

Symptoms

- Sneezing • Clear nasal discharge • Itching in nose, palate, throat or ear • Blocked nose or nasal congestion
 - Post-nasal drip – feeling of mucus running down back of throat
- Eye symptoms - red/itchy/watery eyes • Respiratory symptoms – cough and/or wheeze

First Line Management

- Allergen avoidance guided by history – symptom timing & duration
 - Seasonal – probable pollens: tree, grass, weeds • Perennial – consider house dust mite, moulds, pets
- Trial of Saline Nasal rinses e.g. NeilMed, SinuSalt, Sterimar to be purchased OTC
- Trial of Medication:
 - Non-sedating antihistamines
 - Regular
 - For moderate and/or persistent symptoms - consider double daily dose
 - Add regular intranasal corticosteroids
 - Eye drops (antihistamine or mast cell stabiliser) - if ocular symptoms are present
- Assess and manage asthma if present
- Signpost to Allergy UK Patient Information leaflet for practical tips (see resources for links)

Second Line Management

- Assess adherence to regular medication and technique with nasal spray
Consider alternative antihistamine or nasal spray or increase antihistamine dose
Consider combination nasal spray (containing steroid + antihistamine) if >12 years
Consider add-on leukotriene receptor antagonist montelukast (warn about possible side effects)

REFER TO PAEDIATRIC ALLERGY TO ASSESS SUITABILITY FOR IMMUNOTHERAPY IF SYMPTOMS PERSIST DESPITE REGULAR ANTIHISTAMINE & INTRANASAL CORTICOSTEROIDS WITH GOOD COMPLIANCE

Links: Allergy UK Patient Information leaflets: • [Allergy UK | National Charity](#) • [Allergic Rhinitis & Hayfever](#) • [Pollens & Moulds in the Garden](#) • [House Dust Mite Allergy](#) • [Pet Allergy](#)
Videos for nasal spray / nasal douching: • [University Hospital Southampton ENT video on nasal spray technique](#) • [Allergy Care Pathway Itchy Sneezzy Wheezy Project - Public Area: Rhinitis Treatments](#)
Other resources for primary care: • [BSACI guideline for diagnosis and management of allergic rhinitis](#) • Quality of Life Assessment Tool e.g. [Rhinitis Control Assessment Test \(RCAT\)](#)

Red flags

Refer to ENT if:

- Unilateral symptoms • Mucopurulent discharge • Frequent nose bleeds • Sleep apnoea • Nasal polyps
- Symptom onset before 2 years of age

Refer to paediatrics if

- Poorly controlled asthma
- Isolated eye swelling - alternative diagnosis e.g. nephrotic syndrome

Refer to Ophthalmology if severe eye symptoms

Formulary

Non-sedating Antihistamine:

e.g. Cetirizine, Loratadine, Fexofenadine

Intranasal Corticosteroids: e.g. Mometasone, Fluticasone Propionate or Furoate (Avamys)
Provide education for technique (see links)

Eye Drops: Antihistamine e.g. Olopatadine, Azelastine or Mast cell stabiliser e.g. Sodium Cromoglicate

Combination Nasal Sprays: e.g. Dymista, Ryaltris

- Most effective • Licensed >12 years

Avoid: Piriton and oral steroids

Do NOT prescribe Beclomethasone (Beconase)

At every step review: Allergen avoidance, Treatment compliance, Nasal spray technique, Impact on daily activities

Consider referral to secondary care

Step 1
PRN antihistamine
Saline rinses

Step 2
Regular antihistamine

Step 3
Add in intranasal corticosteroid

Step 4
Increase dose antihistamine/
nasal spray
AND/ OR
alternative agent

Step 5
Trial dual agent nasal spray e.g. Dymista and/or leukotriene receptor antagonist
AND test for HDM, tree & grass pollen +/- mould, pets

Step 6
Assess for Allergen Immunotherapy (not all patients suitable)