INTRODUCTION

As a result of the screening study, one out of 22 was diagnosed as nasal allergy. The reasons why one was diagnosed with residence UGKS, 22 were analyzed in the end, because two had been excluded.

Methods

1. MSLT (Mean Sleep Latency Test)
The Multivariate Logistic Regression analysis, the strongest predictor of the patient who had accompanied an increase in daytime sleepiness on season was nasal resistance > 0.33pa/cm³/sec

RESULTS

For 22 patients with hay fever caused by cedar pollen, the diagnosis of hay fever caused by cedar pollen was based on conventional clinical criteria: positive skin reaction to antigens, immunoglobulin E concentration, and medical history.

METHODS AND MATERIALS

Subjects 24 untreated male patients (Mean age: 32.2±4.9 years) with hay fever caused by cedar pollen were enrolled. We evaluated sleep architecture in the season and in the off-season using PSG and MSLT.

CONCLUSION

There are strong associations between nasal symptoms experienced during the day, sleep quality, and daytime sleepiness.

DISCUSSION

In other words an association between the condition of a patient and circadian rhythm of the allergic rhinitis is pointed out. Furthermore, various mediators involved in allergic rhinitis may influence the sleep wake center. Krouse (13) and coworkers reported that histamine levels in the nasal mucus of allergic rhinitis patients, and that REM sleep decreases. Interestingly, histamine, PGD2, etc., are known physiological substances that can influence sleep, and recent research has focused on the role of allergic rhinitis in the mechanism of sleep disorders.

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Daytime Sleepiness and Sleep in allergic rhinitis'
Shintaro Chiba, Yuji Ando, Subaru Watanabe, Akhiro Kimura, Hiroto Moriwaki, Hiroshi Moriyama
Jikei University School of Medicine

BACKGROUND

In ARIA 2001 (Allergic rhinitis and its impact on Asthma), a disease classification for allergic rhinitis is listed in the beginning. For mild-to-Severe grade allergic rhinitis there are four clinical manifestations, and the diagnosis is made by history and physical examination. In other words the influence on sleep of allergic rhinitis was recognized to be a factor determined to be important in diagnosing the severity of allergic rhinitis. Recent epidemiological studies in the United States show that for both adult and pediatric allergic rhinitis patients, sleep was more than 50% problems. In addition, the study of Young (7) and others pointed out that nasal obstruction was a factor in obstructive sleep apnea. As a result of the Multivariate Logistic Regression analysis, the strongest predictor of the patient who had accompanied an increase in daytime sleepiness on season was nasal resistance > 0.33pa/cm³/sec

OBJECTIVE

To evaluate daytime sleepiness and sleep architecture in patients with hay fever caused by cedar pollen.