

TREATMENT OF RHINITIS

Avoid

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

RHINITIS
Nasal congestion, rhinorrhoea, itching, sneezing

Check for asthma and treat

- Thick, green secretions
- Nasal crusting, bleeding
- nasal deformity
- New polyps (gelatinous, insensitive)
- Unilateral symptoms and signs
- History suggestive of allergy (itching, sneezing, conjunctivitis)
- Positive SPT or RAST
- Systemically unwell (tired, sleep apnoea, rash, malaise, etc.)
- No obvious cause

INFECTIVE RHINITIS/SINUSITIS

ENT REFERRAL

ALLERGIC RHINITIS

OTHER

Orbital cellulitis

Nasal douching +/- INS*

+ antibiotics if severe pain/fever

If chronic/recurrent consider allergy or immune deficiency

URGENT ENT REFERRAL

allergen and irritant avoidance, where appropriate, consider douching

Mild intermittent

Moderate severe/persistent; affects QoL

Non-sedating anti-histamines

Regular INS* non systemically bioavailable

Poor response*

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

Poor response*

REFER TO ALLERGY CLINIC

Consider

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

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

No improvement*

*Check nasal inhalation technique and compliance

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