A.D.H.B. ADULT ORL DEPARTMENT

RECOMMENDATIONS FOR THE MANAGEMENT OF **RHINITIS** IN GENERAL PRACTICE

DIAGNOSIS
Symptoms:
Nasal congestion, watery discharge, sneezing fits, ocular – watery eyes +/- itch.
Physical symptoms:
Boggy, swollen bluish turbinates with watery discharge. Look for polyps.

ACUTE INFECTIVE

- Usually viral.
- Decongestants – oral or intranasal. Topical decongestants should not be used for more than 5 days in succession.
- Steam inhalations.
- Fluids.
- Oral non-sedating antihistamine for allergy.

CHRONIC ALLERGIC RHINITIS
The differential diagnosis of chronic rhinitis is:

1. allergic
2. non-allergic
3. vasomotor
4. rhinosinusitis

Distinguishing which of these your patient has is not always easy. Allergic rhinitis usually has its onset in childhood and is associated with allergic asthma and eczema. There may be seasonal variation (worse in spring = hayfever) and skin prick tests to common aeroallergens are positive.
Non-allergic rhinitis is the nasal equivalent of adult onset asthma. It usually begins in young adulthood, is non-seasonal, is associated with nasal polyposis and aspirin hypersensitivity and skin prick tests are usually negative.
Vasomotor rhinitis is characterised by clear rhinorrhoea in response to changes in temperature (particularly cold)
Patients with infective rhinosinusitis typically have purulent rhinorrhoea, postnasal drip, nasal obstruction and an impaired sense of smell.

Management
1. Mild allergic rhinitis; oral non-sedating antihistamines PRN +/- intranasal steroid sprays.
2. Persistent allergic rhinitis; intranasal steroid sprays and add oral non-sedating antihistamines if still symptomatic. Some dust mite sensitive patients may benefit from dust mite impermeable mattress and pillow covers.
Immunotherapy with allergen extracts may be helpful in the management of moderate to severe allergic rhinitis which has not responded well to standard drug therapy.

A good clinical outcome is most likely when there is relative certainty about the provoking allergen, for example the treating of seasonal allergic rhinitis with grass pollen extract. It is likely that the non-standardised extracts currently available in New Zealand will be replaced with standardised extracts within the next few years.

3. Non-allergic rhinitis:
   intranasal steroid sprays
   aspirin sensitive patients may benefit from aspirin desensitisation
4. Vasomotor rhinitis:
   ipratropium bromide nasal spray (*Atrovent*) PRN
5. Infective rhinosinusitis
   oral antibiotics (co-amoxyclavulanic acid or doxycycline for at least two weeks)
   oral prednisone for two weeks
   intranasal steroid spray
   nasal saline lavage tds

Intranasal steroid sprays are most safely prescribed as a single mane dose (e.g. budesonide 100 to 200 µg each nostril mane or fluticasone 50 µg to 100 µg each nostril mane). These drugs take a week to work and one month's treatment is usually an adequate clinical trial. Treatment can be prolonged if the trial is successful, but the dose should be back titrated to the minimum effective and withdrawn periodically to see if need persists.

INDICATIONS FOR REFERRAL

Acute – nil**.**

Chronic

- Nasal septal deviation with persistent nasal obstruction and no response to the medical management above.
- Hypertrophy of the turbinates and no response to medical management above.
- Unilateral nasal obstruction +/_ epistaxis especially in the Asian population.
- Nasal polyposis with inadequate response to course of oral prednisone (20mg od for 7 days).

OBSTRUCTIVE SLEEP APNOEA/SNORING.

- Treat nasal symptoms as above.
- Weight loss.
- Posture – sleep on side.
- Avoid alcohol.
- Stop smoking.
- Check for and treat gastro-oesophageal reflux.
- Refer to ORL those with **significant nasal symptoms** not responding to medical management of rhinitis.
- If severe apnoea and hypersomnolence, refer to Sleep Disorders Unit, Department of Respiratory Medicine.

This document is based on departmental consensus and has utilised the National Primary Care Management Guidelines for Rhinitis available at www.electiveservices.govt.nz