

Insights from the ARISE survey: Current Approaches in the Treatment of Allergic Rhinitis Patients with Coexistent Asthma in India

Objective: Currently, there is scarcity of data on the approaches employed for the management of allergic rhinitis (AR) in patients with coexistent asthma in India. We therefore conducted a survey to understand the same.

Methods: A cross-sectional, nation-wide, digital, self-reported questionnaire-based opinion survey was conducted among randomly selected clinicians treating asthma and AR in India from September 2022-January 2023. Survey data was analyzed using descriptive statistics.

Results: 293 clinicians from 17 states across the country participated in the survey; 94.5% were chest physicians and mean years of clinical practice was 14.3 years. 77.8% reported that 21-60% asthmatics had presence of concomitant AR while 18.4% reported it to be >60%. 66.2% reported 'missed diagnosis' of AR in 21-60% of their referral asthmatics. Initial pharmacological therapy choice for majority of patients with coexistent AR-asthma was reported as intranasal corticosteroids (73% clinicians); antileukotrienes (51.2% clinicians); antihistamines (50.2% clinicians) and inhaled corticosteroids (ICS) (48.5% clinicians). 97.3% opined that the presence of AR predisposed asthma patients to higher exacerbation risk and 81.2% reported that it influenced their prescription of leukotriene receptor antagonists (LTRA). Majority (54.9%) of clinicians recommended LTRA monotherapy in <10% of patients with coexisting AR-asthma; commonly recommended duration was <1 month (25.9% clinicians) and 1-6 months (50.5% clinicians). 57.7% clinicians preferred LTRA monotherapy in 21-60% asthmatics without coexisting AR; however, 22% recommended it in >61% of such patients. 55.3% recommended treatment with antihistamine-LTRA combination in >30% of patients with coexisting AR-asthma; 18.1% recommended it in 21-30% of patients. Recommended duration for this combination elicited a

mixed response [<1 month (21.5% clinicians), 1-6 months (53.6% clinicians), >6 months (24.9% clinicians)]. Sublingual immunotherapy was recommended in <5% of asthmatics by 61.8% clinicians, while 21.2% recommended it in 6-10% of asthmatics. 47.8% co-prescribed ICS and INCS in >30% of patients with coexisting AR-asthma; commonly recommended duration was \geq 1 month (82.6% clinicians).

Conclusion: Our survey data suggests that asthma and AR commonly coexist, but AR remains underdiagnosed in a vast majority. The majority of clinicians recommend treatment with antihistamine-LTRA combination in patients with coexistent AR and asthma. Sublingual immunotherapy is preferred in a small group of patients.

Keywords: Allergic rhinitis, Asthma, Antihistamine, Antileukotriene