

Adult and Paediatric Allergic Rhinitis

2-3 cardinal symptoms >1 hour/day >3 weeks.

Cardinal symptoms: sneezing, rhinorrhoea, nasal obstruction,
Consider: season, occupational history, personal medical history
and medications.

Nasal examination to assess blockage for obvious polyps
Patient education: Allergy avoidance

Mild

1. Saline douche in nose (twice daily) e.g. Neilmed or Sterimar solution (available over the counter – **Not** on NHS prescription)
2. Oral non-sedating antihistamine i.e. Cetirizine, Loratadine for 3 months

No Improvement

Moderate

1. Saline douche in nose (twice daily) e.g. Neilmed or Sterimar solution (available over the counter – **Not** on NHS prescription)
2. Oral non-sedating antihistamine i.e. Cetirizine, Loratadine for 3 months
3. Topical nasal steroids for 3 months (see below)

No Improvement

Severe

1. Saline douche in nose (twice daily) e.g. Neilmed or Sterimar solution (available over the counter – **Not** on NHS prescription)
2. Oral non-sedating antihistamine i.e. Cetirizine, Loratadine for 3 months
3. Topical nasal steroids for 3 months.
4. Trial 5 -10 day course of Prednisolone
Adults: 20-40mg daily
Children: 10mg daily*

*<https://cks.nice.org.uk>

Topical Nasal Steroids

See BNF for doses

To be prescribed in generic form.

- Beclometasone dipropionate aqueous nasal spray, 50 micrograms per spray (for >6 yrs)
- Betamethasone sodium phosphate **Drops** 0.1% (Vista-Methasone®)
- Fluticasone furoate (Avamys®) aqueous nasal spray, 27.5 micrograms per spray (for >6 yrs)
- Mometasone furoate nasal spray 50 micrograms per spray (for >6 yrs)

[Click for patient information sheet how to use nasal drops](#)

[Click for patient information sheet how to use nasal spray](#)

[Click here to follow local formulary](#)

Paediatric Only Important Notice:

Topical nasal steroids should be used for the shortest time possible (ie 1-3 months). Due to their systematic absorption and reports of slowing of growth.

In long term use, the height of children on prolonged INCS treatment should be monitored

Not relevant for adults. Follow BNF for children.

Routine Secondary Care Referral for reassessment of treatment and allergy testing if appropriate via RMS

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References: Based on Coastal and West Sussex Clinical Commissioning Group pathway.
ARIA – Management of allergic rhinitis and its impact on asthma
CKS – Allergic Rhinitis