ALLERGIC RHINITIS TREATMENT PATHWAY

**Diagnosis by history/nasal examination ± Skin Prick Test (SPT)/serum-specific IgE**

Allergen/irritant avoidance advice ± nasal douching

### MILD
- Intermittent (i.e. <4 days/wk or <4 consecutive wks) and ONE or more:
  - Normal daily activities
  - Normal sleep
  - Normal work & school

**Oral/Topical non-sedating Antihistamines (AH)**

Failure of Tx after 1/12

### MODERATE/SEVERE
- Persistent (i.e. >4 days/wk or > 4 consecutive wks) and ONE or more:
  - Impaired daily activities
  - Sleep disturbance
  - Affects school/work performance

**Oral/Topical non-sedating AH ± LeukoTriene Receptor Antagonist (LTRA-if Asthma present ) AND INCS**

Failure of Tx after 1/12

**Intranasal Corticosteroid (INCS) [at least 4/52 of compliant use as a trial period]**

1st line: Betcrometasone Nasal Spray (Beconase), 2 sprays each nostril BD
2nd line: Fluticasone Furoate nasal spray (Avamys), 2 sprays each nostril OD

**Patient education**

**Technique demonstration**

Check use, compliance, diagnosis, next line Rx

**Stop all PO AH ± LTRA**

Change to steroid/antihistamine nasal spray. Azelastine/Fluticasone propionate (Dymista)

Failure of Tx after 1/12

Rx failure + Mod/Severe Symptoms

**REFER TO SECONDARY CARE**

(ENT Clinic LRI)

Note: If other atopy symptoms (i.e. eczema, asthma) present please consider referral to Allergy Clinic LGH.

### Symptoms usually NOT associated with AR

- Unilateral symptoms ++++
  1. Unilateral bloodstained discharge
  2. Orbital involvement (e.g. diplopia, affected vision, ophthalmoplegia, proptosis)
  3. Nasal lesions/masses/polyps
  4. Persistent considerable nasal crusting or foul smell
  5. Unilateral rhinorrhea or intermittent/positional watery discharge (? CSF).
  6. Pain
  7. Mucopurulent discharge

### References:

1. An algorithm recommendation for the pharmacological management of allergic rhinitis in the UK: a consensus statement from an expert panel. B. Lipworth et al. NPJ Prim Care Respir Med. 2017 Dec;27(1):3

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