

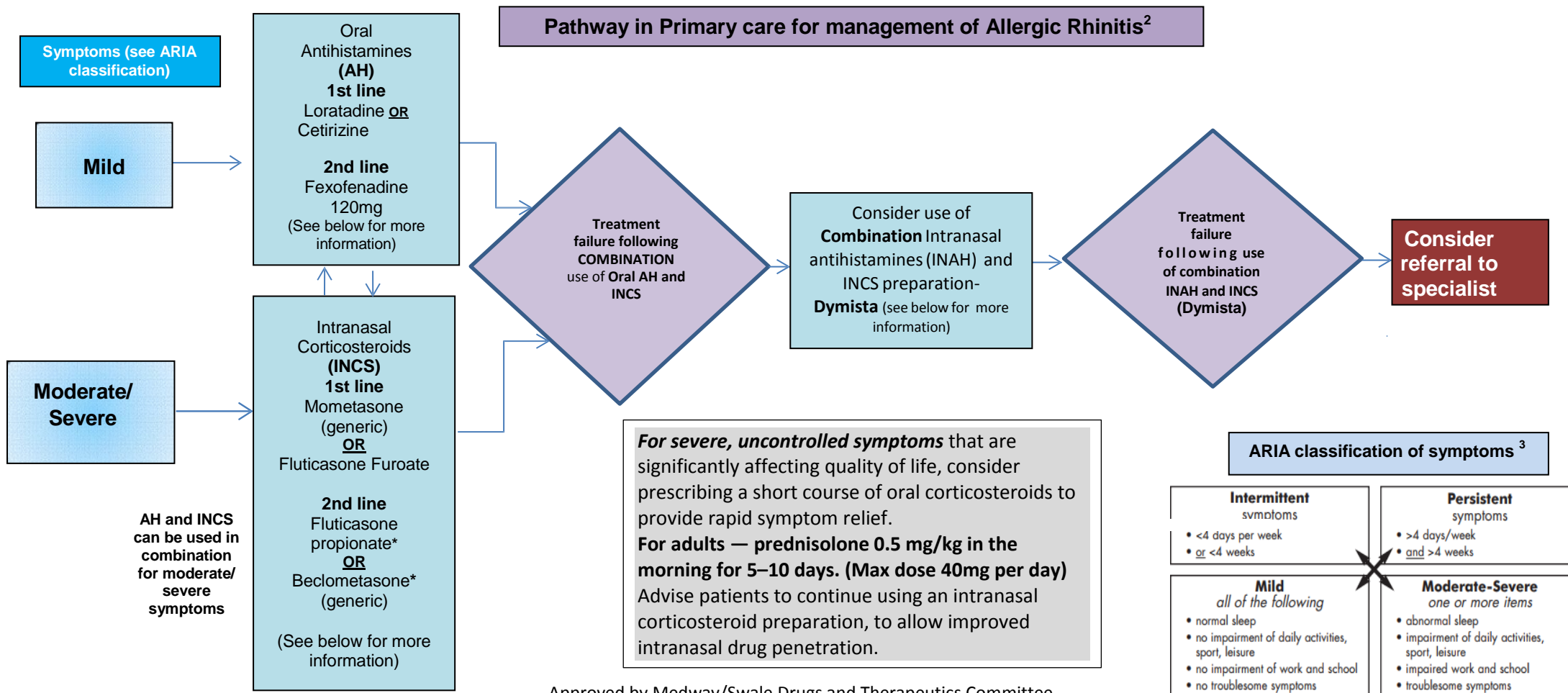
## SELF CARE AND GENERAL MANAGEMENT PATHWAY

At all stages patients should be advised around self-care of allergic rhinitis (AR). This includes both lifestyle changes as well as pharmacological treatment. **Concordance with treatment should be checked at all stages before increasing therapy.** This includes the use of nasal sprays as well as lifestyle changes. For more information around self-care of allergic rhinitis click [here](#) for treatment options or [here](#) for prevention advice.

Patients with ongoing symptoms must be **checked for asthma symptoms**. 80% of asthma sufferers have concomitant rhinitis; poor control is a risk factor for asthma exacerbations<sup>2</sup>.

**Self-care to be recommended: Prevention (e.g. avoiding triggers), treatment and saline douching - eye drops can be used to control eye symptoms not managed by oral antihistamines (see below)**

**STEP UP** treatment following check of concordance to current treatment & **STEP DOWN** every 8 to 12 weeks if symptoms are controlled



## ORAL ANTIHISTAMINES

- Non-sedating antihistamines are the drug of choice for most patients as they have fewer unwanted side effects<sup>2</sup>.
- **First line treatments are available over the counter (OTC) and are generally inexpensive when generic preparations are purchased**
- Desloratadine and levocetirizine are not recommended

## INTRANASAL PREPARATIONS

### Intranasal corticosteroids (INCS)

- First line INCS are **Mometasone 50mcg/spray** generic spray **OR Fluticasone furoate** 27.5mcg/spray (Avamys)
- Second line preparations are **Fluticasone propionate 50mcg/spray** prescribed as **Nasofan** brand **OR Beclomethasone dipropionate 50mcg/spray** (generic only)
- Advise patient on the importance of good nasal spray technique and that in some people it can take up to **two weeks** or longer to get the maximum benefit of INCS.
- Where combination of oral AH and INCS has failed (after 8-12 weeks) then combination INAH and INCS can be considered in the form of **Dymista**. Check concordance to prior treatment before prescribing Dymista. Reduce the dose of INCS to a maintenance dose once symptoms are controlled
- **Beclomethasone dipropionate and Fluticasone propionate can both be purchased OTC for patients over 18 years.**
- **Short term intranasal decongestants can be recommended (max one week consecutively) and are available OTC**

## EYE DROPS

Both INCS and oral AH are usually effective to resolve eye symptoms but if additional treatment is required consider:

- **Sodium cromoglicate** - a mast cell stabilizer which may support prolonged control of symptoms - **available OTC**
- An ocular antihistamine - Otrivine Antistin® (xylometazoline and antazoline) is suitable for rapid, short term relief of infrequent ocular symptoms - **available OTC**. (*Avoid in angle-closure glaucoma*)

## SPECIAL PATIENT GROUPS

### Prescribing for children

- Cetirizine 1mg/ml is safe and effective and can be used from age 2 years.
- **Loratadine liquid (5mg/5ml)** is an alternative
- If INCS is required for short term use, consider mometasone nasal spray (3 years +) or Nasofan (4 years +) due to systemic absorption.

### Pregnancy and breastfeeding

- **INCS** can be used in pregnancy<sup>1</sup>.
- If this is not tolerated or additional treatment is needed<sup>1</sup> – consider **oral AH, loratadine**.
- **Alternatively consider intranasal sodium cromoglicate** (in first trimester only) and **nasal douching** (with saline). Saline douching are available OTC or can be home made.

## TREATMENT OPTIONS NOT ROUTINELY RECOMMENDED IN PRIMARY CARE

### Antihistamines

- Mizolastine 10mg MR tabs has been implicated in causing an abnormal prolongation of the QT interval<sup>2</sup> (£6.92 for 30 days)
- **Cetirizine 10mg capsules** cost £13.24 for 30 days and **Bilastine 20mg tabs** cost £15.09 for 30 days. These are considered to be less cost effective
- **Acrivastine 8mg caps** needs to be given three times a day and is therefore less desirable from the perspective of adherence to therapy<sup>2</sup> (£22.40 for 30 days)

### Kenalog® injection

Depot steroids should not be prescribed for hay fever. Evidence of safety is lacking<sup>2</sup>, and there is a significant risk of prolonged side-effects (e.g. osteoporosis) which cannot be mitigated by withdrawal of the drug

## EFFICACY OF MEDICATION TYPES ON SYMPTOMS<sup>2</sup>

Drug class	Sneezing	Rhinorrhoea	Nasal Obstruction	Nasal itching	Eye symptoms
<b>Antihistamines</b>					
• Oral	++	++	+	+++	++
• Intranasal	++	++	+	++	<b>None</b>
• Eye drops	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	+++
<b>Intranasal Corticosteroids (INCS)</b>	+++	+++	++	++	++
<b>Mast cell stabilisers (Eye Drops)</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	++
<b>Intranasal Decongestants</b>	<b>None</b>	<b>None</b>	++++	<b>None</b>	<b>None</b>
<b>Intranasal Anticholinergics</b>	<b>None</b>	++	<b>None</b>	<b>None</b>	<b>None</b>
<b>Leukotriene receptor antagonist</b>	<b>None</b>	+	++	<b>None</b>	++
<b>Intranasal steroids and Intranasal antihistamine</b>	+++	+++	+++	+++	+++

Medication	Cost per 28 day use at adult dose- Dec 2018 Drug tariff prices <sup>4</sup>
<b>Oral antihistamines</b>	
Loratadine* 10mg tablets- 30 pack	£0.63
Loratadine* 1mg/ml- 100ml bottle	£1.50/bottle
Cetirizine* 10mg tablets- 30 pack	£0.81
Cetirizine* 1mg/ml- 200ml bottle	£1.12/bottle
Fexofenadine 120mg tablets – 30 pack	£1.71
<b>Intranasal Corticosteroids</b>	
Mometasone Furoate 50mcg/spray 140 dose pack	£1.60 max dose, £0.40 maintenance
Fluticasone Furoate 27.5mcg/spray 120 dose pack	£6.44 max dose, £3.22 maintenance
Beclometasone dipropionate* 50mcg/spray 200 dose pack	£2.44 max dose, £1.22 maintenance
Fluticasone propionate (Nasofan*) 50mcg/spray 150 dose pack	£11.01 max dose, £2.75 maintenance
Triamcinolone acetonide 55mcg/spray 120 dose pack	£7.39max dose, £3.70 maintenance
<b>Intranasal Corticosteroids and Intranasal antihistamine</b>	
Dymista (fluticasone propionate 50mcg and azelastine 137mg/spray) 120 dose pack	£14.80
<b>Eye drops</b>	
Sodium cromoglicate* 2% eye drops 13.5ml	Cost per bottle- £9.32

#### REFERENCES

1. Clinical knowledge summaries. Allergic rhinitis last updated 2015 [online] <https://cks.nice.org.uk/allergic-rhinitis> Last accessed 08/06/2018
2. BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First edition 2007)[online] <http://onlinelibrary.wiley.com/doi/10.1111/cea.12953/epdf> (last accessed 08/06/2018)
3. ARIA at-A-Glance Pocket Reference 2007 1<sup>st</sup> Edition- Allergic Rhinitis and its impact on asthma.2007 (online) [http://aaia.ca/learnthelink/images/ARIA\\_07\\_At\\_A\\_Glance\\_1st\\_Edition\\_July\\_07.pdf](http://aaia.ca/learnthelink/images/ARIA_07_At_A_Glance_1st_Edition_July_07.pdf) (last accessed 08/06/2018)
4. Prices taken from Drug Tariff online Dec 2018 and BNF online Dec 2018

\* OTC available but often as different pack size/brand

## Useful Links

[Patient information on use of nasal sprays](#)

[Patient information on performing saline nasal douching](#)