estimated to be \$2 billion annually in the United States. Pharmacotherapy is the most used therapeutic modality. Topical corticosteroids are the preferred method of treatment for seasonal and perennial allergic rhinitis. Antihistamines and antileukotrienes may be beneficial add-ons to topical steroids. Allergen avoidance is recommended, but may be difficult. Allergen immunotherapy is effective and should be considered with poor response to pharmacotherapy and avoidance.

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Both acute and chronic sinusitis are common diseases associated with significant morbidity and consumption of health care dollars. Acute sinusitis is caused by an infectious process and can often be difficult to distinguish from a viral upper respiratory infection, as signs, symptoms, and even the results of most diagnostic tests overlap. In contrast, chronic sinusitis is an inflammatory disease and, contrary to common practice, long term antibiotics are likely not useful. This article reviews the diagnosis and management of both acute and chronic sinusitis and includes discussion of the

prevalence of disease, our current understanding of disease pathogenesis, diagnosis, and contemporary treatment.

Pediatric Asthma

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Lora J. Stewart

Asthma is one of the most common chronic illnesses affecting children. However, distinguishing true asthma from recurrent respiratory symptoms is often a challenge for primary care providers. Many risk factors can help predict persistent disease, including presence of allergies or eczema, family history, symptoms apart from obvious infection, and the severity of previous episodes. Because neither cure nor prevention is currently a viable option, the treatment is aimed at minimizing symptoms and maximizing asthma control.

Asthma Overview

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Ronald Balkissoon

This article presents our current understanding of the biological heterogeneity of asthma and reviews some of the key features of the latest proposed recommendations of the National Asthma Education and Prevention Program Guidelines. The diagnosis of asthma is based on such clinical features as variable airflow obstruction that is partially if not fully reversible and airway hyperresponsiveness that predisposes to episodic bronchospasm following exposure to a variety of triggers. The underlying inflammation and airway biology of asthma is heterogeneous and is part of the explanation for the variable response to therapy. New biologics that help to characterize patients according to their underlying biology will aid in making better choices for treatment. New asthma guidelines emphasize the importance of regular monitoring.

Making the Diagnosis of Occupational Asthma: When to Suspect It and What to Do

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Craig S. Glazer and Karin Pacheco

Although most adult patients seen by a clinician are employed, medical school curricula and residency training rarely cover occupational exposures and resultant diseases, even common ones that are encountered in a typical medical practice. This primer on occupational asthma is intended for the primary care clinician to provide the essential tools to diagnose and treat airways disease in the workplace. Using a case vignette format, we review the basic approach to suspecting and establishing a diagnosis of occupational asthma and address the thornier question of what to do about it. After reviewing this primer, the reader will be able to routinely include occupational asthma as part of the differential diagnoses in the adult patient with new or worsened asthma.

Vocal Cord Dysfunction/Paradoxical Vocal Fold Motion 81
Marcy Hicks, Susan M. Brugman, and Rohit Katial

Vocal cord dysfunction, also called paradoxical vocal cord motion, is a common mimicker of asthma, allergies, and severe upper airways obstruction with consequent misdiagnosis and mismanagement, and is frequently overlooked. Unfortunately, there is no unified understanding of this disorder, nor is there any consensus on its evaluation, etiology, or treatment. This article reviews the literature regarding the pathophysiology, causes, diagnosis, and treatment for this common disorder.

Atopic Dermatitis 105
Peck Y. Ong and Mark Boguniewicz

Atopic dermatitis is a complex, chronic inflammatory skin disease. Affected individuals, particularly those with moderate to severe disease, often suffer from significant morbidity, such as sleep loss, skin infections, and school or work disruption. Treatment for these patients can be especially challenging. Restoring skin barrier function, eliminating allergic and nonallergic triggers, and properly using anti-inflammatory and antimicrobial medications are all important components of a comprehensive treatment plan. Wet wraps and systemic immunosuppressants are alternative treatments for patients with severe, refractory atopic dermatitis.

Food Allergy: Diagnosis and Management 119
Dan Atkins

A rise in food allergy, accompanied by heightened public awareness, guarantees that clinicians will increasingly be consulted to accurately distinguish adverse reactions to foods from other disorders. The potential impact of inaccurately labeling a food as a cause of symptoms includes delaying appropriate treatment for another disorder or needlessly removing a food from the diet, with potential adverse nutritional and social consequences. When symptoms are triggered by food ingestion, determining the type of adverse reaction to the food responsible is important because of the implications regarding the mechanism involved, reproducibility, and the prognosis.

Urticaria 141
Sheila M. Amar and Stephen C. Dreskin

Urticaria with or without angioedema is frequently encountered in primary care medicine. Although many patients and physicians think that urticaria is evidence of an IgE-mediated allergic reaction, often the etiology of urticaria is unknown. This uncertainty frequently results in patients enduring unnecessary lifestyle changes or extensive testing. In more persistent cases, patients achieve control of their disease only with the use of more toxic

medications, such as corticosteroids, and this can lead to a range of systemic complications. Acute urticaria is typically due to a hypersensitivity reaction while chronic urticaria has a more complex pathogenesis. Antihistamines remain the mainstay of symptomatic treatment for both.

Immunodeficiency Overview

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Yoshikazu Morimoto and John M. Routes

Primary immunodeficiencies are challenging in primary care settings, where clinicians often encounter patients with a history of recurrent infection. With advances in diagnostics and therapeutics, these disorders have been better understood and more successfully treated, yet their prognosis depends on early recognition of the disorder and initiation of the appropriate management. Because the primary care physician is most often the first physician encountered by a patient with immunodeficiency, primary care practitioners should be familiar with these rare but important disorders. This article provides an overview of the diagnosis and treatment of primary immunodeficiencies and two of the most common primary immunodeficiencies: common variable immunodeficiency and selective IgA deficiency.

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