

MANAGEMENT OF SEASONAL ALLERGIC RHINITIS (HAY FEVER)



IMPORTANT: NHS England have issued guidance¹ (March 2018) stating that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care. GPs are directed to the general exceptions in the guidance and their own professional contractual responsibilities in deciding whether to prescribe.

GUIDANCE SUMMARY (ADULTS) – 1st LINE TREATMENT RECOMMENDATIONS in situations defined within the General Exceptions¹ of NHS England guidance

- ✓ Encourage **self-care** and purchase of medicines OTC
- ✓ Oral antihistamines - **Cetirizine or loratadine**
- ✓ Intranasal corticosteroids - **Mometasone 50mcg/dose nasal spray 140 dose or beclometasone 50mcg/dose nasal spray 200 dose**
- ✓ Eye drops - **Sodium cromoglicate 13.5ml or Otrivine Antistin[®] 10ml**

SELF CARE

- Many antihistamines, nasal sprays and eye drops are available to purchase OTC
- All patients should take practical measures to avoid excessive exposure to pollen and other allergens by:
 - Keeping windows and doors shut especially when the pollen count is high
 - Avoiding cutting grass, large grassy places, and camping
 - Showering and washing hair after being outdoors, especially after going to the countryside
 - Wearing wrap-around sunglasses when outside
 - Keeping car windows closed and buying a pollen filter for the air vents in the car. These should be changed at each service

Useful Patient Information Leaflets are available at www.patient.co.uk/health/hay-fever.htm

EFFICACY OF MEDICATION TYPES ON SYMPTOMS⁴

Drug class	Sneezing	Rhinorrhoea	Nasal Obstruction	Nasal itching	Eye symptoms
Antihistamines					
• Oral	++	++	+	+++	++
• Intranasal	++	++	+	++	None
• Eye drops	None	None	None	None	+++
Intranasal Corticosteroids (INCS)	+++	+++	++	++	++
Mast cell stabilisers (Eye Drops)	None	None	None	None	++
Intranasal Decongestants	None	None	++++	None	None
Intranasal Anticholinergics	None	++	None	None	None
INCS and intranasal antihistamine	+++	+++	+++	+++	+++

East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG

TREATMENT OPTIONS

Intermittent mild symptoms

- Oral/topical non-sedating antihistamines are a good first choice
- Intranasal antihistamine (azelastine) has a faster onset of action (within 15 minutes)

Persistent mild or intermittent moderate symptoms

- Additional options to above include intranasal corticosteroids (INCS)

Persistent moderate to severe symptoms

- First choice is INCS and alternatively an oral non-sedating anti-histamine

Additional therapy to be considered depending on symptoms (check adherence and administration technique first):

- Oral non-sedating anti-histamine and INCS
- Combination therapy of an INCS and intranasal antihistamine is more effective than either alone and may further improve control if an antihistamine or INCS is ineffective
- Intranasal decongestant for up to 7 days if nasal blockage is a problem to allow penetration of INCS (ephedrine drops or xylometazoline spray)
- Intranasal ipratropium – for watery rhinorrhoea

If eye symptoms predominate

- Oral or intraocular antihistamine or sodium cromoglicate eye drops

SPECIAL PATIENT GROUPS

Prescribing for children

- Cetirizine is safe and effective and can be prescribed from age 1
- **Cetirizine liquid (1mg/ml)* is £0.84 - £1.68 for 30 days treatment**
- **Loratadine liquid (5mg/5ml)* is £2.18 - £4.35 for 30 days treatment** is an alternative
- If INCS is required for short term use due to systemic absorption, consider **Mometasone** (6-18years).

Pregnancy and breastfeeding

- **INCS** is the treatment of choice. If this is not tolerated or additional treatment needed - oral antihistamine (**loratadine**). **Intranasal sodium cromoglicate** and **nasal douching** (with saline) can also be used

ORAL ANTIHISTAMINES

- Non-sedating antihistamines are the drug of choice for most patients as they have fewer unwanted effects³. **See table below.**
- First line treatments are available OTC and are generally inexpensive
- Desloratadine and levocetirizine are not recommended 1st line because there is little evidence that they confer any additional benefit and are more costly than established non-sedating antihistamines³

	Non-Sedating Antihistamine (adult dose)	Cost for 30 days treatment ⁵
First line treatments	Cetirizine tabs 10mg OD*	73p
	Loratadine tabs 10mg OD*	65p
Second line treatments	Desloratadine tabs 5mg OD	£1.00
	Fexofenadine tabs 120mg OD	£1.53
	Levocetirizine tabs 5mg OD	£4.37

INTRANASAL PREPARATIONS

Intranasal corticosteroids (INCS) – consider advising to buy OTC

- 1st choice is **mometasone 50mcg/dose 140 dose** or **Beconase®** or **beclometasone 50mcg/dose** nasal spray, ensure the 200 dose container is prescribed as others are more expensive
- **Rhinocort Aqua®** by brand or generically as **budesonide 64mcg/dose** may be considered as reasonable second line options
- If **fluticasone** is required, prescribe as **Avamys® 27.5mcg/dose nasal spray** which is more cost effective than prescribing generically
- **Dymista® (azelastine and fluticasone) nasal spray** (applied twice daily; **£13.81** for 28 days treatment) – may have a place in therapy where fluticasone alone has demonstrated benefit and other corticosteroids are ineffective / not tolerated
- Intra-nasal corticosteroids begin to take effect within 7-8 hours; for maximum efficacy begin 2 weeks prior to exposure
- Advise patient on the importance of good nasal spray technique
- Reduce the dose of nasal spray to a maintenance dose once symptoms are controlled

Other intranasal preparations

- Intranasal **ipratropium bromide** (2 sprays, two to three times daily; **£8.14 - £12.21** for 28 days treatment) is an option for add-on treatment in people with runny nose associated with allergic rhinitis. Should be used with caution in people at risk of closed angle glaucoma
- **Azelastine** (applied twice daily; **£7.84** for 28 days treatment) is the only intranasal antihistamine that is licensed in the UK for the treatment of allergic rhinitis

References Note: *OTC available but often as different pack size/brand

1. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs, NHS England, March 2018
 2. An update on the management of hay fever in adults. DTB 2013; 51:30-3
 3. Clinical knowledge summaries. Allergic rhinitis [online] www.cks.nhs.uk/allergic_rhinitis
 4. BSACI guidelines for the diagnosis and management of allergic and non-allergic rhinitis 2017 [online] <http://onlineibrary.wiley.com/doi/10.1111/cea.12953/full>
 5. All prices taken from Drug Tariff online March 2018 and MIMS online March 2018
 6. BNF March 2018 online
- Guideline updated by Leena Nanavati (March 2018); Approved by the PCN April 2018

Intranasal corticosteroid	Dose	Cost for 28 days treatment ⁵
Beconase® 50mcg/dose 200 dose (prescribed by brand)*	2 sprays BD reducing to 1 spray BD	£1,47 - £2.95
Beclometasone 50mcg/dose 200 dose (prescribed generically)*	2 sprays BD reducing to 1 spray BD	£1.41 - £2.81
Mometasone 50mcg/dose 140 dose	2 – 4 sprays OD reducing to 1 spray OD	£0.66 - £2.64
Rhinocort Aqua® 64mcg/dose 120 dose (prescribed by brand)	2 sprays OD reducing to 1 spray OD	£1.76 - £3.52
Budesonide 64mcg/dose 120 dose (prescribed generically)	2 sprays OD reducing to 1 spray OD	£2.23 - £4.45
Avamys® 27.5mcg/dose (fluticasone furoate) 120 dose	2 sprays OD reducing to 1 spray OD	£3.01 - £6.01
Nasofan® 50mcg/dose (fluticasone propionate) 150 dose (prescribed by brand)*	2 sprays OD - BD reducing to 1 spray OD	£3.00 – 12.01
Fluticasone 50mcg/dose 150 dose (prescribed generically)*	2 sprays OD - BD reducing to 1 spray OD	£4.11 - £16.44
Triamcinolone 55mcg/dose 120 dose*	2 sprays OD reducing to 1 spray OD	£3.45 - £6.90

TREATMENT OPTIONS NOT ROUTINELY RECOMMENDED IN PRIMARY CARE

Antihistamines	<ul style="list-style-type: none"> • Mizolastine 10mg MR tabs has been implicated in causing an abnormal prolongation of the QT interval² (£6.92 for 30 days) • Cetirizine 10mg capsules cost £13.24 for 30 days, Rupatadine 10mg tabs cost £30 for 30 days and Bilastine 20mg tabs cost £15.09 for 30 days. These are considered to be less cost effective • Acrivastine 8mg caps needs to be given three times a day and is therefore less desirable from the perspective of adherence to therapy² (£24 for 30 days)
Kenalog® injection	<ul style="list-style-type: none"> • Depot steroids should not be prescribed for hay fever. Evidence of safety is lacking, and there is a significant risk of prolonged side-effects (e.g. osteoporosis) which cannot be mitigated by withdrawal of the drug
Grazax®	<ul style="list-style-type: none"> • Treatment should only be initiated by an allergy specialist 4 months prior to the start of hay fever season and be continued daily for 3 years. This is expensive and only to be considered when other anti-allergy treatments have failed – see PAD for further details of Amber* status

EYE DROPS

Both INCS and oral antihistamines are usually effective for eye symptoms but if additional treatment is required consider:

- Sodium cromoglicate (£6.71/13.5ml)* is a mast cell stabilizer which may support prolonged control of symptoms - available OTC
- An ocular antihistamine, Otrivine Antistin® (£3.35/10ml) (xylometazoline and antazoline)* is suitable for rapid, short term relief of infrequent ocular symptoms - available OTC; avoid in angle-closure glaucoma.