

Full patient history and nasal examination

Further investigation needed if **RED FLAGS** present, e.g. blood stained nasal discharge, facial pain, swelling.
If asthma present: Treat seasonal asthma and escalate treatment if needed (consider montelukast)
 If patient is pregnant see SPS guidance on [Hayfever or allergic rhinitis: treatment during pregnancy](#).

MILD AND INTERMITTENT

- No troublesome symptoms
- Completes normal daily activities
- Sleep not affected
- Normal work and school

MODERATE-SEVERE OR PERSISTENT

- Impaired daily activities
- Abnormal sleep, sleep disturbance
- Troublesome symptoms
- Problems caused at school/work

Step 1 – Self management and oral antihistamine

- Patient information on hay fever & allergic rhinitis: www.patient.info, www.allergyuk.org, [APC Hay fever self-care info](#).
- Advise purchase of over the counter oral antihistamine: **Cetirizine** 10mg once daily or **loratadine** 10mg once daily.
- Consider **nasal douching** ([see appendix 1](#))
- Advise **purchase** of OTC eye drops if needed: e.g. sodium cromoglicate or antihistamine eye drops (not with soft contact lenses, for other contact lenses - remove before application and wait at least 15 mins before reinsertion).
- If history suggests **pet allergy** advise [avoidance measures](#) (Allergy UK)

Mild - Intermittent:
 If ineffective after 1 month of compliant use

Moderate-Severe or Persistent:

In addition to self- management and oral antihistamine, ALSO add an intranasal corticosteroid as listed in **Step 2** (purchase a suitable product over the counter first line). Consider higher dose cetirizine up to a max. dose of 20mg twice a day (off licence) if standard dose ineffective. Titrate according to sedative side effects and patient tolerance – advise patient not to drive if they do feel drowsy (drowsiness can occur at higher doses even if licensed doses were tolerated).

Step 2 – ADD an Intranasal Corticosteroid, trial for 1 month

Advise correct **nasal spray technique** – see [video on Asthma UK website](#) (suitable for people without Asthma)

If ineffective after 1 month (using correct technique), trial a second before moving to next step

- **1st line** – Patients should be advised to purchase a suitable product over the counter first line. Community pharmacist will be able to recommend a suitable product. e.g. Beclometasone dipropionate 50microgram/dose nasal spray. 2 sprays each nostril twice daily. Remind patient to reduce dose to 1 spray each nostril twice daily once symptoms controlled.
- **2nd line** - Mometasone Furoate 50microgram/dose Nasal Spray **[POM]** *Perennial rhinitis/nasal polyps* 2 sprays each nostril once daily, reduce to 1 spray each nostril once daily once symptoms controlled. (£4.59 /140 doses* - prescribe generically)
- **3rd line** - Fluticasone Furoate 27.5microgram/dose Nasal Spray (**Avamys**[®]) **[POM]** *Allergic rhinitis with accompanying ocular symptoms* 2 sprays each nostril once daily, reduce to 1 spray each nostril once daily once symptoms controlled. (£6.44/120 doses*)

If effective, advise that in future, start corticosteroid spray 2 weeks prior to season starting

If at least two choices from step 2 **NOT TOLERATED**

Step 3 – Alternative to Intranasal Corticosteroid

Azelastine nasal spray (**Rhinolast**[®]) **[POM]** - 1 spray each nostril twice daily (£10.50/22ml*)

If **ineffective** after 1 month of compliant use

If at least two choices from step 2 **INEFFECTIVE** after 1 month of compliant use go to Step 4

Step 4 – Stop all other treatments (including oral antihistamines), start;

Mometasone furoate/Olopatadine nasal spray (**Ryaltris**[®]) **[POM]** – 2 sprays into each nostril twice daily (£13.32/240 doses*) or Fluticasone Propionate/Azelastine nasal spray (**Dymista**[®]) **[POM]** – 1 spray each nostril twice daily (£14.80/120 doses*).

If effective, continue maintenance treatment with Ryaltris[®] or Dymista[®] nasal spray during periods of allergen exposure. If symptoms are severe, consider a short course of oral corticosteroids (in addition to nasal spray), e.g., prednisolone 30mg daily for 5-10 days, then stop.

After 2 months, if symptoms persist, refer to secondary care specialist:**

**Refer for immunotherapy/desensitisation if pathway completed and demonstrated positive specific IgE (trees – spring/early summer, grass - June/July or perennial symptoms – house dust mite). Note that desensitisation is not offered for animal dander unless occupational allergy and is not available for weeds (late summer) or moulds (usually late summer and autumn). Consider occupational causes if symptoms improve away from work.

*Prices shown are for NHS prescription (Drug Tariff Sept22)

Appendix 1 – Nasal Douching Summary (ref: [BSACI Standard Operating Procedure](#))

Nasal douching or nasal irrigation, as it is sometimes called, is a safe and simple system of washing out the nose and can be performed in several different ways. The method shown below involves sniffing a homemade solution into the nose and allowing it to drain out. The solution is easy to make and costs very little. For other methods see the [BSACI procedure](#).

Nasal douching can be carried out in the morning and / or evening, or more often if advised to do so by your clinician.

1. Wash your hands

2. Make the “douching solution” in a clean mug or jug:

Recipe: **240ml boiled water that has cooled down**

Equal parts: ¼ (quarter) teaspoon table salt

¼ teaspoon bicarbonate of soda (baking soda)

- Mix the salt and bicarbonate of soda in the clean mug or jug
- Add the boiled and cooled water
- Stir with a clean spoon until all the ingredients have dissolved
- The solution must be at room temperature before use
- If you are not going to use it straight away, cover and keep at room temperature (not in the fridge)

Use within 24 hours and stir well before use



3. Lean over a sink and bring the mug or jug of solution to nose. Or use cupped hands and pour a small amount of the solution into your hands and sniff from your hands.

4. Sniff a **small amount of the fluid into the nose for approximately two to three seconds.**

Do not sniff up large amounts of liquid and do not swallow it (don't worry if you accidentally swallow a small amount though).

To cleanse each side of the nasal cavity block one nostril with your finger as you sniff the solution, release and block the other nostril as you sniff the solution again.



5. Take your nose away from the mug and let the liquid run back out of the nose and into the sink.

6. Repeat steps 3 to 5 several times until you have used as much of the liquid in the mug / jug as possible.

7. After nasal douching blow your nose **gently and let it rest for 10-20 minutes before applying any treatment spray.**