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**Title:** Determinants of non-adherence to pharmacologic allergic rhinitis treatment

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**Body:** Background: Allergic rhinitis (AR) is a common condition often coexisting with asthma. Poor adherence with therapy can be the major barrier to achieving disease control, contributing to symptom occurrence, disease exacerbations and higher costs. Aim: to assess the determinants of non-adherence to pharmacologic allergic rhinitis treatment. Methods: 107 general practitioners (GP), involved in the Italian "Respiratory allergic diseases: monitoring study of GINA and ARIA guidelines (ARGA)" study, enrolled 1302 patients affected by AR (mean age 39 yrs). For each patient, a self-administered questionnaire on respiratory allergic diseases/symptoms, anti-rhinitis medicines consumption, daily activity limitations, socio-demographic and clinical factors, and the relative form filled in by GP were available. Adherence to treatment was evaluated comparing all the GP prescriptions for AR with medicines consumption reported by the patients. Results: Overall prevalence rate of adherence was 58.5%, non-adherence was: 25.9% considering other medicines consumption, 15.6% considering no medicine consumption, in respect to GP prescription. By multivariate analysis, non-adherence resulted significantly associated to lack of written therapeutic plan (OR 1.34), daily activity limitations (OR 1.49), low education (OR 1.56), self-medication (OR 1.82), and above all to comorbid asthma (OR 2.23). Conclusions: Adherence to pharmacologic allergic rhinitis treatment, in real life, continues to be far from optimal. The roles of comorbid asthma, lack of written therapeutic plan, daily activity limitations, low education and self-medication suggest to develop individual programmes based on communication, partnerships and information.