Management of Allergic Rhinitis 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 allergic rhinitis [2].
- First line treatments for the management of hay fever are available over the counter to purchase [2]. Patients should be encouraged to purchase pharmacological treatment for allergic rhinitis in line with the *NHS Guidance on conditions for which over the counter items should not routinely be prescribed in primary care March 2018.*

Treatment Options

Please see Appendix 1 for the treatment algorithm for allergic rhinitis treatment.

	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; and are therefore non-formulary in Suffolk and North East Essex [1].

	Non-sedating antihistamine	Additional prescribing information	Legal position*	Cost range for original pack
First line treatments	Cetirizine (10mg od)	Licensed for use in children from 6 years of age.	GSL	<£2 for pack of 30 tablets
	Loratadine (10mg od)	First line -In pregnant and breastfeeding women, licensed from 2 years	GSL	<£2 for pack of 30 tablets
Second line treatments	Fexofenadine (120mg od)	• 120mg is licensed in 12 years and above • 180mg fexofenadine is not licensed for use in allergic rhinitis	GSL	~£11 for pack of 30

Table 2: Oral anthistamines to purchase over the counter [1]

Non-sedating antihistamine liquid	Legal position*	Cost range for original pack
Cetirizine oral solution 5mg/5ml (licensed from 2 years onwards)	GSL	<£6 for 100mL
Loratadine oral solution 5mg/5ml	GSL	<£6 for 100mL

Table 3: Oral liquid anthistamines to purchase over the counter [1]

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

Intranasal antihistamine (nasal sprays)	Legal position*	Cost range for original pack
Azalestine 0.1% w/v (Rhinolast ®) 140micrograms/dose nasal spray	POM	~£11

Table 4: Intranasal anthistamines [1]

Intranasal corticosteroids -Predominant symptom is sneezing or nasal discharge

A number of intranasal corticosteroids are available over the counter and this should be encouraged for seasonal rhinitis. Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hay fever, as they can relieve all symptoms including nasal congestion.

Where an intranasal corticosteroid requires a prescription because it is not licensed for the indication it is being used for or it is required to be used long term (i.e. greater than 3 months) then the preferred Fluticasone preparation is Fluticasone furoate 27.5mg/dose nasal spray (Avamys®).

Combination product nasal sprays such as Dymista ® should only be used for the relief of symptoms of moderate-severe perennial allergic rhinitis in patients who have failed to respond to a steroid nasal spray with the addition of an oral antihistamine. Treatment must be reviewed after 3 months and only continued for patients who are benefitting from it.

Corticosteroid Nasal Spray	Recommended doses for adults	At the recommended dose one original pack will last for:	Legal position*	Cost range for original pack
Mometasone 50mcg/dose nasal spray	2 sprays into each nostril once daily	140 dose spray = 35 days	P	£14
Beclometasone 50mcg/dose aqueous nasal spray	2 sprays into each nostril twice daily	200 dose spray = 25 days	GSL	£6-10
Budesonide 64mcg/dose nasal spray	2 sprays into each nostril once daily	120 dose spray = 30 days	GSL	£5-10
Triamcinolone acetonide 55mcg/dose	2 sprays into each nostril once daily	120 dose spray = 30 days	GSL	<£8
Fluticasone propionate 50mcg/dose nasal spray	2 sprays into each nostril once daily	150 dose spray =37.5 days	GSL	£8-10
Fluticasone furoate 27.5mg/dose nasal spray (Avamys®)	2 sprays into each nostril once daily	120 dose spray = 30 days	POM	£7-£10
Combination product Fluticasone propionate 50micrograms/dose and Azelastine 137micrograms/ dose nasal spray (Dymista ®)	1 spray into each nostril twice daily	120 dose sprays= 30 days	POM	~£15
Combination product Olopatadine and mometasone (Ryaltris ®)	2 spray into each nostril twice daily	240 dose= 30 days	POM	~£13

- **Key**

GSL- General sales list- can be obtained in any store and available over the counter
P- Pharmacy only- can only be obtained over the counter from a pharmacy
POM- Prescription only medicine

References

1. NICE Clinical Knowledge Summaries. Allergic rhinitis. Last updated August 2021 Last accessed 17/06/2022 Allergic rhinitis | Health topics A to Z | CKS | NICE
2. NHS Shropshire, Telford and Wrekin CCG Hayfever. Accessed 17/06/2022 Hay Fever - Shropshire, Telford and Wrekin CCG (shropshiretelfordandwrekinccg.nhs.uk)
3. NHS Business Service Authority (NHSBSA) Drug Tariff June 2022. Last accessed 17/06/2022 Tariff.book (nhsbsa.nhs.uk)09/October%202017.pdf

This document has been adapted from the NHS Waltham Forest CCG Management of Seasonal Allergic Rhinitis (Hay fever) Guidelines October 2017 V1 and South East London (SEL) Integrated Guidelines for the Management of Allergic Rhinitis (AR) June 2019.

Appendix 1: *East Suffolk and North Essex Integrated Guideline for the Management of Allergic Rhinitis in Adult Patients*

Step up treatment if uncontrolled
Allow 8-12 weeks at each step before escalating treatment
Step down when symptoms subside.

STEP 1

If moderate to severe symptoms (ARIA criteria) start Step 1 and Step 2 together

Allergen avoidance
Seasonal allergic rhinitis please use the following resources:

1. Hay Fever | Allergy UK | National Charity
2. BSACI guideline for the diagnosis and management of allergic and non‐allergic rhinitis (Revised Edition 2017; First edition 2007)
3. Allergic rhinitis - NHS (www.nhs.uk)

Nasal douching using saline solution can be used. Information on how to make your own saline solution can be found here Nasal polyps - NHS (www.nhs.uk) or can be bought over the counter

STEP 2

Start with antihistamine if pruritus dominant or nasal corticosteroid if congestion dominant For information for management in pregnancy and breastfeeding refer to CKS

Regular long acting non-sedating antihistamine
(all available over the counter)

See BNF and BNFC for current dosing for age group and formulations available

1st line: **Cetirizine** or **Loratadine**

2nd line: **Fexofenadine**

Regular nasal antihistamine
Azelastine (Prescription only)
Only if oral antihistamines are not appropriate

Regular nasal corticosteroid spray*
Demonstrate & check technique

See BNF and BNFC for current dosing for age

Mometasone furoate
(50micrograms per spray)
or
1st Line Choice for self care:
Fluticasone propionate
(e.g. Flixonase®) (50 micrograms per spray)
or
Fluticasone furoate
(Avamys®) (27.5 micrograms per spray)
Good effect on eye symptoms. To prescribe only if using outside its recommended licensed indication or if required to use for more than 3 months.

For patients taking cobicistat or ritonavir use: Beclometasone dipropionate (50 micrograms per spray)
See MHRA advice Dec 2016

STEP 3

Trial of oral antihistamine and nasal corticosteroid combination as per products in Step 2

STEP 4

(Primary or secondary care initiation)

Combination regular nasal antihistamine, nasal corticosteroid and oral antihistamine

Consider switching separate nasal antihistamine and nasal steroid spray (especially if patient is already on fluticasone propionate nasal spray) to:
Fluticasone propionate with azelastine spray (Dymista®) OR olopatadine and mometasone (Ryaltris ®)

Treatment must be reviewed after 3 months and only continued for patients who are benefitting from it.

STEP 5

Specialist allergy clinic- consider referral to specialist allergy clinic.