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 → **INFECTIVE RHINITIS/SINUSITIS**
- Orbital cellulitis → **URGENT ENT REFERRAL**
- Nasal douching +/- INS* → + antibiotics if severe pain/fever → If chronic/recurrent consider allergy or immune deficiency → **REFER TO ALLERGY CLINIC**

- Nasal crusting, bleeding
- nasal deformity

→ **ENT REFERRAL**

- New polyps (gelatinous, insensitive)
- Unilateral symptoms and signs

→ **ENT REFERRAL**

- History suggestive of allergy (itching, sneezing, conjunctivitis)
- Positive SPT or RAST

→ **ALLERGIC RHINITIS** → allergen and irritant avoidance, where appropriate, consider douching
- Mild intermittent → Non-sedating anti-histamines → *Poor response**
- Moderate severe/persistent; affects QoL → 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**

Systemically unwell (tired, sleep apnoea, rash, malaise, etc. → **REFER TO ALLERGY CLINIC**

No obvious cause → **OTHER** → Consider
- non-allergic
- autonomic (vaso-motor)
- 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** → **REFER TO ALLERGY CLINIC**

*Check nasal inhalation technique and compliance

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