Rush's Smell Loss Program provides clinical evaluation, treatment, and counseling for patients experiencing an altered sense of smell. Rush experts thoroughly evaluate your case to address any underlying medical conditions that could be causing smell loss. As part of an academic medical center, the Rush Smell Loss Program is committed to advancing the research and treatments of smell disorders — partnering with Rush’s world-renowned experts in all interrelated fields to provide a comprehensive approach to treatment.

**Smell Loss: What You Should Know**

Treating smell loss is often successful, and the underlying conditions causing the problem are simultaneously addressed. There are many causes of smell disorders, including:

- Nasal and sinus disease (cold, flu, viral illnesses, sinus infections, allergies)
- Nasal polyps or tumors
- Dementia and Alzheimer’s disease
- Vitamin deficiency
- Head trauma
- Radiation to the head and neck
- Smoking
- Parkinson’s disease
- Multiple sclerosis
- Genetic
- Age Related

18%

Rush’s ENT department has found that 18% of patients experiencing smell loss are idiopathic, or have no determined cause, and need more individualized care.
**Why recommend Rush for smell loss care?**

**Compassionate and confident care.** Program Clinical Director Bobby A. Tajudeen, MD, is a fellowship-trained rhinology and skull base surgeon with extensive experience. Dr. Tajudeen, in partnership with Pete Batra, MD, chair of the Department of Otorhinolaryngology — Head and Neck Surgery, and Peter Papagiannopoulos, MD, know well the toll smell dysfunction can take on one’s daily life, and are determined to provide relief. Through education, novel technology, and extensive care like 24-hour access virtual telehealth, the team helps patients gain a greater quality of life, combating conditions that lead to smell loss.

**Innovative treatment.** As an academic medical center, Rush is always on the forefront of the latest research, clinical trials and treatments in smell loss. Some of treatment strategies may include medical therapy, surgery, smell retraining, counseling, or quitting smoking.

**Multi-disciplinary expertise.** Since all senses are so closely interconnected, Rush’s Smell Loss Program is an integrated part of the Rush Sinus, Allergy and Asthma Center. And since many underlying causes of smell loss are tied to other health conditions, such as neurological diseases, experts in these correlated fields play a role in effectively diagnosing and treating smell loss in patients.

As the state of Illinois’s exclusively focused program of smell loss, Rush’s Smell Loss Program boasts smell retraining as a treatment, critical to treating those who need more specialty care. This long-term treatment helps to jumpstart nerves to begin working again by having patients smell specific essential oils twice a day for a course of six months. Currently, Rush’s program is researching how to accelerate that process in addition to running clinical trial testing of topical therapies.

**Our team**

**Bobby A. Tajudeen, MD, FARS**
Smell Loss Program Clinical Director
Head of the Section of Rhinology, Sinus Surgery and Skull Base Surgery
Director, Otorhinolaryngology Research

**Pete S. Batra, MD, FACS, FARS**
Stanton A. Friedberg, MD Endowed Chair and Professor
Medical Director, Rush Sinus, Allergy, and Asthma Center
Co-Director, Rush Center for Skull Base and Pituitary Surgery

**Peter Papagiannopoulos, MD**
Director, Rush Otorhinolaryngology Oakbrook
Surgical Director, Rush AERD Program

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**By the Numbers**

1.15
Prevalence of smell loss increases with age with an odds ratio of 1.15

A study in 2016 showed olfactory dysfunction prevalence of 23% over a person’s adult life (>25yrs)

10.6%
A study from 2015 estimated about 10.6% +/- 1% of the US population had experienced a smell disturbance in the last 12 months. Of these patients, 50.2% reported their problem “always there”.

35% of patients have a measurable improvement in smell function with olfactory training. Utilizing an olfactory training protocol with topical steroid irrigations, improvements are seen in 43.9% of patients.