

MANAGEMENT OF HAYFEVER IN PRIMARY CARE

OCCASIONAL SYMPTOMS

- **First line:** oral antihistamines (cetirizine; loratadine)
- **Second line:** intranasal corticosteroid spray (beclometasone; budesonide)

Allergic conjunctivitis

- **First line:** oral antihistamines
- **Second line:** eye drops

Advise patients on the importance of good nasal spray technique (*see overleaf*)

FREQUENT OR PERSISTENT SYMPTOMS

Choice of treatment depends on pattern and severity of symptoms and patient preference to oral or topical therapy:

- Oral antihistamines: loratadine; cetirizine
- Intranasal corticosteroid spray (INCS): beclometasone; budesonide

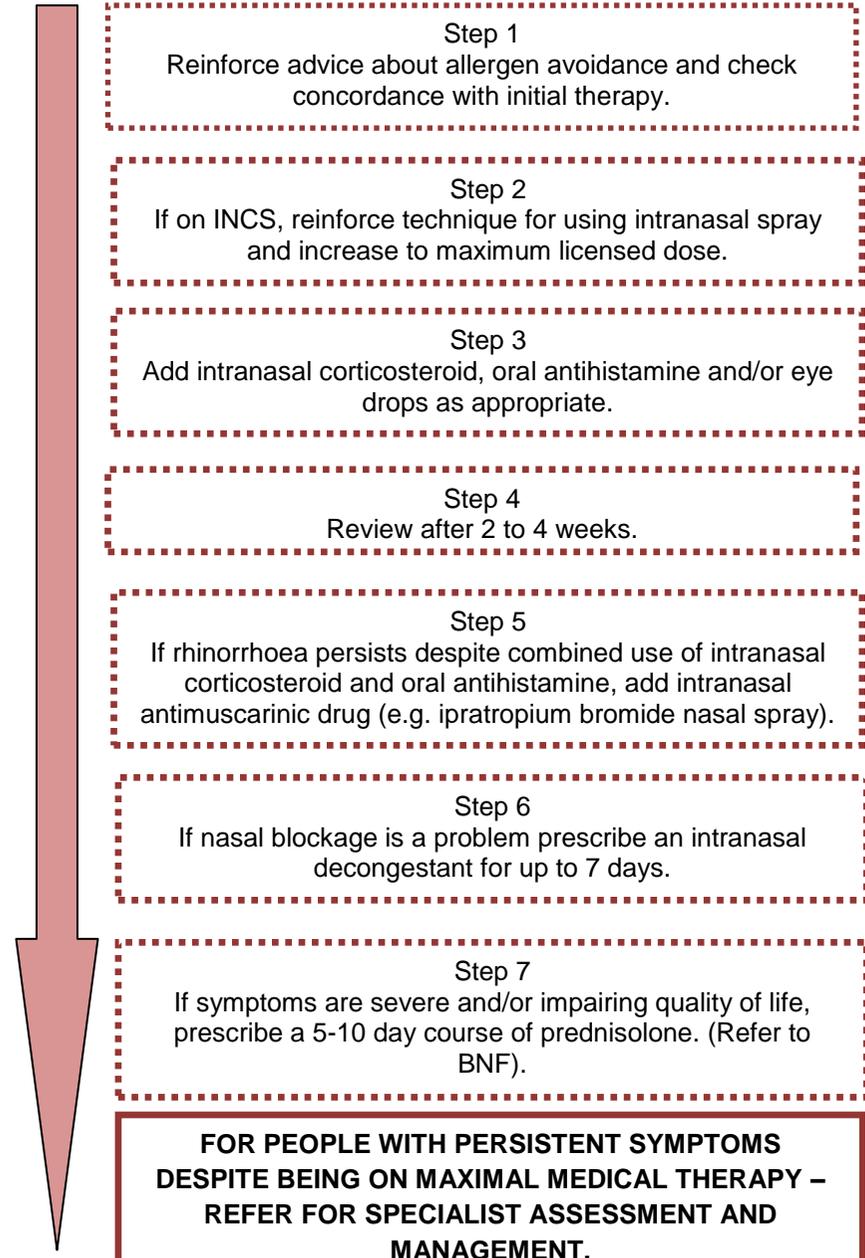
Combinations may be needed (e.g. INCS + oral antihistamine + eye drops)

Advise patients to avoid excessive exposure to the causative allergen

TREATMENT OPTIONS

Drug class	Sneezing	Runny Nose	Nasal Congestion	Nasal Itching	Eye Symptoms
Oral antihistamines	++	++	+	+++	++
Intranasal antihistamines	++	++	+	++	-
Intraocular antihistamines	-	-	-	-	+++
Intranasal corticosteroids	+++	+++	+++	++	++
Intranasal decongestants	-	-	+++	-	-
Intranasal cromoglycates	+	+	+	+	-
Intraocular cromoglycates	-	-	-	-	++

STEPPING- UP TREATMENT (if symptoms are uncontrolled)



COST COMPARISON CHART FOR 30 DAYS TREATMENT

Nasal Sprays	Cost
Beclomethasone dipropionate 50microgram/spray	£2.72
Budesonide 64microgram/spray	£3.85
Fluticasone furoate 27.5microgram/spray	£6.44
Mometasone furoate 50microgram/spray	£6.58
Triamcinolone acetonide 55microgram/spray	£7.39
Azelastine hydrochloride 140microgram/spray	£8.40
Fluticasone propionate 50microgram/spray	£8.81
Dymista	£18.91
Tablets	
Cetirizine 10mg daily	£1.02
Loratadine 10mg daily	£1.06
Desloratadine 5mg daily	£1.73
Levocetirizine 5mg daily	£3.90

Costs based on prices in DM&D accessed 17/02/2014 and Drug Tariff Feb 14

PREGNANT OR BREASTFEEDING WOMEN

- **First line:** intranasal corticosteroid spray (ICS)
 - **Second line** (if INCS not tolerated or additional treatment is required): oral antihistamine (loratadine)
- Intranasal Sodium Cromoglycate and Nasal Douching (with normal saline) can be used as an alternative or add on treatments

GOOD NASAL SPRAY TECHNIQUE

- Gently blow the nose to try and clear it.
- Shake the bottle well.
- Close off one nostril and put the nozzle in the other, directing it away from the midline. Tilt head forward slightly and keep the bottle upright.
- Squeeze a fine mist into the nose while breathing in slowly. Do not sniff hard. Breathe out through the mouth.
- Take a second spray in the same nostril then repeat this procedure for the other nostril.

TREATMENTS **NOT** ROUTINELY RECOMMENDED IN PRIMARY CARE

- **Allergy-specific immunotherapy** is not routinely available from primary care and requires specialist referral. This is reserved for those for who have severe symptoms which do not respond to standard treatment.
Grazax (Sublingual Grass Allergen Abstract) is **not** recommended for prescribing in primary care due to the need for specialist monitoring. Long term efficacy and safety are not known and the evidence is relatively weak. Alternative pharmacotherapy is available.
- **Depot corticosteroid injections** are not recommended for prescribing in primary care due to their potential to cause prolonged effects and any adverse effects are difficult to reverse.
- **Dymista** is a newly licensed (adults and children over 12 years) nasal spray containing combination of azelastine and fluticasone. It is **not** recommended for prescribing in primary care. The available evidence suggests that the azelastine/fluticasone combination is only marginally more effective than the individual components.
- **Desloratadine or levocetirizine** are not recommended – they offer no advantage and are less cost-effective

Approved by: SWYAPC
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Review: 16/5/16

For use in Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs

References:

1. DTB 2010;48:54
2. [MTRAC](#) recommendations
3. [CKS Allergic rhinitis](#)
4. Scadding, G.K., Durham, S.R., Mirakian, R. et al. (2008a) BSACI guidelines for the management of allergic and non-allergic rhinitis. *Clinical and Experimental Allergy* 38(1), 19-42