



ALLERGIC RHINITIS	When to Refer	Advice for Self Care	Treatment Options		
<p>A symptomatic disorder of the nose caused by an immunoglobulin mediated inflammation after exposure to allergens on the nasal membranes. Symptoms usually present as nasal itching, sneezing, nasal obstruction and watery discharge.</p> <p>Allergic rhinitis has been recently categorised into the following categories:</p> <p>Intermittent – which can be termed seasonal allergic rhinitis or hayfever. Hypersensitivity is normally due to pollens and moulds.</p> <p>Persistent – which can be termed perennial allergic rhinitis. Hypersensitivity is usually due to house dust mite and/or domestic pets.</p> <p><b>Symptoms include:</b></p> <ul style="list-style-type: none"> <li>• Sneezing</li> <li>• Nasal blockage (bilateral)</li> <li>• Rhinorrhoea (bilateral)</li> <li>• Itchy eyes and throat</li> <li>• Impaired sense of smell</li> <li>• Headache and facial pain</li> </ul> <p>Allergic rhinitis is often associated with asthma.</p>	<ul style="list-style-type: none"> <li>• Children under 6 years</li> <li>• Impaired quality of life</li> <li>• Unilateral nasal problems</li> <li>• Suspected anaphylaxis reaction</li> <li>• Associated fever and/or nausea and vomiting</li> <li>• Pain in eyes</li> <li>• Persistent headache</li> <li>• Shortness of breath</li> <li>• Nasal ulceration</li> <li>• Nasal crusting high in the nasal cavity</li> <li>• OTC treatment failure</li> <li>• Suspected drug-induced side-effect often occurs with aspirin and other non steroidal anti-inflammatory drugs as well as beta blockers, ACE inhibitors and oral contraceptives</li> </ul>	<p>Establish the cause of the allergic rhinitis. Avoid allergen where possible or reduce exposure to allergen to reduce the symptoms.</p> <p>In hayfever, reduce exposure to pollen by keeping windows closed, staying indoors, avoiding cutting the grass and wearing sunglasses to protect the eyes.</p> <p>If house dust mite causes a problem reduce exposure by regularly cleaning the house including carpets and bedding.</p> <p>Drug treatment will probably be required and will depend on the symptoms which dominate.</p> <p><b>For mild symptoms:</b> Treat with an oral antihistamine (they have little effect on nasal blockage).</p> <p><b>For intermediate symptoms including nasal blockage:</b> Treat with antihistamines and/or intranasal corticosteroids (as effective as oral antihistamines for relief of eye symptoms). They need to be taken regularly to be effective. For prophylaxis, they need to be taken one week prior to exposure to the allergen.</p> <p><b>For persistent symptoms:</b> Treat with intranasal corticosteroids as first line and then use an antihistamine if symptom breakthrough occurs.</p> <p><b>Eye symptoms:</b> Normally relieved by oral antihistamine tablets, but cromoglicate can be added to the treatment.</p>	Drug	Dose and Duration	Advice
			<p><b>Cetirizine 10mg tablets</b> <b>Loratadine 10mg tablets</b></p> <p><b>Cetirizine 1mg/ml syrup</b> <b>Loratadine 1mg/ml syrup</b></p> <p><b>Chlorphenamine (Chlorpheniramine) 4mg tablets</b></p> <p><b>Chlorphenamine (Chlorpheniramine) syrup 2mg in 5ml</b></p> <p><b>Beclometasone 50mcg nasal spray</b></p> <p><b>Azelastine 0.14mg/spray nasal spray</b></p> <p><b>Sodium cromoglycate 2% eye drops</b></p> <p><b>Azelastine 0.05% eye drops</b></p>	<p><b>Adults &amp; children over 6 years:</b> 10mg daily</p> <p><b>Adults &amp; children over 12 years:</b> One tablet every 4-6 hours. Maximum of 6 tablets in 24 hours.</p> <p><b>Children 6-12 years:</b> Take half a tablet every 4-6 hours. Max. 3 tablets in 24 hours.</p> <p><b>Children 6-12 years:</b> Give a 5ml spoonful every 4-6 hours. Max. six 5ml spoonfuls (12mg) in 24 hrs.</p> <p><b>Adults &amp; children over 18 years:</b> Two sprays into each nostril every morning and evening. Maximum eight sprays per day.</p> <p><b>Adults &amp; children over 6 years:</b> 1 spray per nostril up to twice daily</p> <p><b>Adults &amp; children over 6 years:</b> Use one to two drops in each eye four times a day.</p> <p><b>Adults &amp; Children over 12 years:</b> One drop two times per day (increased if necessary to 3 or 4 times per day)</p>	<p><b>Advice and cautions for chlorphenamine:</b></p> <p>Do not use when MAOI medication is being taken. May cause drowsiness that may persist the next day. If affected do not drive or operate machinery. Avoid alcoholic drinks. Use in caution in epilepsy, raised intraocular pressure including glaucoma, prostatic hypertrophy, severe hypertension or cardiovascular disease, bronchiectasis and asthma, hepatic disease or thyrotoxicosis. Do not use in pregnancy or breast feeding.</p> <p><b>Advice and cautions for eye drops:</b></p> <p>Do not use while wearing soft contact lenses. Discard within 4 weeks of opening.</p>



## Effects of therapies on hay fever symptoms

	Rhinorrhoea	Sneezing	Nasal Itching	Congestion	Eye symptoms
<b>Oral antihistamines</b>	++	++	+++	+	++
<b>Intranasal antihistamines</b>	++	++	++	+	0
<b>Intraocular antihistamines</b>	0	0	0	0	+++
<b>Intranasal corticosteroids</b>	+++	+++	++	+++	++
<b>Intranasal decongestants</b>	0	0	0	++++	0
<b>Intranasal cromoglicate</b>	+	+	+	+	0
<b>Intraocular cromoglicate</b>	0	0	0	0	++

0 = least effect; ++++ = greatest effect



# Allergic Rhinitis

