independently of asthma severity, gender, age, and tobacco habit.Asthma treatment prescribed for Spanish Primary Care Physicians were: combined inhaled corticosteroids and beta-agonist (62%), antil-leucotrienes (34%), inhaled corticosteroids alone (26%), and oral corticosteroids (5%) while 8% received no treatment. Drugs more commoly prescribed for rhinitis were: antihistamines (45%), intranasal corticosteroids (32%), antileucotrienes (15%), while 7% received no treatment.

Conclusions: In Spanish Primary Care Physicians outpatient clinics, asthmatic patients present a high prevalence of rhinitis (71%), these patients being younger and asthma less severe. A significant relationship was observed between the severity of asthma and rhinitis and between atopy with rhinitis and asthma, although rhinitis treatment associated was no related with a better lung function.As recommended by guidelines strategies to investigate and treat concomitant rhinitis and asthma should be considered.

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Comorbidity of Asthma and Rhinitis in the outpatient clinic of Spanish Pneumologists (The Rinair Study)

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Background: Asthma and rhinitis are linked by common inflammatory processes of upper and lower airways, often co-exist in the same patients and rhinitis treatment in asthmatic patients may improve asthma management. The aim of this study was to investigate the prevalence and characteristics of rhinitis in asthma patients attending outpatient clinic of Spanish Pneumologist.

Methods: Asthmatic patients ($n = 703$) were prospectively evaluated for rhinitis symptoms, severity, lung function, atopy, asthma exacerbations, and treatment of asthma and rhinitis, in a longitudinal study carried out in 2005–2006 performed by 15% of Spanish Pneumologist ($n = 172$), randomly distributed in Spain.

Results: Among asthmatic patients, 71% had concomitant rhinitis. Patients with rhinitis were generally younger(43.8 vs. 55.4 years old; $P < 0.001$) and their asthma was less severe (FEV1%: 85.7 vs. 79.7; $P < 0.001$) than those without rhinitis. A significant correlation ($r = 0.33$; $P < 0.0001$) was foud between the severity of rhinitis and the severity of asthma. Sensitisation to specific allergens was strongly associated to asthma with rhinitis (OR = 6.25;95%CI = 4.3–9.1). The prevalence of concomitant rhinitis was higher in atopic (84%, $P < 0.001$) than non-atopic (51%) asthmatics. Using multivariant analysis, patients with treatted rhinitis had better lung function (FEV1%: 87.3 vs. 83.4, $P = 0.057$)than those without treatment, independently of asthma severity, gender, age, and tobacco habit. Asthma teatment prescribed by Spanish Pneumologist was: combined inhaled corticosteroids and beta-agonists(72%), anti-leucotrienes (32%), inhaled corticosteroids alone (20%), oral corticosteroids (3.4%), and inmunotherapy (2.8%) while 8.1% received no treatment. Drugs more commonly prescribed for rhinitis were: intranasal corticosteroids (38%), antihistamines (30%), anti-leucotrienes (18%), and 12% received no treatment.

Conclusions: In Spanish Pneumonologist outpatient clinics, asthmatic patients present a high prevalence of rhinitis (71%), these patients being younger and having an asthma less severe. There exist a significant relationship between the severity of asthma and rhinitis and between atopy with rhinitis and asthma. The treatment of rhinitis was also associated with better pulmonary function. As recommended by guidelenes, strategies to investigate and treat concomitant rhinitis and asthma should be considered.

Table 1 for abstract 1644.

	Group 1	Group 2	Group 3
F/M	9 (3F/6M)	21 (13F/8M)	25 (16F/9M)
Mean Age	44 ± 15.1	49.1 ± 15.4	55.7 ± 11.8
Intermittent asthma		7 (33%)	4 (16%)
Mild persistent asthma		5 (23%)	3 (12%)
Moderate persistent asthma		3 (14%)	4 (16%)
Severe persistent asthma		6 (29%)	13 (52%)
Nasal obstruction	9 (100%)	21 (100%)	25 (100%)
Hyposmia	5 (56%)	6 (29%)	11 (44%)
Nasal discharge	7 (78%)	11 (52%)	10 (40%)
Headache	4 (44%)	8 (38%)	6 (24%)
Positive SPT aeroallergens	4 (44%)	13 (62%)	5 (20%)
Nasal corticosteroids (CS)	9 (100%)	21 (100%)	25 (100%)
Oral CS	1 (11%)	4 (19%)	6 (24%)
Anti-leukotrienes	3 (33%)	15 (71%)	8 (32%)
Anti-histamines	3 (33%)	9 (43%)	9 (36%)
Nasal douche	3 (33%)	5 (24%)	4 (16%)
1 Surgery	4 (44%)	6 (29%)	9 (36%)
2 surgeries	0%	6 (29%)	2 (8%)
>3 surgeries	1 (11%)	2 (10%)	2 (8%)

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Chronic rhinosinusitis with nasal polyps in allergic patients

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Background: Chronic Rhinosinusitis with nasal polyps (NPs) affects 4% of the general population in the Western world, with the incidence in asthmatics being as high as 30%. Our aim was to characterize the clinical pattern of patients with NPs attending our Immunoallergology Department.

Methods: The clinical files of patients with a diagnosis of NPs attending our Immunoallergology consultation in the last 12 months were reviewed, with special attention to the clinical history, the presence and severity of asthma, the presence of aspirin hypersensitivity, total IgE level, peripheral eosinophil count, SPT results and finally medical and surgical treatment. The patients were divided into 3 groups depending on the existence or absence of asthma and aspirin hypersensitivity – Group 1 presented no asthma or hypersensitivity to aspirin, Group 2 presented asthma without aspirin hypersensitivity, and finally Group 3 presented Widal's triad.

Results: Fifty-five clinical files were reviewed (58.5% F). The results are summarized in the following table:

Fifteen patients from group 3 had been submitted to challenge tests – 11 of them tolerated NSAIDs other than aspirin, namely nimesulide, meloxicam and coxibs.

Conclusion: The overall incidence of asthma in our population with nasal polyps was 84%, which is much higher than that reported, which can be explained by the nature of our consultation. The patients with Widal's Triad clearly had more severe asthma than the other groups. It was also in this group that the majority of SPT were negative (80%). There was also a predominance in female patients with this syndrome. These results appear to be in line with the published literature.