

Primary Care Allergic Rhinitis Treatment Pathway

for adults and children > 2 years^{1,2,3}

Full patient history and nasal examination
Patient education: Allergen / irritant avoidance advice

MILD OR INTERMITTENT
(i.e. < 4 days/week OR < 4 consecutive weeks)
(Seasonal)

Predominant symptom sneezing, nasal discharge and ONE or more:

- No troublesome symptoms
- Completes normal daily activities
- Normal sleep
- No impairment of work and school

MODERATE-SEVERE OR PERSISTENT
(i.e. > 4 days/week AND for > 4 consecutive weeks)
(Perennial)

- Predominant symptoms nasal blockage
- Impaired daily activities
- Abnormal sleep, sleep disturbance
- Troublesome symptoms
- Problems caused at school/work

Oral non-sedating Antihistamine*
Cetirizine 10 mg od /
Loratidine 10 mg od

* Patients should be encouraged where possible to purchase OTC

Not effective after 1 month
(ensure compliance)

INCS (as below) +/- antihistamine; consider intranasal antihistamine i.e. azelastine spray unless contraindicated (<6 years of age/ocular symptoms) in which case consider oral antihistamine

Intranasal Corticosteroid (INCS)

Owing to low bioavailability, consider mometasone or fluticasone; NOT Beclomethasone^{1,4}

Fluticasone propionate: Two sprays in each nostril daily, reduce to 1 spray if effective (children 4 -11 years: 1 spray once daily)

Fluticasone Furoate (Avamys®) for allergic rhinitis with accompanying ocular symptoms: Two sprays each nostril daily, reduce to 1 spray if effective (children 6 – 11 years, 1 spray once daily)

Mometasone Furoate for perennial rhinitis / nasal polyps: 2 sprays each nostril daily, reduce to 1 spray if effective (Children 3 – 11 years, 1 spray once daily)

For pregnant or breastfeeding women², prescribe an intranasal corticosteroid with low bioavailability (e.g. mometasone/fluticasone). If this is not tolerated or additional treatment is required, prescribe an oral antihistamine (loratadine). Intranasal sodium cromoglicate and nasal douching (with normal saline) can be used as alternative

If ineffective after 1 month – ensure compliance, correct dose and technique. Review diagnosis

Fluticasone Propionate/Azelastine (Dymista®) licensed ≥ 12 years of age only: 1 spray twice daily

Indicated for patients who are refractory to or intolerant of standard therapies with either a nasal steroid +/- oral antihistamines and/or Where patient's symptoms are still troublesome and negatively impacting quality of life and daily function.

Ensure correct patient technique: After blowing the nose the suspension is to be sprayed once into each nostril keeping the head tilted downward. After use the spray tip is to be wiped and the protective cap to be replaced

Not tolerated

Ensure compliance and good technique. If ineffective or not tolerated at 1 month, refer for specialist assessment and management if symptoms are refractory to maximum medical therapy

Not effective

Referral to Specialist in Secondary Care - Skin Prick / Blood Test to confirm Allergy

References

1. Scadding GK et al. BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First Edition 2007). Clin Exp Allergy 2017;47:856-889
2. National Institute for Health and Care Excellence, Clinical Knowledge Summaries. Allergic Rhinitis. October 2015
3. Lipworth B et al. An algorithm recommendation for the pharmacological management of allergic rhinitis in the UK: a consensus statement from an expert panel. NPJ Prim Care Respir Med. 2017 Dec;19(3):217-222
4. Scadding GK. Steroid selection can reduce potential for steroid load. BMJ 2002;324:1374