

Editorial Comment

All people know instinctively, if not scientifically, that “allergic rhinitis is the most prevalent immunologic disease and the most common chronic disease experienced by humans,” affecting up to 30% of Americans. Those of us in active practice, whether specialists or primary physicians, are not surprised to learn that approximately 1 in 40 physician office visits are for allergic rhinitis.

Through personal experience, most of us know something about the pathophysiology of allergic rhinitis, and we recognize that the diagnosis is generally not difficult. However, we can learn much about the mechanisms of action of intranasal corticosteroids, such as beclomethasone dipropionate, and their pharmacokinetics, clinical efficacy, safety, and systemic side effects by a careful reading of this review article by Thomas B. Edwards, MD.

The author also discusses other therapeutic modalities, such as pharmacotherapy and nonpharmacologic management, including environmental controls, nonspecific measures, and surgery. Indeed, the “runny nose” gets a fair shake in this very practical review of a disorder that is probably as old as the human species.

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