

Adult Allergic rhinitis

Suggested by additional sx of itching, sneezing or conjunctivitis
Seasonal - grass/tree pollens
Perennial - housedust mites/pets

Assess for asthma

[References here:](#)

Allergen avoidance where appropriate

Consider nasal douching

Mild, intermittent

i.e. <4 days/wk or < 4 wks/time
No impairment of sleep/
daily activities

PRN non-sedating antihistamines

- 1st Line: oral cetirizine or loratadine
- 2nd Line: fexofenadine 120mg OD (only 120mg dose licensed)
- 3rd Line: intranasal azelastine spray

Moderate

i.e. ≥4 days/wk or ≥ 4 wks/time
Impairment of sleep/daily activities

- 1st Line: Regular intranasal corticosteroids (for 2-3 months) [more info here](#)
- 2nd line: regular oral antihistamines + regular intranasal corticosteroids (for 2-3 months) [more info here](#)
- 3rd line: Dymista® nasal spray

Moderate/severe allergic conjunctivitis add Sodium cromoglicate eye drops

Severe

- Despite use of intranasal steroid and oral antihistamine. ONLY for social events eg exams/weddings
- Prednisolone (non-EC tabs) 5-10 days Adults 20-40mg daily.
- To be considered if severe symptoms despite maximum treatment.

Poor response:

- check [nasal spray/drop technique](#) and compliance
- ensure decongestants are used no longer than 1 week

Refer ENT/allergy clinic

Allergens and Avoidance

For more information [here](#)

Tree pollens - sx early to late Spring

Grass Pollens- sx late Spring to early Summer

Weed pollens - sx early spring to early autumn

For people with grass pollen allergy, advise:

- For seasonal rhinitis, start nasal spray 1-2 weeks before onset of appropriate pollen season
- Against walking in grassy, open spaces, particularly during the early morning, evening, and night, when pollen counts are at their highest.
- Keeping windows shut in cars and buildings
- Changing car pollen filters with each service, if these are fitted

House dust mites - feed on shed human skin flakes. Abundant in mattresses, pillows, carpets, upholstered furniture and furry toys. Numbers peak in Spring and Autumn. Avoidance measures not usually recommended as inconvenient, expensive and lack of good quality evidence for effectiveness. Skin prick test to confirm responsible allergen indicated when such burdensome allergen avoidance strategies being considered. For people with confirmed house dust mite allergy inadequately controlled by drug treatment, advise:

- Fitting mattresses and pillows with house dust mite impermeable covers.
- Using synthetic pillows and acrylic duvets, and keeping furry toys off the bed.
- Washing all bedding and furry toys at least once a week at high temperatures.
- Choosing wooden or hard floor surfaces instead of carpets, if possible.
- Fitting blinds that can be wiped clean instead of curtains. Surfaces should be wiped regularly with a clean, damp cloth.

Skin prick tests (SPT) – results can be suppressed by antihistamines, tricyclic antidepressants and topical corticosteroids. Interpretation difficult if have eczema. Less reliable with food allergens than inhaled allergens.

NB: Samter's Triad = sensitivity to aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), nasal polyps + asthma - REFER

[Patient information here](#)

Preferred Prescribing Choices (intranasal preparations):

Intranasal corticosteroids:

- 1st line: Mometasone furoate nasal spray*
- 2rd line: Fluticasone Furoate (avamys)*
- 3rd line: Fluticasone propionate*

*See BNF for current dosing – reduce dose following control of symptoms

- 4th line: choice for allergic seasonal rhinitis where corticosteroid and regular oral antihistamine has been ineffective: Dymista® nasal spray

Patient counselling: Emphasise to patient likely time to effect is 3 days, an maximal effect 2 weeks for all medications.

NB Nasal decongestants to be used for one week only

Patient information

[How to use nasal drops/spray correctly](#)

[Nasal Saline douching](#)

[Allergic rhinitis](#)

[Allergy UK: hayfever – allergic rhinitis](#)

References

[NICE guidelines for Allergic Rhinitis](#)

[BSACI Allergic and Non-Allergic Rhinitis](#)

[ARIA 2019 guidelines](#)

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Other

Irritant Rhinitis

-physical- changes temp, humidity or with exercise
-chemical -post exposure to volatile chemicals and odours
Occupational- flour, latex, wood dust

Consider

- Non-allergic
- Autonomic (vasomotor)
- Hormonal-pregnancy, contraceptive pill, hypothyroidism
- Drug induced – ACE inhibitors, B-Blockers, chlorpromazine, cocaine aspirin/
NSAID sensitivity, rebound sx on stopping decongestants

Avoid precipitating factors
where possible

Treat underlying cause
[Nasal douching](#) and/or
Try intranasal corticosteroids
(for 2-3 months)

No
Improvement

Routine ENT referrals

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Nasal spray technique:

- Gently blow the nose to try to clear it.
- Shake the bottle well.
- Close off one nostril and put the nozzle in the other, directing it away from the midline. Tilt head forward slightly and keep the bottle upright.
- Squeeze a fine mist into the nose while breathing in slowly through the nose. Do not sniff hard.
- Breathe out through the mouth.
- Take a second spray in the same nostril then repeat this procedure for the other nostril.

- (a)
1. Shake bottle well
 2. Look down
 3. Using RIGHT hand for LEFT nostril put nozzle just inside nose aiming towards outside wall
 4. Squirt once or twice (2 different directions ↺ ↻)
 5. Change hands and repeat for other side
 6. DO NOT SNIFF HARD

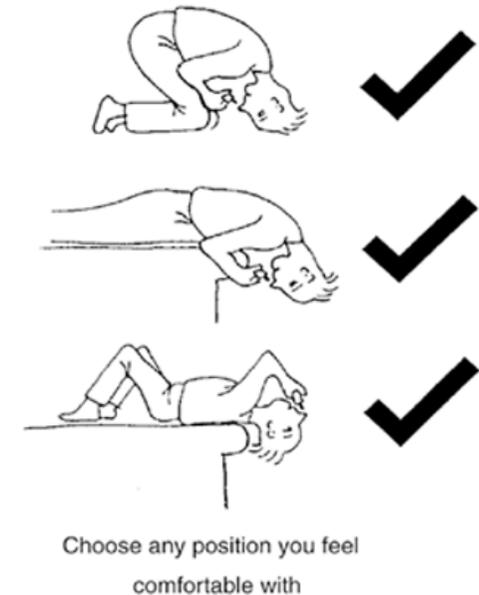
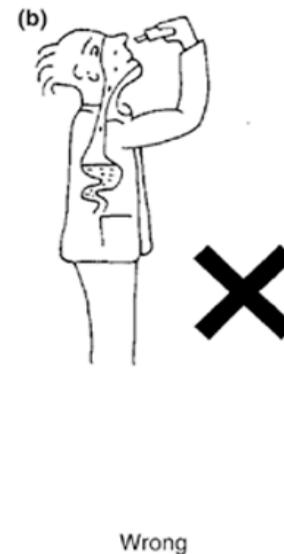


Reference: Adapted from <http://cks.nice.org.uk/allergic-rhinitis#!references/-291616> (Scadding, G.K., Durham, S.R., Mirakian, R. et al. (2008) BSACI guidelines for the management of allergic and non-allergic rhinitis. Clinical and Experimental Allergy 38(1), 19-42) Last updated October 2015

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Nasal drop technique:

- Gently blow the nose to try and clear it.
- Shake the container well.
- Tilt the head backwards.
- Place the drops in the nostril (squeeze the container gently if necessary).
- Keep the head tilted and inhale gently through the nose to let the drops penetrate.
- Repeat for the other nostril, if required.



Reference -Adapted from <http://cks.nice.org.uk/allergic-rhinitis#!references/-291616>
Last updated Oct 15

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Nasal Saline Irrigation also known as Nasal Douching

Rinsing the nose with salty water is important as it keeps the nose clean, washes out mucus, helps reduce inflammation and infection and therefore can help relieve nasal symptoms. It is a safe, natural way to help wash crusts and mucus from your nose. The salty water helps to pull fluid out of any swollen lining of your nose helping you to breathe. This also helps to open up the sinuses.

The following is a solution for you to make at home.

Ingredients

- ½ teaspoon salt
- ½ teaspoon bicarbonate of soda
- ½ pint of warm clean water

Method

- Mix the ingredients together
- Stand over a sink or in the shower/bath
- Pour some of the solution into the palm of your hand and sniff it up into each nostril or administer using a syringe or other device such as a Neti pot (which look like a very small watering can and can be bought on the internet or from yoga shops!!)
- The mixture should come into your mouth - spit this out
- If you swallow the mixture it will do you no harm
- Blow your nose gently
- Rinse your nose in this way two or three times a day
- After douching rinse the syringe/ bottle in warm, soapy water

Please note

This may all feel a bit odd initially and occasionally the mixture may cause some slight burning sensation, but this should stop in a day or 2, so do try to stick with it.

Commercial saline irrigation preparations can be purchased from a pharmacy or reputable online supplier

Reference: Adapted from:
South Devon Healthcare NHS Foundation Trust. Patient Information. Nasal Douching and how to take your nasal medication
Review date 10/16