BNSSG Allergic Rhinitis Pathway for Adults

- - - PRIMARY CARE INITIATION

Full patient history and nasal examination
Allergen/irritant avoidance advice

MILD AND INTERMITTENT
(Seasonal)
No troublesome symptoms Completes normal daily activities
Normal sleep disturbance
Normal work and school

MODERATE–SEVERE OR PERSISTENT
(Perennial)
Impaired daily activities
Abnormal sleep/sleep disturbance
Troublesome symptoms

REFER TO ENT SPECIALIST
Unlilateral rhinorrhoea - *may indicate cerebrospinal fluid leak*
Unilateral nasal blockage - *may indicate foreign body or tumour (**URGENT** referral is required)*
Nasal crusting - *may indicate granulomatosis or vasculitis*
Septal perforation - *may indicate granulomatous*/autoimmune condition
If surgery may be required – i.e. nasal blockage, nasal polyps, nasal septal deviation (GP to secure funding)

Oral antihistamines
1st line
Loratadine/cetirizine-*OTC*

2nd line
Fexofenadine *if Loratadine/Cetirizine not effective*

Advise patients to re-consult after 8 weeks if symptoms remain inadequately controlled

Considerations if there are still residual symptoms:
An oral antihistamine may be used with an intranasal steroid if the intranasal steroid is not completely resolving symptoms and is at maximum dose. Especially useful for persistent nasal itch, sneezing, rhinorrhoea or allergic conjunctivitis.
Alternatively, Dymista® (Fluticasone propionate plus azelastine) nasal spray could be used. Remove any oral antihistamine if the patient is taking one.
If this doesn't control symptoms, adding a nasal antimuscarinic drug such as ipratropium (Rinatec nasal spray 0.03%) might be of use.
If nasal blockage is a problem, add an intranasal decongestant (e.g. xylometazoline 0.1% nasal drops) for a maximum of 7 days only.
If the patient also has asthma, a leukotriene antagonist such as oral montelukast may be helpful.

1st line ***Mometasone 50mcg spray –** first choice **OTC***
Beclometasone/budesonide spray *OTC*
2nd line ***Budesonide 64mcg spray *OTC***
Flixonase nasules (for 8 weeks)
**If nasal polyps are present, use intranasal corticosteroids which are specifically licensed for this indication*
N.B. A short course of an oral steroid (30mg od for 7 days) may be needed initially to shrink large polyps.

Advise patients to re-consult after 8 weeks if symptoms remain inadequately controlled

If symptoms improve

Should symptoms persist and prior to referral for 12yrs & over
Fluticasone Propionate / Azelastine (Dymista®) or use separate components
Note: Dymista may be better tolerated than simple INC, ***remove oral antihistamine***

Referral to Specialist in Secondary Care
Consider Skin Prick or RAST Blood Test to confirm Allergy
Refer when

- Treatment with a combination of antihistamine and inhaled nasal corticosteroid is ineffective
- Considering immunotherapy in allergic rhinitis
- An allergic trigger is suspected & allergen avoidance could mitigate symptoms
- Occupational rhinitis is suspected (also refer to an occupational health service)
- Symptoms persist despite surgery (e.g. recurrent sinusitis or nasal polyps)
- There is chronic infective sinusitis lasting >3 months despite antibiotic treatment - this may indicate immune deficiency
- There is parental concern that persistent symptoms are affecting sleep or school performance

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