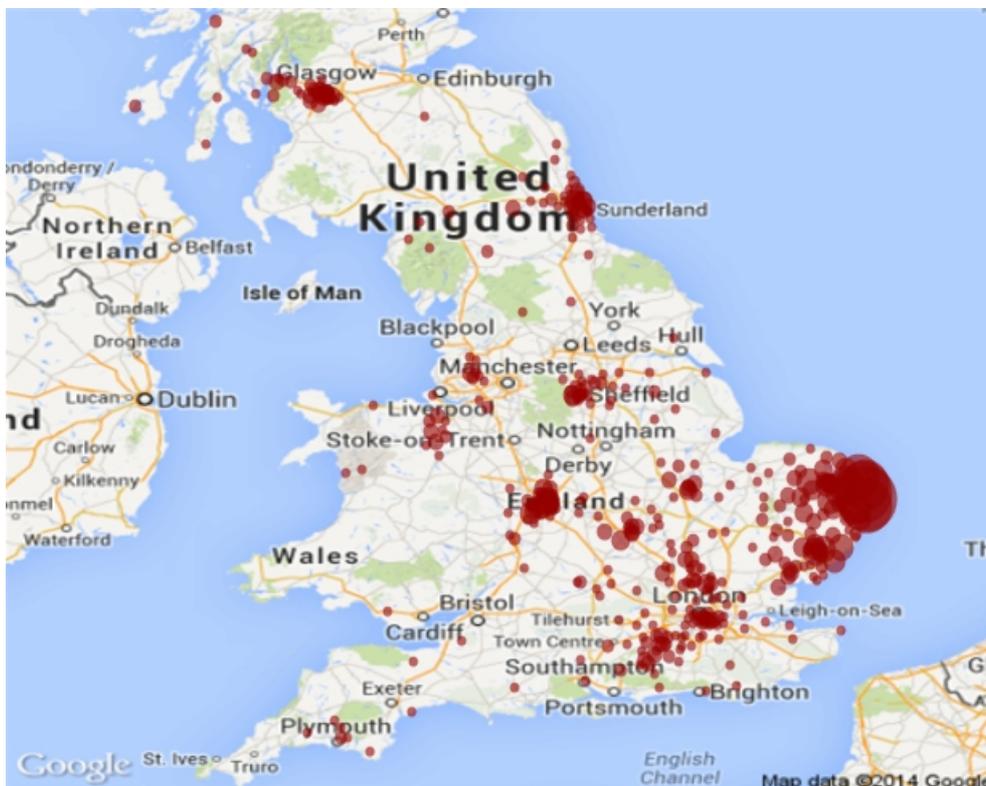


Chronic Rhinosinusitis Epidemiology Study

Mr Carl Philpott, an ENT consultant and researcher and also a Fifth Sense trustee, has recently started to publish the results of a study with other UK researchers of the factors which can influence the severity of chronic rhinosinusitis (CRS), which is one of the main causes of anosmia. It was not aimed at identifying treatment for CRS but rather at providing an important reference for designing and justifying other research proposals which will investigate the causes of CRS and improved therapies to control or cure the condition.

The study started in East Anglia in 2007 and was rolled out across numerous sites in England, Scotland and Wales in 2012. A total of 1480 participants were recruited: 651 having CRS with polyps, 553 CRS without polyps, 45 Allergic Fungal Rhinosinusitis and 221 without CRS for comparison (“the control group”). They covered a wide geographical area, including urban and rural locations, and can be regarded as typical of the country as a whole.



The first objective of the study was to look at the incidence of CRS according to social class. When adjusted for age and sex the results showed no significant difference in the proportion of CRS sufferers in each of the social classes. This makes the design of future research projects easier, in that possible influences of social class can be ignored.

The second objective was to look at differences in the quality of life (QoL) perceived by the CRS sufferers and the control group, as measured by two standard questionnaires. One of these is a general QoL questionnaire while the other has been designed specifically for assessing the severity of the impact of CRS on quality of life. Highly significant differences were seen in both the general and disease-specific quality of life scores between CRS sufferers and controls, emphasising that these patients have a significant impairment of their quality of life. This result is important in adding to the body of evidence of the impact that CRS has on patients' lives, and hence justifying expenditure on research in this area.

Information was also collected on other illnesses which the participants suffered to look for linkages with CRS. A strong linkage was found between CRS and both Asthma and common colds and also between CRS and Psychiatric conditions (e.g. anxiety, depression), while no linkage was found with diabetes.

Finally, the results of interviews conducted with some of the participants were analysed. This showed that patients had concerns regarding management of their symptoms, including delays to getting a referral to hospital from their GP and repeated use of medications that prove ineffective such as antibiotics. They reported reduced quality of life and high costs associated with living with CRS. Despite there being published guidelines for CRS treatment, they are not used equally by all doctors and outcomes are variable between patients leading to dissatisfaction with treatment. Better adherence to existing guidelines may result in fewer repeated consultations in primary care and earlier referrals to secondary care.