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

<table>
<thead>
<tr>
<th>Drug class</th>
<th>Sneezing</th>
<th>Runny Nose</th>
<th>Nasal Congestion</th>
<th>Nasal Itching</th>
<th>Eye Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral antihistamines</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Intranasal antihistamines</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>Intracocular antihistamines</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+++</td>
</tr>
<tr>
<td>Intranasal corticosteroids</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Intranasal decongestants</td>
<td>-</td>
<td>-</td>
<td>+++</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Intranasal cromoglycates</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Intracocular cromoglycates</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>++</td>
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</tbody>
</table>

FOR PEOPLE WITH PERSISTENT SYMPTOMS DESPITE BEING ON MAXIMAL MEDICAL THERAPY – REFER FOR SPECIALIST ASSESSMENT AND MANAGEMENT.

STEPPING- UP TREATMENT (if symptoms are uncontrolled)

**Step 1**
Reinforce advice about allergen avoidance and check concordance with initial therapy.

**Step 2**
If on INCS, reinforce technique for using intranasal spray and increase to maximum licensed dose.

**Step 3**
Add intranasal corticosteroid, oral antihistamine and/or eye drops as appropriate.

**Step 4**
Review after 2 to 4 weeks.

**Step 5**
If rhinorrhoea persists despite combined use of intranasal corticosteroid and oral antihistamine, add intranasal antimuscarinic drug (e.g. ipratropium bromide nasal spray).

**Step 6**
If nasal blockage is a problem prescribe an intranasal decongestant for up to 7 days.

**Step 7**
If symptoms are severe and/or impairing quality of life, prescribe a 5-10 day course of prednisolone. (Refer to BNF).
**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

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**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.

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**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

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**COST COMPARISON CHART FOR 30 DAYS TREATMENT**

<table>
<thead>
<tr>
<th>Nasal Sprays</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Beclomethasone dipropionate 50microgram/spray</td>
<td>£2.72</td>
</tr>
<tr>
<td>Budesonide 64microgram/spray</td>
<td>£3.85</td>
</tr>
<tr>
<td>Fluticasone furoate 27.5microgram/spray</td>
<td>£6.44</td>
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<tr>
<td>Mometasone furoate 50microgram/spray</td>
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<tr>
<td>Triamcinolone acetonide 55microgram/spray</td>
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<tr>
<td>Azelastine hydrochloride 140microgram/spray</td>
<td>£8.40</td>
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<tr>
<td>Fluticasone propionate 50microgram/spray</td>
<td>£8.81</td>
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<tr>
<td>Dymista</td>
<td>£18.91</td>
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</table>

**Tablets**

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cetirizine 10mg daily</td>
<td>£1.02</td>
</tr>
<tr>
<td>Loratadine 10mg daily</td>
<td>£1.06</td>
</tr>
<tr>
<td>Desloratadine 5mg daily</td>
<td>£1.73</td>
</tr>
<tr>
<td>Levocetirizine 5mg daily</td>
<td>£3.90</td>
</tr>
</tbody>
</table>

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

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**References:**

1. DTB 2010:48:54
2. MTRAC recommendations
3. CKS Allergic rhinitis

Approved by: SWYAPC
Date: 16/5/14
Review: 16/5/16

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