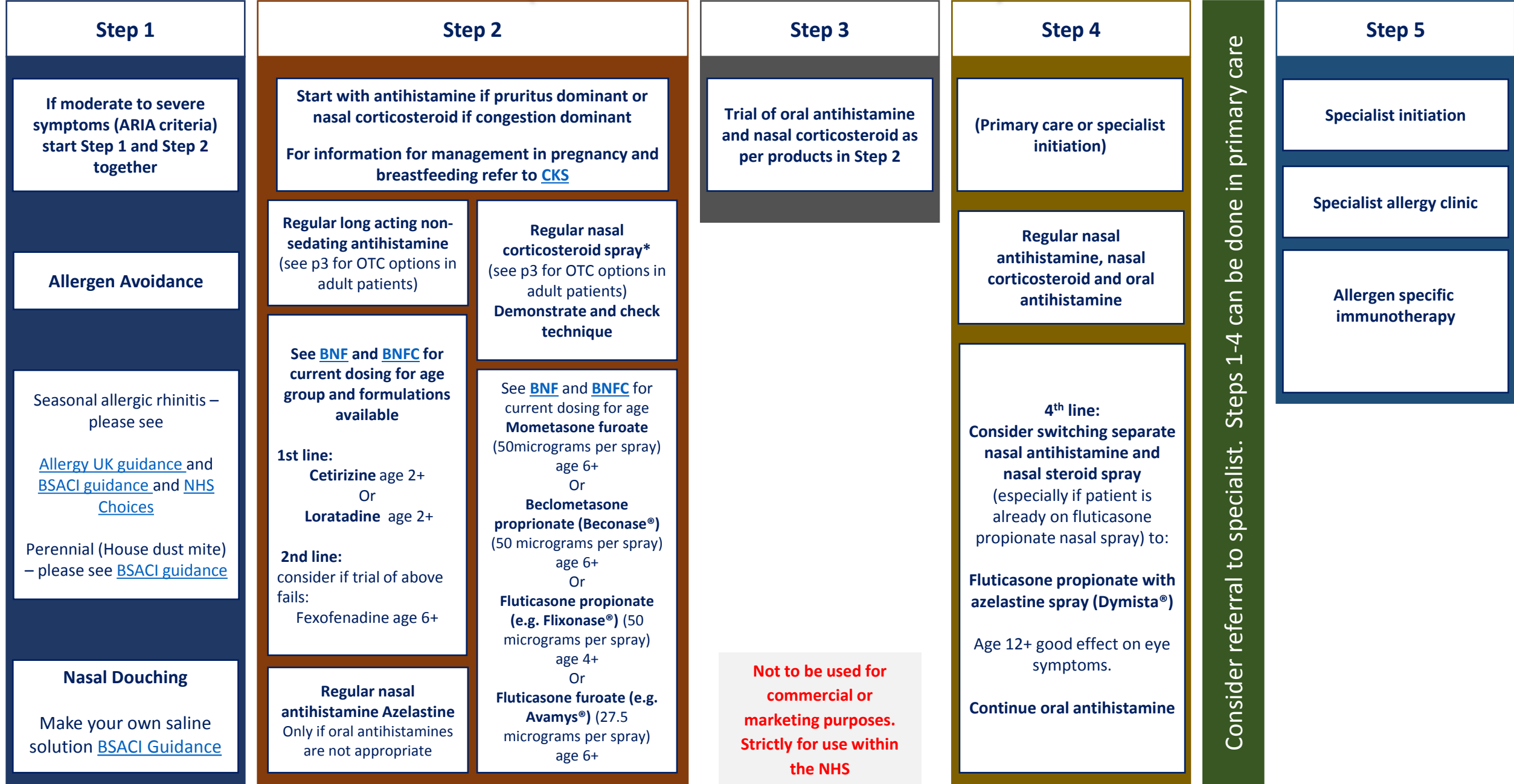


Step up the treatment if uncontrolled

Review every 2-4 weeks at each step before escalating treatment

Step down when patient gains control



## Paediatrics

### Top Tips

1. For seasonal rhinitis, start nasal spray 1-2 weeks before onset of appropriate pollen season
2. Nasal steroids unlikely to work if there is nasal blockage due to secretions. Try topical decongestant drops for 5 days
3. Avoid sedating antihistamines.
4. Avoid and chronic use of decongestants
5. If eye symptoms present consider:
  - Olopatadine eye drops age 3+
  - Sodium cromoglicate eye drops

### The following may be an indication for referral to Paediatric Allergy Specialist

1. Children with AR who are unresponsive and/or intolerant to conventional treatment
2. Children with diagnostic uncertainty and in whom further investigations (skin prick test +/- sIgE) would be helpful
3. Children who may be considered for desensitisation
4. Multisystem allergy (rhinitis with eczema, asthma or food allergy)

## Adults

For seasonal rhinitis, start nasal spray 1-2 weeks before onset of appropriate pollen season

If eye symptoms present consider:

- Olopatadine eye drops
- Sodium cromoglicate eye drops

In severe cases of nasal obstruction thought to be due to allergic rhinitis that impairs quality of life; consider a course of prednisolone 5–10 day : 20–40 mg a day in adults, 10 mg a day in children.

### AVOID:

- Sedating antihistamines
- Depot corticosteroids
- Chronic use of decongestants

### The following may be an indication for referral to Allergy Specialist

Inadequate control of symptoms on conventional treatment

1. Allergen/trigger identification
2. Consideration of desensitisation
3. Recurrent nasal polyps
4. Multisystem allergy (e.g. rhinitis with asthma, eczema or food allergy)
5. Occupational rhinitis

### For adults, the following are available OTC without prescription, which patients could consider buying:

- Fluticasone propionate 50mcg nasal spray
- Beclometasone 50mcg nasal spray
- Loratadine tabs and liquid
- Cetirizine tabs and liquid
- Sodium cromoglicate eye drops
- Xylometazoline & antazoline eye drops (Otrivine Antistin®)

## ENT Red Flags for Urgent Referral

- Unilateral symptoms including blockage, clear rhinorrhoea and facial pain
- Serosanguinous discharge
- Visual and neurological signs (considering sinonasal malignancy)
- Failure of 3 months maximum medical therapy, particularly where nasal blockage and anosmia remain significant symptoms

### References

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8. Roberts G et al. Allergy 2013; 68: 1102–1116
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10. <https://cks.nice.org.uk/allergic-rhinitis#scenario:1> accessed 21<sup>st</sup> May 2018

NHS Merton Medicines Management Committee  
Approved:            Review date:

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Acknowledgments to SEL Integrated Guideline for the Management of Allergic Rhinitis (AR) June 2017

- Allergic rhinitis is common in children and adults and is a significant cause of morbidity.
- Classified as intermittent or persistent (rather than seasonal or perennial)
- Symptoms can affect quality of life, school performance and impact on family life.
- Patients must be evaluated for asthma symptoms. 75% of children with asthma suffer from AR and AR increases the risk of hospitalisation in children with asthma
- Patients must be asked about eczema and pollen food syndrome.
- Patients must demonstrate their nasal spray technique regularly and **adherence to therapy should be established before stepping up therapy.**

## Diagnosis

1. **Classic symptoms:** Rhinorrhoea, pruritus (nose, throat, mouth), nasal congestion (mouth breathing, snoring), sneezing
2. **Careful history** (may identify allergic trigger)
3. **Examination of the nose to rule out any structural problems**

## Investigations

**RAST testing** – this is only needed for severe persistent symptoms. Send serum sample and request ‘specific IgE to aeroallergens’ (includes grass pollen mix, tree pollen mix, house dust mite, cat, dog and mould mix) and any other suspected allergens eg other animals.

## Classification

### Intermittent Symptoms

<4 Days per week  
Or <4 Consecutive weeks

### Persistent Symptoms

>4 Days per week  
And >4 Consecutive weeks

### Mild

All of the following:

1. Normal sleep
2. No impairment of daily activities
3. No impairment of work/school
4. Symptoms present but not troublesome

### Moderate – Severe one or more of:

1. Disturbed sleep
2. Impairment of daily activities
3. No impairment of work/school
4. Troublesome Symptoms

## Useful links

1. **Video about nasal spray technique**

<http://www.itchysneezywheezy.co.uk/RhinitisVideos.html>

2. **Four Seasons Booklet from allergyuk about managing asthma and allergic rhinitis**

<https://www.allergyuk.org/get-help/resources/322-four-seasons-booklet>

3. **NHS Choices Allergic Rhinitis**

<https://www.nhs.uk/conditions/allergic-rhinitis/>

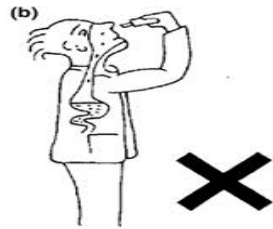
4. **NICE CKS**

<https://cks.nice.org.uk/allergic-rhinitis>

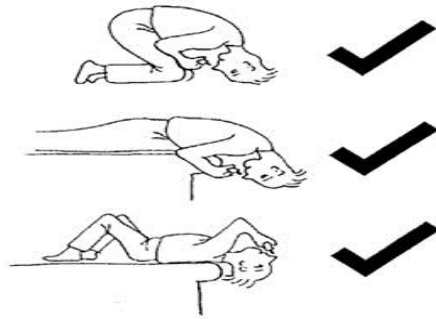
## Nasal Spray Technique

- Gently blow the nose to try and 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. 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



Wrong



Choose any position you feel comfortable with

Ref: <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2222.2007.02888.x>

## Advice on avoiding allergens

Advise all people requiring step-up treatment about allergen avoidance.

### For people with grass pollen allergy, advise:

- 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.

### 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.

**For people with confirmed animal allergy,** advise that ideally the animal should not be allowed in the house. When this is not acceptable, advise restricting their presence to the kitchen.

**For people with occupational allergy,** advise eliminating or reducing exposure to allergens, for example by using latex free gloves, using a dust mask, and ensuring that their environment is adequately ventilated.

Ref: <https://cks.nice.org.uk/allergic-rhinitis#!scenario:1>