**TREATMENT OF RHINITIS**

**RHINITIS**
Nasal congestion, rhinorrhea, itching, sneezing

- **Avoid**
  - Sedating antihistamines
  - Depot corticosteroids
  - Chronic use of decongestants or systemically bioavailable intra-nasal steroids (INS) (e.g. dexamethasone, betamethasone)

- **Check for asthma and treat**

**ENT REFERRAL**

**INFECTION RHINITIS/SINUSITIS**

- **Infected**
  - Nasal crusting, bleeding - nasal deformity
  - Systemically unwell (tired, sleep apnoea, rash, malaise, etc.)
  - No obvious cause

- **Allergic**
  - New polyps (gelatinous, insensitive)
  - Unilateral symptoms and signs
  - History suggestive of allergy (itching, sneezing, conjunctivitis)
  - Positive SPT or RAST

**ALLERGIC RHINITIS**

- **Histamine and irritant avoidance, where appropriate, consider douching**

- **Mild intermittent**
  - Non-sedating antihistamines

- **Moderate severe/persistent; affects QoL**
  - Regular INS* non systemically bioavailable

**Poor response***

- Combine above, i.e. non-sedating antihistamines AND regular non-bioavailable INS*

**OTHER**

- **Consider**
  - non-allergic
  - autonomic (vaso-motor)
  - hormonal
  - drug induced (decongestant overuse, aspirin/NSAID sensitivity, nasal polyps, anti-hypertensive)

- **Treat the underlying cause; course of INS* (non-bioavailable) could be tried**

**URGENT ENT REFERRAL**

**REFER TO ALLERGY CLINIC**

*Check nasal inhalation technique and compliance

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