**Step up the treatment if uncontrolled**

**Step 1**
If moderate to severe symptoms (Allergic Rhinitis and its Impact on Asthma - ARIA criteria) start Step 1 and Step 2 together.

**Allergen Avoidance**
Seasonal allergic rhinitis – please see Allergy UK guidance and BSACI guidance and NHS Choices.
Perennial (House dust mite) – please see BSACI guidance.

**Nasal Douching**
Make your own saline solution BSACI Guidance.

**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 (see p3 for OTC options in adult).
- See BNF and BNFC for current dosing for age group and formulations available.
  - 1st line: Cetirizine age 2+ 
    - Or Loratadine age 2+ 
  - 2nd line: consider if trial of above fails: Fexofenadine age 6+

- Regular nasal corticosteroid spray* (see p3 for OTC options in adult patients). 
- Demonstrate and check technique.

- See BNF and BNFC for current dosing for age.
  - Mometasone furoate (50 micrograms per spray) age 6+ 
    - Or Beclometasone propionate (Beconase®) (50 micrograms per spray) age 6+ 
    - Or Fluticasone propionate (e.g. Flixonase®) (50 micrograms per spray) age 4+ 
    - Or Fluticasone furoate (e.g. Avamys®) (27.5 micrograms per spray) age 6+ 

**Step 3**
Trial of oral antihistamine and nasal corticosteroid as per products in Step 2.

**Step 4**
(Primary care or specialist initiation)

- Regular nasal antihistamine, nasal corticosteroid and oral antihistamine.

4th line: 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®)

- Age 12+ good effect on eye symptoms.
- Continue oral antihistamine: If clinically indicated to control other systemic features of allergy e.g. urticaria.

**Step 5**
Specialist initiation.
Specialist allergy clinic.
Allergen specific immunotherapy.

Consider referral to specialist. Steps 1-4 can be done in primary care.

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NHS Merton and Wandsworth CCGs Guideline for the Management of Allergic Rhinitis (AR)
## 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 maximum.
   - Ephedrine hydrochloride 0.5% nasal drops 12+ years
   - Xylometazoline hydrochloride 0.05% nasal drops 6+
3. Avoid sedating antihistamines.
4. Oral decongestants are contraindicated in children under the age of 6 years
5. Avoid chronic use of decongestants
6. 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 rhinorrhea 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
10. [https://cks.nice.org.uk/allergic](https://cks.nice.org.uk/allergic)

Approved by Merton and Wandsworth Clinical Overview Group November 2018

NHS Sutton and Merton Medicines Management Committee
Approved: January 2019
NHS Wandsworth Medicines Optimisation Group
Approved: February 2019. Amended July 2019
Review date: Jan 2021

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

- 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

**Specific IgE (RAST test)** - this is only needed for severe persistent symptoms. For spring / summer seasonal symptoms, only grass and tree pollen need be tested. For perennial symptoms request ‘specific IgE to aeroallergens’ (including grass pollen mix, tree pollen mix, house dust mite, cat, dog and mould mix) and any other suspected allergens e.g. 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.

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