DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Allergic Rhinitis in adults and adolescents over 12 years of age

Background

Allergic Rhinitis (AR) is common and affects 10–15% of children and 26% of adults in the UK[1]. AR is a non-curable condition and treatment compliance is paramount to control symptoms.

- Self-management strategy should be provided to all patients[2]
- Advice on allergen avoidance techniques if there is a specific identified causative allergen
- Signposting sources of information and support e.g. Allergy UK or NHS website
- Consider saline nasal irrigation to rinse the nasal cavity using a spray, pump, or squirt bottle, which can be bought over-the-counter.

For treatments of minor self-limiting nasal congestion, including mild-moderate hayfever, patients are encouraged to self-care.

Allergen Avoidance

Minimising exposure to known allergens and other triggers is central to managing symptoms of allergic rhinitis. In some patients, allergen avoidance and nasal rinses are all the management needed.

Indoor allergens

Optimising indoor air quality is imperative, particularly in the home. Allergy UK have practical advice for reducing exposure to house dust mites, mould, pet and chemical allergens.

Outdoor allergens

Patients are advised to check the pollen forecast and take measures to reduce exposure to pollen when the reading is high (above 50).
For example:

- Stay indoors as much as possible and keep windows and doors shut.
- Apply petroleum jelly (such as Vaseline) around your nostrils to trap pollen
- Avoid cutting grass, large grassy places and camping.
- Shower and wash your hair after being outdoors, especially after going to the countryside.
- Wear wraparound sunglasses when you are out.
- Keep car windows closed and consider buying a pollen filter for the air vents in your car (these should be changed at every service).

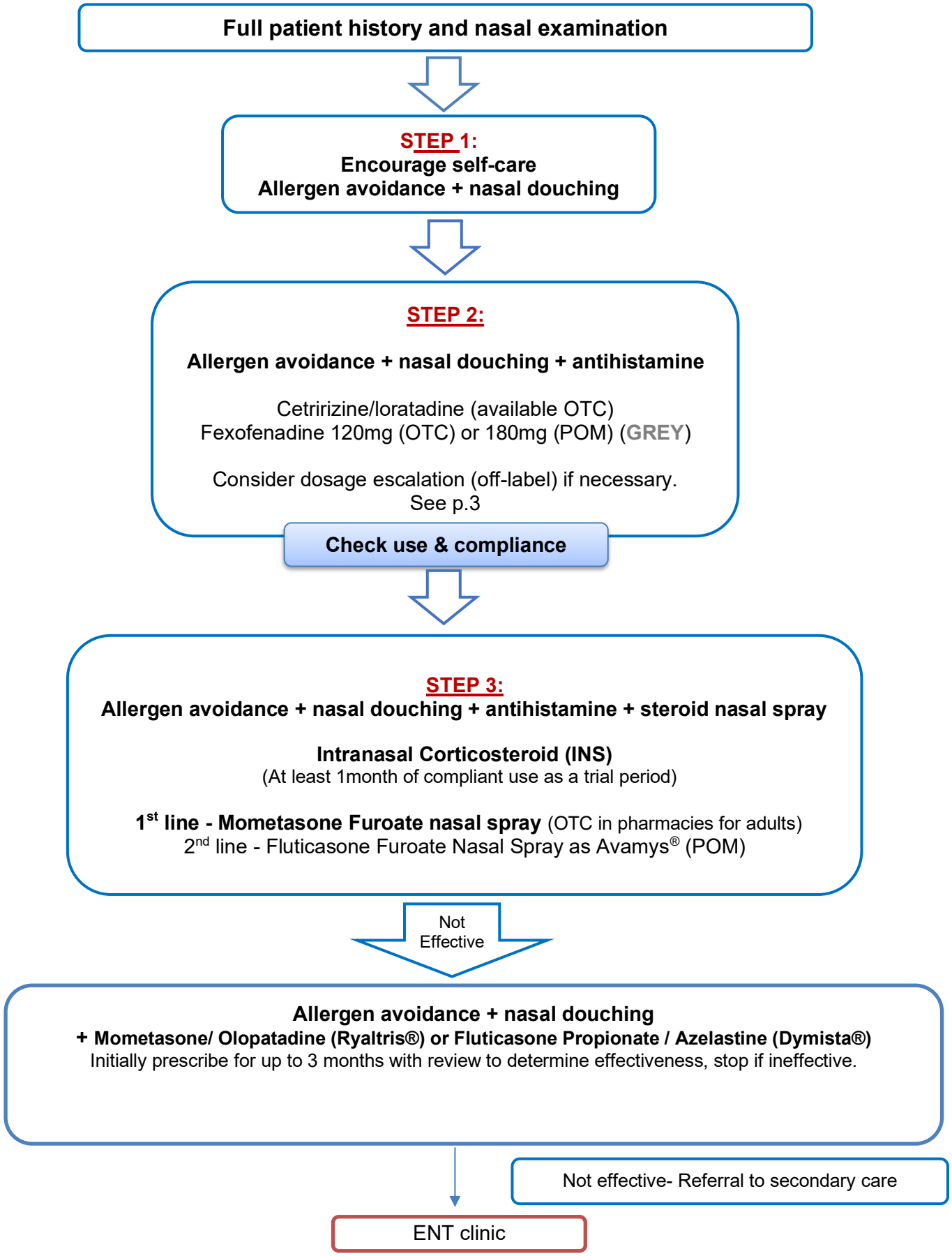
Nasal Irrigation/douching

Washing away excess mucus along with any allergens or irritants helps reduce the amount of inflammation in the nasal passages and relieve symptoms. This webpage produced by Gloucester Hospitals NHS Foundation trust contains Patient information on nasal douching.

Nasal Examination

It is best practice to use a Thudicum's nasal speculum and headlight for examinations. An otoscope may be useful if Thudicum's is not available.

ALLERGIC RHINITIS TREATMENT PATHWAY



Dose of nasal steroids

Drug	Strength	Classification	Dose as per BNF	28d Cost (maintenance)	INS Bio-availability
Mometasone	50micrograms/ metered spray	GREEN	2 sprays into each nostril **once daily**, increased if necessary to 4 sprays into each nostril once daily. When control achieved reduce to 1 spray into each nostril once daily	£8.19 x 140 doses **£3.27 for 28 days**	0.5%
Fluticasone furoate (Avamys)	27.5micrograms/ metered spray	GREEN	2 sprays into each nostril **once daily** increased to twice daily if required. When controlled reduce to 1 spray into each nostril once daily	£6.44 x 120 doses **£3.00 for 28 days**	0.5%
Mometasone furoate/ Olopatadine (Ryaltris®)	25micrograms+ 600microgram/ spray	GREY	2 sprays into each nostril **twice daily**	£13.32 x 240 doses **£12.43 for 28 days**	-
Fluticasone propionate/ azelastine hydrochlor (Dymista)	50micrograms+ 137 microgram/ metered spray	GREY	1 spray into each nostril **twice daily**.	£14.80 x 120 doses **£13.81 for 28 days**	-

Price as per October 2024 Drug Tariff

Mometasone Furoate/Olopatadine (Ryaltris) or Fluticasone Proprionate/Azelastine Hydrochloride (Dymista)

STOP oral antihistamine.

Follow treatment pathway- Ryaltris or Dymista is for patients who are **refractory to or intolerant of standard therapies** with a nasal steroid +/- oral antihistamines, where patient's symptoms are still troublesome and negatively impacting quality of life and daily function. These patients generally present using/or having tried multiple medicines from several drug classes to try and achieve symptom control yet treatment is still perceived to be sub-optimal.

Ryaltris/ Dymista should initially be prescribed for up to 3 months. Review to determine effectiveness, stop if ineffective. If considered effective, treatment can be continued until symptoms have been controlled (6 months control), then stopped; should patient's symptoms persist again after stopping, treatment can be re-started and can be continued as long as patients continue with their symptoms depending on their allergic exposure.

Dose of oral antihistamines

Drug	Dose as per BNF	Classification	GP to prescribe prior to referral*	Comments
Loratadine 10mg tablets (available OTC)	10mg once daily	GREEN	10mg dose can be given twice daily	Patients might be titrated to four times a day dosing by the consultant
Cetirizine 10mg tablets (available OTC)	10mg once daily	GREEN	10mg can be given 2-3 times daily	
Fexofenadine 120mg tablets (available OTC)	120mg once daily	GREY	180mg once daily (off-licenced use)	

*off license dosing as recommended by consultants

Dose of eye drops

Drug	Strength	Dose as per BNF
Antazoline/xylometazoline (Otrivine-Antistin) (OTC)	0.5%/0.05%	1 drop into each eye 2-3 times a day
Sodium cromoglicate (available OTC)	2%	1 drop into each eye four times daily
Olopatadine	1mg/ml	1 drop into each eye twice daily

Secondary care Referral

Once patients have been on Maximal Medical Therapy (as per pathway above) they can then be referred to ENT clinic for specialist consultation. It must be emphasized to the patient that there is **no cure** for allergic rhinitis and no surgical intervention may be indicated. Even if surgery is performed, this does not cure the condition, which would still need to be treated with long term topical steroids/antihistamines.

The following checklist can be used for ensuring referrals are appropriate:

Age over 12 years	☐
Documented Allergic Rhinitis Symptoms	☐
Nasal steroid spray (max dose)	☐
Maximum dose of oral antihistamines	☐
Ongoing symptoms despite maximum medical therapy	☐
Eye drops **if** eye symptoms significant (optional)	☐
Ryaltris/ Dymista trial	☐

References

1. British Society of Allergy and Clinical Immunology (BSACI) guideline for the diagnosis and management of allergic and non-allergic rhinitis July 2017. https://www.bsaci.org/guidelines/bsaci-guidelines/ (Accessed 15/3/2022)
2. Clinical Knowledge Summary (CKS) Allergic rhinitis https://cks.nice.org.uk/topics/allergic-rhinitis/ (Accessed 15/3/2022)
3. Lipworth, B., Newton, J., Ram, B. et al. (2017) An algorithm recommendation for the pharmacological management of allergic rhinitis in the UK: a consensus statement from an expert panel. NPJ Prim Care Resp Med 27(3), 1-8.

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Document updates	Date updated