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improving allergy care
through education, training and research

Standard Operating Procedure

Topical Nasal Corticosteroid Spray

Using a topical nasal corticosteroid spray is recognised as a first line treatment to control nasal congestion for both allergic and non-allergic rhinitis. This type of spray is often referred to simply as a steroid nasal spray.

Steroid nasal sprays are used for both persistent and seasonal rhinitis. Rhinitis caused by perennial allergens such as the house dust mite are more likely to cause persistent symptoms and require continuous long-term treatment especially when a patient has symptoms such as nasal blockage (1,2).

Systemic absorption of nasal corticosteroid sprays depend on the bioavailability of the drug. Long term use of corticosteroid nasal sprays are considered relatively safe, but it is advisable to use a spray with a low systemic bioavailability when patients require continuous treatment for extended periods (3).

The application of a steroid nasal spray is localised to the affected area. The spray works by reducing inflammation and associated symptoms of increased mucus production and possibly sneezing. It does not work immediately and can take up to two weeks before a patient perceives the benefit from using a steroid nasal spray. In seasonal allergic rhinitis (hayfever) treatment should begin two weeks before symptoms are expected to start (4, 5) therefore ensuring the efficacy of the spray by the time the trigger allergen is in the air.

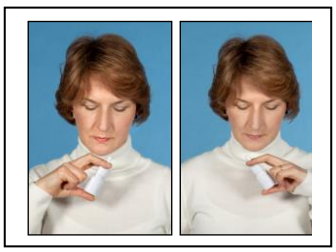
It has been shown that nasal douching before the use of a steroid nasal spray will enhance efficacy and generally improve symptomatic control (2).

Nasal Corticosteroid Sprays

Generic Name	Proprietary Name	Can be prescribed for	Bioavailability
Triamcinolone Acetonide	Nasocort	over 12 years two sprays each nostril od children 6-11 years one spray each nostril od Up to bd children 2-6 years one spray each nostril od	46%
Beclometasone Dipropionate	Beconase	over 6 yrs two sprays each nostril bd	44%
Budesonide	Rhinocort Aqua	over 12 years two sprays each nostril bd	31%
Flunisolide	Syntaris	over 14 years two sprays each nostril bd children 5-14 years one spray each nostril bd Up to tds	20-30%
Fluticasone & Azelastine	Dymista	over 12 years one spray per nostril bd	1.86%
Mometasone Furoate	Nasonex	over 12 years two sprays each nostril od children 6-11 years one spray each nostril od Up to bd	0.46%
Fluticasone Propionate Fluticasone Furoate	Flixonase, Nasofan Avamys	over 12 years two sprays each nostril od children 4-11 years one spray each nostril od Up to bd Avamys - from 6 years	0.42%

How to apply a nasal spray

- Always ensure hands are clean before applying a nasal spray
- Always ensure the spray device is working and primed
- Shake the bottle before use
- A spray can be applied either in the morning, or evening, or both

	ACTION		RATIONALE
	**Step 1.** Clear the nose	Gently blow the nose or nasal douche	This prepares the nasal area by removing mucus that otherwise would trap the medicated spray preventing it from reaching the nasal lining
	**Step 2.** Bend the head forward	Bring your chin to your chest	This position closes off the back of the throat and allows the spray to reach the correct area inside the nose
	**Step 3.** Hold the spray in the opposite hand to the nostril in which you are about to apply the spray	How to hold and activate the spray will depend on the device being used. Follow manufactures instructions.	This ensures you aim the spray pointing it away from the septum which has only a thin layer of membrane and can be easily damaged.
	**Step 4.** Using the opposite hand to the nostril being treated, place the end of the spray bottle just inside the nostril aiming away from the septum pointing to the ear or eye.		This will ensure the spray is aimed toward the fleshy turbinate's inside the nose.
	Step 5. Activate the spray DO NOT sniff		Each spray will release a metered dose of the medication. Sniffing hard causes the medication to pass straight through the nasal cavity and swallowed.
	**Step 6.** Change hands and repeat this action in the other nostril		Using the opposite hand ensures that the spray bottle continues to be angled away from the septum.

References:

1. ARIA, Allergic Rhinitis and its Impact on Asthma (2007). Full Text documents and resources: //httpwww.whiar.org

2. BSACI guidelines for the management of allergic and non-allergic rhinitis http://www.bsaci.org/ guidelines Clin.Exp.Allergy. 2008; Vol 38, 19-42

3. Salib RJ & Howarth PH, 2003 Safety and Tolerability profiles of Intranasal Antihistamine and Intranasal Corticosteroids in the Treatment of Allergic Rhinitis Drug Safety 2003, 26 (12) p863-893

4. Scadding GK & Church MK, 2001 Rhinitis, Chapter 4 Allergy second edition Holgate ST, Church MK, Licgtenstein LM, Mosby, London

5. van Cauwenberge P, Bachert C, Passalacqua G, et al.2000 Consensus statement on the treatment of allergic rhinitis. European Academy of Allergology and Clinical Immunology. Allergy 2000; 55:116-134.