Allergic rhinitis

Backgroun d

Affects up to ¼
of children and
often co-exists
with asthma
and eczema
Significant
effect on
quality of life

<u>Differentials to</u> watch out for

Nasal polyps (cystic fibrosis)

Nasal foreign body (eg crayon)

Deviated nasal septum

References

•Allergic rhinitis **Lancet** 2011; **378**: 2112 -2122

History

- nasal itching
- sneezina
- nasal congestion
- rhinorrhoea
- reduced sense of smell
- Ask re atopy in general



Examination

- nasal congestion and inflammation
- associated allergic conjunctivitis
- signs of atopy



Investigations

- may do skin prick testing if specific allergen suspected
- Allergy testing if symptoms not controlled by routine treatment



Treatment

- compliance is vital
- allergen avoidance (eg pollen)
- Antihistamines first (cetirizine) for nasal itch and sneezing
- •intranasal corticosteroids are second choice
- trial of monteluklast if also asthmatic
- Immunotherapy only if very severe + protracted

TAKE HOME MESSAGES

Allergic rhinitis is very common

Try allergen avoidance and antihistamines to start

If very severe, ENT referral is warranted (few require surgery)

Risk factors

Sensitization to aero-allergens and parental history of allergic rhinitis are significant risk factors
May be seasonal or persistent

Evidence Base

Immunotherapy
is the only
treatment that
alters the
disease course
and is used if
non-responsive
to drugs and
allergen
avoidance

What's new?

Sublingual route immunotherapy is preferable and needs to continue for 3 years to give lasting effect and may prevent future asthma

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amended following suggestions of QIP committee of ICGP . Secondary care treatments highlighted in pink

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