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**

**ARIA Classification of Allergic Rhinitis**

- **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) Impairment of work/school
  4) Troublesome Symptoms

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South East London (SEL) Integrated Guideline for the Management of Allergic Rhinitis (AR)

- Allergic rhinitis is common in children and adults and is a significant cause of morbidity.
- Symptoms can affect quality of life (2), school performance (3) and impact on family life (4).
- Patients must be evaluated for asthma symptoms. 75% of children with asthma suffer from AR (5) and AR increases the risk of hospitalisation in children with asthma (6).
- 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.**

South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: Bexley/ Bromley/ Greenwich/ Lambeth/ Lewisham & Southwark Clinical Commissioning Groups (CCGs) & GSTFT/KCH/SLAM/Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

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SEL Integrated Guideline for the Management of Allergic Rhinitis (AR)

**Step up treatment if uncontrolled**

- **Step 1**
  - If moderate to severe symptoms (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 see BSACI guidance

**Step 2**

- **Regular long acting non-sedating antihistamine**
  - See BNF and BNFC for current dosing for age group and formulations available
- 1st line:
  - Cetirizine (from age 1 year. Use twice daily regimen in <12 years)
  - or Loratadine (from age 2 years)
- 2nd line:
  - (can consider if trial of above fails):
  - Fexofenadine (from age 6 years)

- **Regular nasal corticosteroid spray**
  - See BNF and BNFC for current dosing for age
  - Mometasone furoate (50 micrograms per spray)
    - From age 6 years
  - or Fluticasone furoate (Avamys®) (27.5 micrograms per spray)
    - From age 6 years. Good effect on eye symptoms
  - or Fluticasone propionate (e.g. Flixonase®) (50 micrograms per spray)
    - From age 4 years
  - 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 as per products in Step 2**

- **Step 4**
  - (Primary care or specialist initiation) Regular nasal antihistamine, nasal corticosteroid and oral antihistamine

**Step 5**

- **Specialist allergy clinic**
  - Specialist initiation only
  - Leukotriene receptor antagonist (e.g. montelukast)
  - Can be considered in asthmatic patients

- **Specialist initiation and continued prescribing only**
  - Allergen specific immunotherapy

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

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**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®)
  - From age 12 years
  - Good effect on eye symptoms.

**Continue oral antihistamine**

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### 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 nasal steroid drops or pre-dosing with topical decongestant for 5 days
3. Avoid sedating antihistamines, and intranasal beclometasone (e.g. Beconase®) as it can have systemic effects due to a high bioavailability (due to interactions beclometasone is the preferred product in those taking cobicistat or ritonavir however. See MHRA advice Dec 2016)
4. Avoid and chronic use of decongestants
5. If eye symptoms present consider:
   - Olopatadine eye drops (from age 3) (see APC recommendation)
   - 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. 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 (see APC recommendation)
- Sodium cromoglicate eye drops

In severe cases of nasal obstruction thought to be due to allergic rhinitis a short course (e.g. 5 days) of prednisolone 0.5mg/kg could be considered (adults only, max 2 courses per year)

**AVOID:**
- Sedating antihistamines
- Depot corticosteroids
- Chronic use of decongestants or nasal beclometasone, as has high bioavailability

**The following may be an indication for referral to Allergy Specialist**
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 (not preferred for routine prescribing, though may be cheaper than fluticasone OTC. Preferred product for patients on cobicistat or ritonavir, see MHRA advice Dec 2016)
- Loratadine tabs, liquid
- Cetirizine tabs, liquid
- Sodium cromoglicate eye drops
- Xylometazoline & antazoline eye drops (Otrivine Antistin®)

### ENT Red Flags for urgent referral
- Unilateral symptoms including blockage, clear rhinorrhoea 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**

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