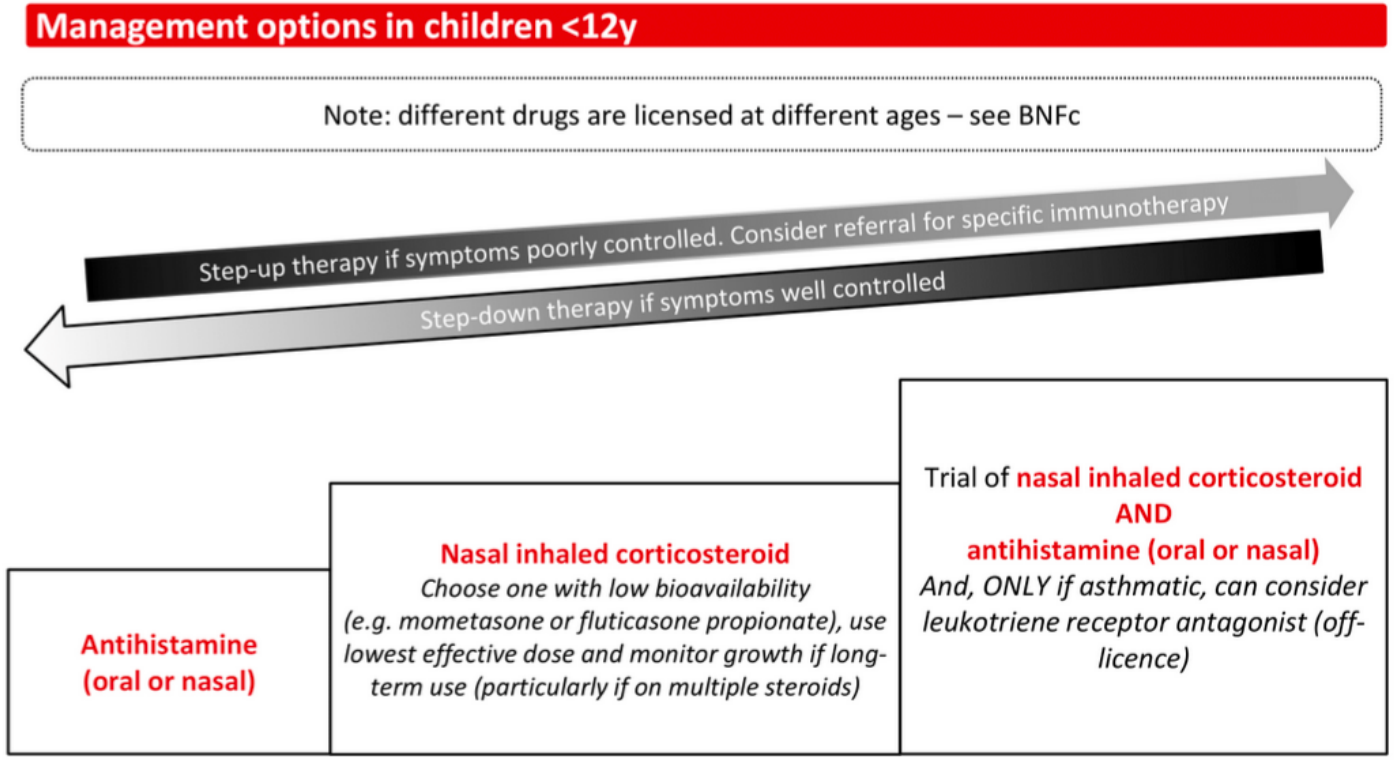
Rhinitis

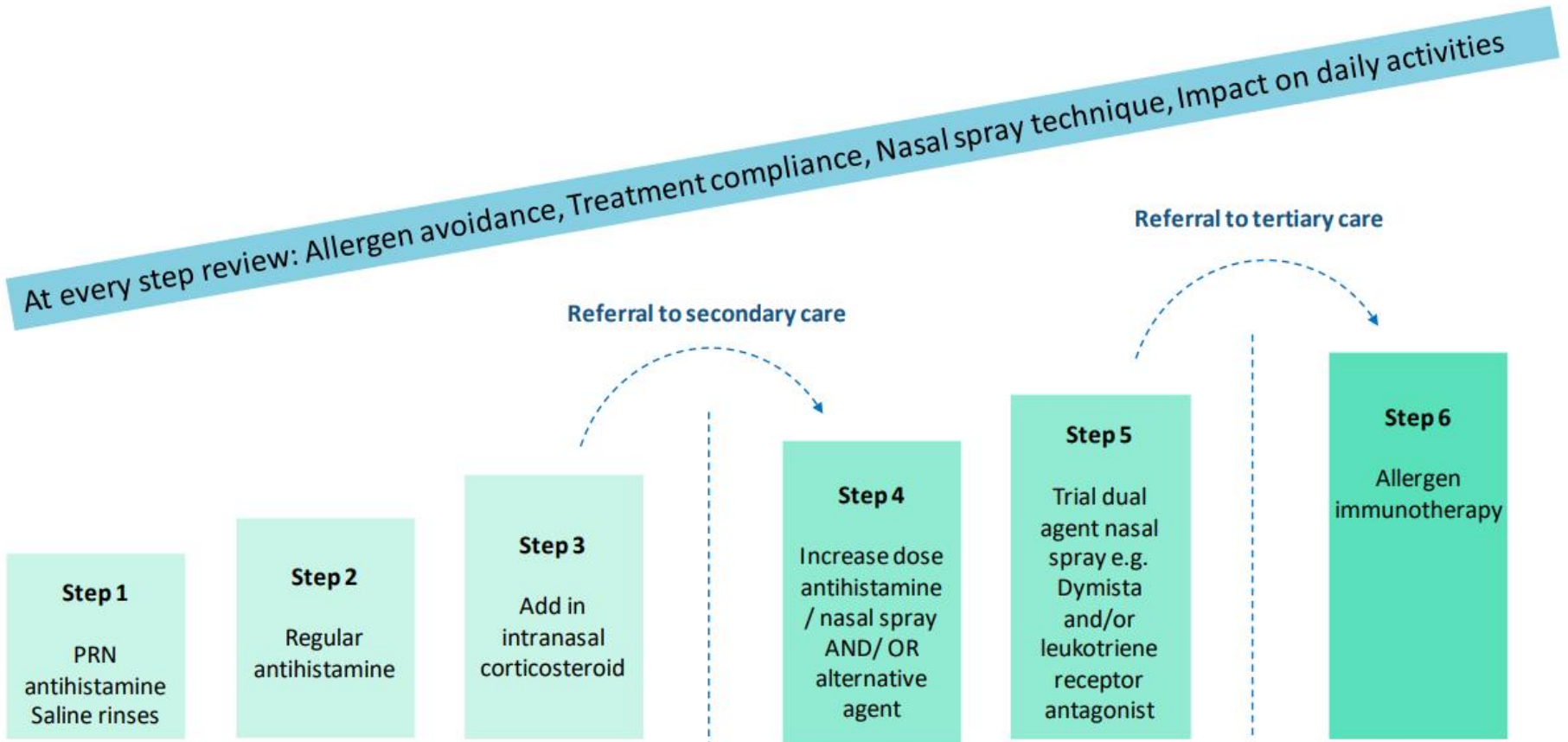
Remember, ONE airway, common asthma trigger, 30% of asthmatics have rhinitis

Advice about trigger avoidance, nasal emollient etc

Rhinitis, under 12yrs (and in pregnancy)



ALLERGIC RHINITIS MANAGEMENT- QUICK REFERENCE GUIDE



Allergic Rhinitis in Children

Symptoms suggestive of allergic rhinitis

- Sneezing
- Clear nasal discharge
- Itching in nose, palate, throat or ear
- Blocked nose, stuffy nose or nasal congestion
- Post-nasal drip – feeling of mucus running down back of throat
- Eye symptoms - red/itchy/watery eyes
- Respiratory symptoms – cough and/or wheeze

Red Flags

- Unilateral symptoms
- Mucopurulent discharge
- Frequent nose bleeds
- Sleep apnoea
- Nasal polyps
- Symptom onset before 2 years of age

! **Isolated eye swelling** – ? nephrotic syndrome
! **Severe eye symptoms** - refer to **Ophthalmology**

First Line Management in Primary Care

1. **Allergen avoidance** guided by history – symptom timing & duration
   - Seasonal – likely pollens – tree, grass, weeds
   - Perennial – consider house dust mite, moulds, pets
2. **Trial of Saline Nasal rinses** e.g. NeilMed, SinuSalt, Sterimar
3. **Trial of Medication**

For mild and/or intermittent symptoms
- Non-sedating antihistamine - regular or PRN e.g. Cetirizine, Loratadine, Fexofenadine

For moderate and/or persistent symptoms
- Regular antihistamine – consider double daily dose
- Add regular intranasal corticosteroids e.g. Mometasone or Fluticasone (minimum of 6 weeks)
- Eye drops e.g. Olopatadine - if ocular symptoms are present

! Avoid Piriton (Chlorphenamine) due to sedative side effects
! Avoid routine use of nasal decongestants and oral steroids
! Do NOT prescribe or use Beclomethasone (Beconase) due to high level systemic absorption

4. **Assess and manage asthma** if present
5. **Signpost to Allergy UK Patient Information leaflet for practical tips (see resources for links)**

REFER TO 2° CARE IF SYMPTOMATIC DESPITE REGULAR ANTIHISTAMINE & INTRANASAL CORTICOSTEROIDS

General Notes

Allergic rhinitis is common and often under treated. Up to 30% asthmatics will have allergic rhinitis.
Symptoms can have a significant impact on quality of life – sleep, concentration, work etc
Poor adherence is common especially with intranasal corticosteroids – assess each time
Allergy tests are usually not required as triggers can be identified from careful history taking
Referral is not usually required for pet allergies – unless severe symptoms e.g. asthma/anaphylaxis
Advise avoidance and signpost to Allergy UK Patient Information leaflet on Pet Allergy

Allergic Rhinitis in Children

Second Line Management

1. **Review history**
2. **Ensure regular oral antihistamine AND intranasal corticosteroids**
3. **Check compliance** with current medications including nasal spray technique - see link below
4. **Consider testing for environmental allergens** – house dust mite, grass, tree, weeds moulds, pets
5. **Assess impact** of current symptoms on activities of daily living
6. Advice regarding **allergen avoidance** and **start treatment early** with pre-season dosing

IF SYMPTOMATIC DESPITE THESE MEASURES:

- Consider alternative antihistamine or nasal spray
- Consider combination nasal spray (containing steroid + antihistamine) if >12 years
- ↑ dose of antihistamine – either higher dose or ↑ frequency
- Consider add-on leukotriene receptor antagonist montelukast (warn about possible side effects)

Assess and manage asthma if present

Signpost to Allergy UK Patient Information leaflet for practical tips (see resources for links)

REFER TO PAEDIATRIC ALLERGY TO ASSESS SUITABILITY FOR IMMUNOTHERAPY IF SYMPTOMS PERSIST DESPITE REGULAR ANTIHISTAMINE & INTRANASAL CORTICOSTEROIDS WITH GOOD COMPLIANCE

Formulary (refer to BNFc for more information)

NON-SEDATING ANTIHISTAMINES:
e.g. Cetirizine, Loratadine, Fexofenadine
- OTC medications
- Easy to administer

INTRANASAL CORTICOSTEROIDS:
e.g. Mometasone, Fluticasone, Avamys
- More effective than antihistamine
- Need education about technique
- Better for nasal congestion

! Avoid routine use of nasal decongestants

EYE DROPS:
- Antihistamine e.g. Olopatadine
- Mast cell stabiliser e.g. Sodium Cromoglicate

COMBINATION NASAL SPRAYS:
e.g. Dymista, Ryaltris
- Most effective
- Bitter taste
- Licensed >12 years

! Do NOT prescribe Beclomethasone (Beconase)

Resources

Links to Allergy UK Patient Information leaflets for practical tips www.allergyuk.org

- Allergic Rhinitis & Hayfever
- Pollens & Moulds in the Garden
- House Dust Mite Allergy
- Pet Allergy

BSACI guideline for diagnosis and management of allergic rhinitis

Quality of Life Assessment Tool – see PIER website for PADQAL document

University Hospital Southampton ENT video on nasal spray technique