

MEETING ABSTRACT

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Health outcomes, education, healthcare delivery and quality – 3040. Occurrence and effects of nasal polyps in patients with bronchial asthma and/or allergic rhinitis

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From 2nd WAO International Scientific Conference (WISC 2012)
Hyderabad, India. 6-9 December 2012

Background

The occurrence of nasal polyps (NP) in bronchial asthma (BA) and/or allergic rhinitis (AR) remains largely undiagnosed and adversely affects quality of life (QoL).

Methods

The study comprised 220 consecutive patients (males/females, 123/97), 15 to 60 years with BA and/or AR enrolled from outpatients department of VP Chest Institute, University of Delhi. BA/AR was diagnosed according to GINA/ARIA guidelines respectively. Group1 comprised 35 patients with BA, group2, 43 patients with AR and group3, 142 patients with both diseases. CT-PNS, done in all patients, assessed CRS/NP and was scored with Lund Mackey Score (LMS). To assess the effect of NP, asthmatics responded to asthma QoL questionnaire (MiniAQLQ), and the 15-17 years to MiniPAQLQ. Rhinitics responded to rhinoconjunctivitis QoL questionnaire (RQLQ) and the 15-17 years to AdoIRQLQ. Patients with nasal symptoms responded to Sinonasal Outcome Test 22 (SNOT 22) and Visual Analogue Scale (VAS).

Results

Of the 220 patients, 190(86.4%) had CRS. Of these, 138 (72.6%) had NP. CRS was seen in 26/35 (74.3%) patients in group1, 38/43(88.4%), in group2 and 126/142 (88.7%), in group3. NP was seen in 18/26 (69.2%), 30/38 (78.9%) and 90/126 (71.4%) in groups 1, 2 and 3 respectively. The presence of NP increased mean LMS score from 5 in CRS to 8 ($P=0.005$) in CRS/NP patients. In group2, occurrence of NP increased mean Global VAS score from 5 to 7 ($P=0.029$),

SNOT 22 scores from 43 to 44 ($P=0.029$) and in RQLQ scores, activities score rose from 1.7 to 3.1 ($P=0.007$), nasal symptom score from 3.9 to 4.1 ($P=0.033$), non hayfever symptom score from 2.3 to 3.5 ($P=0.045$) and RQLQ overall scores from 2.4 to 3.1 ($P=0.023$). In group3, NP increased mean SNOT 22 scores from 39 to 42 ($P=0.002$), RQLQ nasal symptom score from 4.2 to 4.4 ($P=0.001$) and RQLQ troubled sleep score from 1.7 to 1.9 ($P=0.021$). There were no significant differences in group1. In all three groups, presence of NP increased mean RQLQ activities score from 3 to 3.3 ($P=0.033$) and RQLQ troubled sleep score from 1.7 to 2 ($P=0.010$).

Conclusions

NP was seen in nearly two-third (62.7%) of patients with BA and/or AR. QoL was maximally impaired when AR was complicated with NP followed by patients with both diseases.

Published: 23 April 2013

doi:10.1186/1939-4551-6-S1-P213

Cite this article as: Behera: Health outcomes, education, healthcare delivery and quality – 3040. Occurrence and effects of nasal polyps in patients with bronchial asthma and/or allergic rhinitis. *World Allergy Organization Journal* 2013 **6**(Suppl 1):P213.