

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

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)

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 \(RCAT\)](#)

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

Consider referral to secondary care

