

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.

Nasal corticosteroid sprays are used for both persistent and seasonal symptoms but require continuous long-term treatment in persistent disease especially with late onset symptoms such as nasal blockage (1,2).

Topical nasal corticosteroid sprays do not reduce inflammation immediately and it can take up to two weeks before a patient perceives the benefit from using a spray. Hence in seasonal allergic rhinitis treatment should begin two weeks before symptoms are expected to start (4, 5).

Systemic absorption of nasal corticosteroid sprays depend on the bioavailability of the drug and a corticosteroid spray with low systemic bioavailability should be used if it is to be taken for extended periods (3).

Nasal Corticosteroid Sprays:

Generic Name	Proprietary Name	Can be prescribed for	Bioavailability
Beclometasone Dipropionate	Beconase	over 6 yrs two sprays each nostril bd	44%
Budesonide	Rhinocort Aqua	over 12 years two sprays each nostril bd	31%
Fluticasone & Azelastine	Dymista	over 12 years one spray per nostril bd	1.86%
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 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%
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%
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%

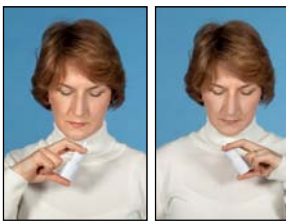
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How to apply a nasal spray

- 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	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, place the end of the spray bottle just inside the nostril aiming away from the septum.		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: <http://www.whear.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.