MANAGEMENT OF SEASONAL ALLERGIC RHINITIS (HAY FEVER)

GUIDANCE SUMMARY (ADULTS) – 1st LINE TREATMENT RECOMMENDATIONS

☑ Encourage self care when appropriate
☑ Oral antihistamines - Cetirizine or loratadine (available at low cost over the counter (OTC))
☑ Intranasal corticosteroids - Beconase® or beclometasone 50mcg/dose nasal spray 200 dose
☑ Eye drops - Sodium cromoglicate 13.5ml or Otrivine Antistin® 10ml

EFFICACY OF MEDICATION TYPES ON SYMPTOMS

<table>
<thead>
<tr>
<th>Drug class</th>
<th>Sneezing</th>
<th>Rhinorrhoea</th>
<th>Nasal Obstruction</th>
<th>Nasal itching</th>
<th>Eye symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihistamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>• Intranasal</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>++</td>
<td>None</td>
</tr>
<tr>
<td>• Eye drops</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>+++</td>
</tr>
<tr>
<td>Intranasal Corticosteroids (INCS)</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Mast cell stabilisers (Eye Drops)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>++</td>
</tr>
<tr>
<td>Intranasal Decongestants</td>
<td>None</td>
<td>None</td>
<td>++++</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Intranasal Anticholinergics</td>
<td>None</td>
<td>++</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Leukotriene receptor antagonist</td>
<td>None</td>
<td>+</td>
<td>++</td>
<td>None</td>
<td>++</td>
</tr>
</tbody>
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TREATMENT OPTIONS

Intermittent mild symptoms
- Oral/topical non-sedating antihistamines are a good first choice
- Intranasal antihistamine (azelastine) has a faster onset of action (within 15 minutes)

Persistent mild or intermittent moderate symptoms
- Additional options to above include intranasal corticosteroids (INCS)

Persistent moderate to severe symptoms
- First choice is INCS and alternatively an oral non-sedating anti-histamine

Additional therapy to be considered depending on symptoms (check adherence and administration technique first):
- Intranasal decongestant for up to 7 days if nasal blockage is a problem to allow penetration of INCS (ephedrine and xylometazoline nose drops)
- Oral non-sedating anti-histamine
- Intranasal ipratropium – for watery rhinorrhoea

If eye symptoms predominate
- Oral or intraocular antihistamine or sodium cromoglicate eye drops

SPECIAL PATIENT GROUPS

Prescribing for children
- Cetirizine is safe and effective and can be used from age 1
- Cetirizine liquid 1mg/ml is £1.30-£2.60 for 30 days treatment
- Loratadine liquid (5mg/5ml) is £3.09 - £6.18 for 30 days treatment is an alternative
- If INCS is required for short term use due to systemic absorption, consider Beconase® (6-18 years).

Pregnancy and breastfeeding
- INCS is the treatment of choice. If this is not tolerated or additional treatment needed - oral antihistamine (loratadine). Intranasal sodium cromoglicate and nasal douching (with saline) can also be used
### ORAL ANTIHISTAMINES

- Non-sedating antihistamines are the drug of choice for most patients as they have fewer unwanted effects\(^2\). See table below.
- First line treatments are available OTC and are generally inexpensive
- Desloratadine and levocetirizine are not recommended 1st line because there is little evidence that they confer any additional benefit and are more costly than established non-sedating antihistamines\(^2\)

### INTRanasal preparations

#### Intranasal corticosteroids (INCS)

1. 1st choice is Beconase\(^\circledR\) or beclometasone 50mcg/dose nasal spray, ensure the 200 dose container is prescribed as others are more expensive
2. Once daily budesonide 64mcg/dose or mometasone 50mcg/dose may be considered as reasonable second line options
3. If fluticasone is required, prescribe as Avamys\(^\circledR\) 27.5mcg/dose nasal spray which is more cost effective then prescribing generically
4. Dymista\(^\circledR\) (azelastine and fluticasone) nasal spray – may have a place in therapy where fluticasone alone has demonstrated benefit and other corticosteroids are ineffective / not tolerated
5. Intranasal corticosteroids begin to take effect within 7-8 hours; for maximum efficacy begin 2 weeks prior to exposure
6. Advise patient on the importance of good nasal spray technique
7. Reduce the dose of nasal spray to a maintenance dose once symptoms are controlled

### Other intranasal preparations

- Intranasal ipratropium bromide (applied two to three times daily; £8.14 - £12.21 for 28 days treatment) is an option for add-on treatment in people with runny nose associated with allergic rhinitis. Should be used with caution in people at risk of closed angle glaucoma
- Azelastine (applied two to four times daily; £7.84 - £15.68 for 28 days treatment) is the only intranasal antihistamine that is licensed in the UK for the treatment of allergic rhinitis

### References

1. An update on the management of hay fever in adults. DTB 2013; 51:30-3
4. All prices taken from Drug Tariff online March 2016 and MIMS online March 2016
5. BNF March 2016 online

### INTRANasal corticosteroid

<table>
<thead>
<tr>
<th>Non-Sedating Antihistamine (adult dose)</th>
<th>Cost for 30 days treatment(^3)</th>
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<tbody>
<tr>
<td>Cetirizine tabs 10mg OD</td>
<td>£95p</td>
</tr>
<tr>
<td>Loratadine tabs 10mg OD</td>
<td>£97p</td>
</tr>
<tr>
<td>Desloratadine tabs 5mg OD</td>
<td>£1.28</td>
</tr>
<tr>
<td>Fexofenadine tabs 120mg OD</td>
<td>£3.15</td>
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<tr>
<td>Levocetirizine tabs 5mg OD</td>
<td>£4.21</td>
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</tbody>
</table>

### TREATMENT OPTIONS NOT ROUTEINELY RECOMMENDED IN PRIMARY CARE

#### Antihistamines

- Mizolastine 10mg MR tabs has been implicated in causing an abnormal prolongation of the QT interval\(^2\) (£6.92 for 30 days)
- Cetirizine 10mg capsules cost £12.47 for 30 days and Bilastine 20mg tabs cost £15.09 for 30 days. These are considered to be less cost effective
- Acrivastine 8mg caps needs to be given three times a day and is therefore less desirable from the perspective of adherence to therapy\(^2\) (£21.83 for 30 days)

#### Kenalog® injection

- Depot steroids should not be prescribed for hay fever. Evidence of safety is lacking, and there is a significant risk of prolonged side-effects (e.g. osteoporosis) which cannot be mitigated by withdrawal of the drug

#### Grazax®

- Treatment should only be initiated by an allergy specialist 4 months prior to the start of hay fever season and be continued daily for 3 years. This is expensive and only to be considered when other anti-allergy treatments have failed – see PAD for further details of Amber* status

### EYE DROPS

Both INCS and oral antihistamines are usually effective for eye symptoms but if additional treatment is required consider:

- Sodium cromoglicate (£4.13/13.5ml) is a mast cell stabilizer which may support prolonged control of symptoms - available OTC
- An ocular antihistamine, Otrivine Antistin® (£2.35/10ml) (xylometazoline and antazoline) is suitable for rapid, short term relief of infrequent ocular symptoms - available OTC; avoid in angle-closure glaucoma.