

## Seasonal or Perennial Allergic Rhinoconjunctivitis

### Referral Criteria

Refer only patients with allergic rhinoconjunctivitis who fail to respond to maximal medical therapy as outlined below with the aim to provide immunotherapy.

### Optimal medical management:

- Non-sedating antihistamines up to twice maximum BNF doses (e.g. Fexofenadine 180mg or Cetirizine 10mg once or twice a day); add
- Intranasal corticosteroids (e.g. Nasonex nasal spray 2 sprays into nostril twice a day or Avamys two sprays into each nostril once a day); and/or
- Eye drops if there are any eye symptoms (e.g. Olopatadine eye drops 1 drop twice a day); add
- Montelukast 10 mg at night for persistent symptoms and if associated with seasonal asthma

### What additional advice should I give to patients?

- Use nasal corticosteroids daily and regularly as this is vital for maximal effect and inform patients that improvement may not be apparent for at least two weeks.
- Training in appropriate nasal spray technique is essential. Guidance is given at <https://assets.nationalasthma.org.au/resources/intranasal-corticosteroid-spray-technique.pdf>
- Avoid allergens where possible (e.g. house dust mite reduction measures or pet avoidance).

Systemic corticosteroids (in addition to intranasal corticosteroid) at doses of 15-20mg for a maximum of 5 days as a one-off course can be used for severe symptoms uncontrolled on conventional therapy, to control symptoms during important periods (e.g. exams or other major events).

Treatment failure should prompt a review of the diagnosis, compliance with therapy (regular therapy is more effective than “as required” treatment), and intranasal corticosteroid technique.

Do **not** use Kenalog injections, sedating antihistamines or allow chronic use of decongestants.

### What tests can I do before referral?

Specific IgE blood tests may be done to look for potential allergic triggers:

House dust mites (D.Pteronyssinus and D.Farinae)

Timothy grass, Tree Pollen Mix, Weed Mix, Fungal Mix and Pets (Cat, Dog).

For more information see:

HERPC Rhinitis guidelines at <https://www.hey.nhs.uk/wp/wp-content/uploads/2017/09/rhinitis.pdf>