

Hay Fever Guidelines - April 2013



Eyes

Sodium Cromoglicate 2% (13.5mls)

Adult and child (1-12 years) = One drop into the affected eye(s) up to four times a day

Nasal

Beclometasone 50 micrograms/ spray Nasal Spray (200 Dose)

Adult and child over 6 years 100 micrograms (2 sprays) to each nostril twice daily; Maximum 400 micrograms (8 sprays daily); when symptoms controlled dose reduced to 50 micrograms (1 spray) into each nostril twice daily

Oral

Loratadine

Adult and child over 12 years = 10 mg once daily. Child 2–12 years = 5mg daily if body-weight <30kg, or 10mg daily if body-weight >30kg (5mg/5ml syrup available)

Cetirizine

Adult and child over 12 years = 10 mg once daily. Child 2–6 years = 2.5 mg twice daily, 6–12 years = 5 mg twice daily (5mg/5ml solution available)

Chlorphenamine

Adult and child over 12 years = 4 mg every 4–6 hours, (max. 24 mg daily - elderly max. 12 mg daily). Child 1–2 years = 1 mg twice daily, 2–6 years = 1 mg every 4–6 hours (max. 6 mg daily), 6–12 years 2 mg every 4–6 hours (max. 12 mg daily). (2mg/5ml Oral solution available)

- The products listed on this page can be purchased from pharmacies and supermarkets at less than the cost of the prescription charge.
- For patients exempt from prescription charges, loratadine, chlorphenamine, beclometasone nasal spray and sodium cromoglicate eye drops are also available free of charge through pharmacies participating in the NHS Rotherham Minor Aliments Scheme.

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Treatment Options

Intermittent mild symptoms

Intermittent or regular oral antihistamines are a good first choice.

Intermittent moderate to severe symptoms

Intermittent or regular oral antihistamines. Intranasal corticosteroids if nasal congestion is a problem.

Persistent moderate to severe symptoms

Intranasal corticosteroids are the first choice treatment. If symptoms remain uncontrolled increase the corticosteroid dose. An antihistamine should be used if itching and sneezing are troublesome.

Antihistamines

- Oral antihistamines relieve ocular symptoms, rhinorrhoea, sneezing and nasal irritation but have little effect on nasal congestion.
- Loratadine and cetirizine are recommended as first line agents as they are considered to be non-sedating and have a well established proven safety profile.
- The newer third generation antihistamines (desloratadine and levocetirizine) have not demonstrated superior efficacy compared to loratadine and cetirizine, to date no head to head studies have been published.

Intranasal Corticosteroids

- Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hay fever as they can relieve all symptoms including nasal congestion.
- These preparations need to be used regularly to be effective and maximum efficacy occurs after several days or weeks. Ideally corticosteroids should be started two weeks before patients are likely to become symptomatic.
- There is no definitive evidence to confirm that any particular corticosteroid has greater efficacy than another. Therefore the first line choice is beclometasone.

Intraocular Agents

- Antihistamines and intranasal corticosteroids will also relieve ocular symptoms. Intraocular agents therefore have a limited role in the management of hayfever symptoms.
- Sodium cromoglicate may be useful in a minority of patients if ocular symptoms remain troublesome despite using an antihistamine and/or a corticosteroid.
- An antihistamine eye drop may be useful if a rapid resolution of ocular symptoms is required. Azelastine 0.05% is recommended (Adults & child over 4, use 2-4 times daily).

Decongestants

- Decongestants have a limited role and should only be used short term 1 week
- They can be useful in the short term (1 week) to relieve congestion to allow penetration of an intranasal corticosteroid. Xylometazoline 0.1% spray is recommended (Adults and child over 12, 1 spray each nostril 2-3 times a day for 1 week)

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