CHAPTER 12: EAR, NOSE AND OROPHARYNX
Updated: October 2019

The following prescribing guidelines are relevant to the ENT chapter and can be found here:
- Allergic Rhinitis in adults and adolescents over 12 years of age
- Management of chronic rhinosinusitis with or without nasal polyps

12.1 DRUGS ACTING ON THE EAR
12.1.1 Otitis externa
Investigation is not routinely recommended for the initial diagnosis of otitis externa.

<table>
<thead>
<tr>
<th>Group</th>
<th>Drug</th>
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<tbody>
<tr>
<td>Astringent/acidic preparations</td>
<td>Acetic acid 2% ear spray</td>
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<td>Self-care: patients are advised to purchase this over the counter</td>
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<tr>
<td>Antibiotic preparations</td>
<td>Gentamicin 0.3% ear/eye drops*</td>
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<td>Ciprofloxacin 2mg/ml ear drops 0.25ml unit dose PF</td>
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<tr>
<td>Combined corticosteroid and aminoglycoside antibiotic preparations</td>
<td>Betnesol-N ear/eye/nose drops* (Betamethasone 0.1% &amp; neomycin 0.5%)</td>
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<td>Otomize ear spray* (Dexamethasone 0.1%, neomycin 0.5% &amp; acetic acid 2%)</td>
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<tr>
<td>Corticosteroid preparations</td>
<td>Prednisolone 0.5% ear/eye drops Lower potency</td>
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<tr>
<td></td>
<td>Betamethasone 0.1% ear/eye/nose drops Higher potency</td>
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<tr>
<td>Antifungal preparations</td>
<td>Clotrimazole 1% solution 20ml (with dropper)</td>
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* In view of reports of ototoxicity, manufacturers contra-indicate treatment with topical aminoglycosides in patients with a perforated tympanic membrane (eardrum) or patent grommet.

1. The following are BROWN, not for first line empirical use, and should only be used when sensitivity is confirmed through swab results.
   - Hydrocortisone acetate 1%/gentamicin 0.3% ear drops
   - Flumetasone pivalate 0.02%/clioquinol 1% ear drops

2. How should I treat acute diffuse otitis externa? (CKS)
   - Remove or treat any precipitating or aggravating factors.
   - Prescribe or recommend a simple analgesic for symptomatic relief.
   - Treat inflammation using a topical ear preparation for 7 days:
     - Acetic acid 2% (EarCalm) spray can be used first-line.
     - For more severe cases (pain, deafness, discharge), or if treatment with acetic acid for mild otitis externa is not effective, a topical antibiotic with or without corticosteroid should be used.
   - Only consider adding an oral antibiotic for people with severe infection.

3. Treatment failure
   - Oral antibiotics are rarely indicated. If there are systemic signs of infection or if the infection is spreading outside the ear canal, prescribe a 7 day course of an oral antibiotic (flucloxacinil or erythromycin if penicillin sensitive; or clarithromycin if others contraindicated)
   - If this is ineffective consider the possibility of a fungal infection and treat with topical antifungal such as clotrimazole 1% solution or flumetasone pivalate 0.02%/clioquinol 1% ear drops.

4. Chronic Otitis Externa
   - If mild to moderate fungal infection is suspected (signs of fungal growth in ear canal)
     - A topical antifungal: clotrimazole 1% solution.
- Acetic acid 2% spray (unlicenced use)
- A topical preparation containing clinhoquil and corticosteroid: flumetisone/clinhoquil ear drops
  - If the cause seems to be seborrhoeic dermatitis treat topically with antifungal-corticosteroid combination
  - If no cause is evident prescribe a 7 day course of topical preparation containing only a corticosteroid without antibiotic.
  - Clinhoquil can also be considered as it possesses antibacterial and antifungal activities.
  - If treatment needs to be continued beyond 2 or 3 months, seek specialist advice.

12.1.2 Otitis media
Acute otitis media is the most common cause of severe aural pain in small children. Most uncomplicated cases resolve without antibacterial treatment and a simple analgesic, such as paracetamol, may be sufficient. Topical treatment of acute otitis media is ineffective and there is no place for drops containing a local anaesthetic. See local antimicrobial treatment guideline.

Ciprofloxacin 0.3%/dexamethasone 0.1% ear drops (Cilodex)  For use in children with acute otitis media with tympanostomy tubes (grommets) or tympanic perforation in adults and children over 6 months of age.

12.1.3 Removal of ear wax
For treatments of minor conditions such as ear wax patients are encouraged to self-care. Treatments are available to purchase over-the-counter. If self-care not appropriate olive oil (Arjun) or sodium bicarbonate 5% ear drops may be prescribed. For information on management of ear wax see CKS

12.2 DRUGS ACTING ON THE NOSE
12.2.1 Drugs used in nasal allergy
See local guidance, treatment choice for allergic rhinitis should be based on cost.

Mometasone 50 microgram/dose nasal spray 1st line
Beclometasone 50 microgram/dose nasal spray 200 doses 1st line
Budesonide aqua 64 microgram/dose nasal spray (Rhinocort) 2nd line
Fluticasone furoate 27.5 microgram nasal spray (Avamys) 2nd line
Fluticasone 400 microgram/dose nasal drops (Flixonase nasule) For the management of chronic rhinitis with nasal polyps as per local guidance (step 3). Remember to step-down treatment.

1. Intranasal corticosteroids have similar clinical efficacy.
2. For mild to moderate allergic rhinitis encourage patient to self-care. Treatment can be purchased over the counter e.g. beclometasone nasal spray. Use mometasone first line if a prescription is required.
3. Dymista is a combination nasal spray of fluticasone and azelastine and is classified locally as BROWN - for moderate to severe allergic rhinitis (aged 12 years or over) following the Allergic Rhinitis in adults and adolescents over 12 years of age guideline.
4. Sodium chloride 0.9% (normal saline) nasal spray e.g. Aqua Maris, Sterimar are classified BLACK.

12.2.2 Topical nasal decongestants
For treatments of minor self-limiting conditions such as nasal congestion patients are encouraged to self-care. Treatments are available to purchase over-the-counter. If self-care not appropriate ephedrine 0.5% or sodium chloride 0.9% nasal drops may be prescribed.

Ipratropium bromide 0.03% nasal spray  For non-allergic rhinitis

1. Ephedrine & xylometazoline are only suitable for short term use (usually not longer than 7 days) and are available OTC. They are of limited value because they can give rise to rebound congestion on withdrawal, due to a secondary vasodilation with a subsequent temporary increase in nasal congestion.
2. Ephedrine nasal drops are the safest sympathomimetic preparation and can give relief for several hours, therefore the preferred choice locally.

12.2.3 Nasal preparations for infection
Naseptin cream 15g  For eradication of nasal carriage of staphylococci
1. Bactroban (mupirocin) only on microbiologist recommendation for decolonisation of MRSA.

12.3 Drugs acting on the oropharynx
12.3.1 Drugs for oral ulceration and inflammation
For treatments of minor, short-term medical conditions such as mouth ulcers, patients are encouraged to self-care. Below treatments can be purchased over the counter from pharmacies.

Hydrocortisone muco-adhesive buccal tablets 2.5mg
Benzydamine, 300ml 0.15% oral rinse

12.3.2 Oropharyngeal anti-infective drugs

Miconazole oral gel 15g, 80g
Nystatin (Nystan) suspension 30ml

1. Oral fluconazole is effective for unresponsive infections or if a topical antifungal drug cannot be used or if the patient has dry mouth. Topical therapy may not be adequate in immunocompromised patients.
2. JAPC notes nystatin dosing regimen change and variation with generic manufactures. Nystatin dosing regimens remains at a 1ml QDS dose.
3. For treatments of minor, short-term medical conditions such as oral thrush patients are encouraged to self-care.
4. Miconazole oral gel use in children under 4 months is off-licence because of the risk of choking if not carefully applied, see local guidance on thrush.
5. OTC miconazole (Daktarin) oral gel is contraindicated in patients taking warfarin. Patients prescribed miconazole oral gel who are also taking warfarin should be monitored closely and seek immediate medical attention if they experience any sign of bleeding. MHRA September 2017

12.3.3 Lozenges and sprays
There is no convincing evidence that antiseptic lozenges and sprays have a beneficial action and they sometimes irritate and cause sore tongue and sore lips. Some of these preparations also contain local anaesthetics which relieve pain but may cause sensitisation.

12.3.4 Mouthwashes, gargles, and dentifrices
Patients should be advised of self-care measures and signposted to purchase over the counter remedies for dental conditions where appropriate

Chlorhexidine gluconate 0.2% mouthwash 300ml

1. GPs should not accept requests from dentists to prescribe medicines that the dentist can prescribe themselves.
2. GPs should not accept requests from patients to issue FP10 prescriptions for items prescribed on a private prescription by their dentist during dental treatment as a private patient.
3. Patients should be advised of self-care measures and signposted to purchase over the counter remedies for dental conditions where appropriate

12.3.5 Treatment of dry mouth
Dry mouth may be relieved in many patients by simple measures such as frequent sips of cool drinks or sucking pieces of ice or sugar-free fruit pastilles. There are different types of saliva stimulant/ substitute available and patient preference is likely to influence product acceptability and compliance. Below is the most cost effective preparation from each formulation:

Xerostom saliva substitute gel, pastilles, mouthwash
Saliveze spray