Seasonal or Perennial Allergic Rhinoconjunctivitis

Referral Criteria

Refer only patients with **severe allergic rhinoconjunctivitis** who fail to respond to optimal medical therapy for consideration of allergen-specific 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 (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 available at http://www.nationalasthma.org.au/uploads/publication/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

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 (e.g., Sudafed).

What tests to do before referral?

Specific IgE blood tests against aero-allergens are advised before referral:

- 1. House dust mites (D. Pteronyssinus and D. Farinae)
- 2. Pollens Timothy grass, Tree Pollen Mix, Weed Mix, Fungal Mix
- 3. Animal dander (Cat, Dog)

For more information see:

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