NERD – NSAID-EXACERBATED REPIRATORY DISEASE & ASPIRIN DESENSITISATION

REFERRAL INFORMATION FOR ENT / RESPIRATORY / PRIMARY CARE

WHAT IS NERD

NERD is a condition comprising NSAID hypersensitivity (with respiratory reactions) with chronic rhinosinusitis and nasal polyposis and/or asthma.

ASPIRIN DESENSITISATION

WHAT ARE THE BENEFITS OF ASPIRIN DESENSITISATION?

Several published studies have shown that the majority of patients with NERD experience improvement in their chronic respiratory symptoms after Aspirin desensitisation and long-term daily oral aspirin treatment.

The role of aspirin desensitisation in the management of chronic rhinosinusitis and nasal polyposis in patients with NERD has been clearly established as a beneficial treatment:

- Aspirin desensitisation and subsequent daily Aspirin treatment improve clinical outcomes in most patients with NERD, approximately 75-87%
- Significant reduction in the following have been observed (with maintenance Aspirin treatment with 300mg once daily to 600mg thrice daily), in many cases as early as one month after aspirin desensitisation:
  - ✓ number of sinus and polyp surgeries from, on average, 1 operation every 3 years before Aspirin desensitisation, to 1 operation every 10 years afterwards
  - ✓ number of sinus infections per year
  - ✓ doses of nasal corticosteroids
  - ✓ doses of systemic corticosteroids (3- and 4-fold reduction in15)
  - ✓ olfaction symptoms scores *improved*
  - ✓ nasal/sinus symptom scores
- overall improvement has usually been noticed as early as 1 month after treatment (with some patients reporting relief in nasal obstruction immediately after Aspirin

desensitisation) and within the 1st 6 months for most patients, and continued to be effective for up to 5 years of follow-up.

WHAT ARE THE RISKS OF ASPIRIN DESENSITISATION?

The following risks limit the effectiveness / applicability of this treatment strategy:

- Recurrent acute asthmatic reactions can occur during treatment and result in failure to desensitise. Desensitisation should not be attempted if asthma is unstable / poorly controlled
- Gastric/peptic ulcer disease can occur *de novo* during desensitisation and desensitisation should not be attempted if there is active disease. There may be a role for PPI prophylaxis in quiescent disease or minor dyspeptic symptoms
- Bleeding diatheses – relative contra-indication

PLEASE CONSIDER REFERRING PATIENTS WHO PRESENT WITH THE FOLLOWING:

1. **Recurrent nasal polyposis**, and one of the following:
2. **Asthma**
3. **History of acute upper/lower airway reactions to NSAIDs (e.g. aspirin, ibuprofen, diclofenac)**

REFERRAL PROCESS

- Aspirin desensitisation is ineffective for extensive pre-existing polyposis / mucosal hyperplasia, but effectively retards their regrowth
- Thus, the best time to initiate desensitisation is shortly after surgery for polyps (allowing for adequate healing; ~4 weeks)
- Therefore, please refer patients well in advance of a planned surgical episode