

Management of Seasonal Allergic Rhinitis (Hay fever) Guidelines

Introduction

Allergic rhinitis is an inflammatory disorder of the nose which occurs when the membranes lining the nose become sensitized to allergens. Allergen avoidance is fundamental to the management of allergic rhinitis; however, drug treatment may be necessary ⁽¹⁾.

Selfcare

- ✓ Tree pollen is released between March and September and affects 25% of sufferers; grass pollen, which affects 90% of sufferers, is released from May to late July; and fungal spores are released until September ⁽²⁾.
- ✓ Allergen avoidance is fundamental to the management of allergic rhinitis ⁽²⁾
- ✓ Oral antihistamines, intranasal corticosteroids and antihistamine eye drops are the usual treatment options for hay fever ⁽²⁾.
- ✓ First line treatments for the management of hay fever are available over the counter to purchase or via the local minor ailments services from participating community pharmacies ⁽²⁾.

Treatment Options

	Relative efficacy-allergic rhinitis	Relative efficacy allergic conjunctivitis	Onset of action	Dose frequency
Intranasal antihistamine	++	None	Within 15 minutes	Two to four times daily
Oral non-sedating antihistamine	++	++	Within 1 hour	Once-daily options available
Intranasal corticosteroids†	+++	++	Within 12 hours	Once-daily options available

Table 1: Key characteristics of different first-line treatment options ⁽¹⁾

Antihistamines

All antihistamines are of potential value in the treatment of nasal allergies, particularly seasonal allergic rhinitis (hayfever), and they may be of some value in vasomotor rhinitis. They reduce rhinorrhoea and sneezing but are usually less effective for nasal congestion. Antihistamines are used topically in the eye, in the nose and on the skin ⁽¹⁾.

Azelastine (applied two to four times daily) is the only intranasal antihistamine that is licensed in the UK for the treatment of allergic rhinitis. It is licensed for use in adults and children aged 5 years and over ⁽¹⁾.

Oral antihistamines have a more rapid onset of action than intranasal corticosteroids and can be taken when required - although they are best taken regularly. **Non-sedating antihistamines are the agents of choice for most patients as they penetrate the blood brain barrier to a lesser extent than the first generation and older antihistamines** and hence are less likely to cause drowsiness. However, 2-23% of patients taking these drugs complain of sedation ⁽¹⁾.

First generation antihistamines (also known as sedating antihistamines), such as chlorpheniramine, tend to cause sedation and antimuscarinic side effects, such as dry mouth. All older antihistamines cause sedation but alimemazine tartrate and promethazine may be more sedating whereas chlorphenamine maleate and cyclizine may be less so ⁽¹⁾.

Choice of non-sedating antihistamine

There is little evidence to confirm whether in practice, third generation antihistamines (e.g. desloratadine or

levocetirizine) confer any benefit over second generation agents; they should be reserved for patients who cannot tolerate, or have not responded to other therapies ⁽¹⁾.

	Non-sedating antihistamine (adult dose)	Additional prescribing information	Cost for 30 days treatment (Drug tariff October 2017) ⁽³⁾
First line treatments	Cetirizine (10mg od)	Licensed for use in children from 2 years of age.	£0.70
	Loratadine (10mg od)	First line -In pregnant and breastfeeding women, licensed from 2 years +	£0.75
Second line treatments	Fexofenadine (120mg od)	180mg fexofenadine is not licensed for use in allergic rhinitis	£1.50

Non-sedating antihistamine liquid (adult dose)	Cost for 30 days treatment (Drug tariff October 2017) ⁽³⁾
Cetirizine solution 5mg/5ml (10ml od)	£3.48
Loratadine 5mg/5ml oral solution (10ml od)	£20.30

Reserve liquid antihistamines for patients who cannot swallow tablets as these tend to be considerably more expensive.

Intranasal corticosteroids -Predominant symptom is sneezing or nasal discharge

Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hay fever, as they can relieve all symptoms including nasal congestion.

Corticosteroid Nasal Spray	Recommended doses	At the recommended dose One spray will last for:	Cost for 30 days treatment at recommended dose (Drug Tariff Oct 2017) ⁽³⁾
Mometasone 50mcg/dose nasal spray	2 sprays into each nostril once daily	140 dose spray = 35 days	£1.47
Beclometasone 50mcg/dose aqueous nasal spray	2 sprays into each nostril twice daily	200 dose spray = 25 days	£2.56
Budesonide 64mcg/dose nasal spray	2 sprays into each nostril once daily	120 dose spray = 30 days	£4.77
Fluticasone furoate 27.5mg/dose nasal spray (Avamys®)	2 sprays into each nostril once daily	120 dose spray = 30 days	£6.44
Triamcinolone acetonide 55mcg/dose (Nasacort®)	2 sprays into each nostril once daily	120 dose spray = 30 days	£7.39
Fluticasone propionate 50mcg/dose nasal spray (Flixonase®)	2 sprays into each nostril once daily	150 dose spray =37.5 days	£8.81

Dymista is currently a non-formulary and should not be prescribed in primary care.

References

1. Allergic rhinitis. Clinical Knowledge Summaries. Last accessed 4/10/17 <https://cks.nice.org.uk/allergic-rhinitis#!prescribinginfosub>

2. Management of hayfever March to September 2017. Telford and Wrekin Clinical Commissioning Group. March 2018. Last accessed 4/10/17 [Prescribing Guidelines](#)
3. Drug Tariff October 2017. Last accessed 4/10/2017 <https://www.nhsbsa.nhs.uk/sites/default/files/2017-09/October%202017.pdf>