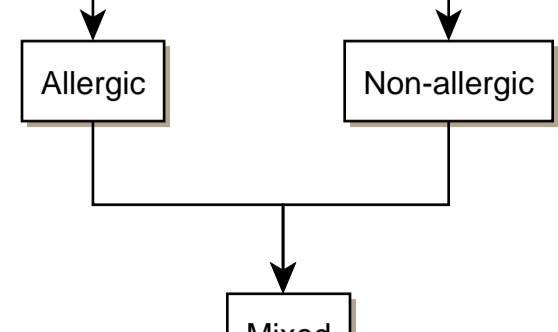


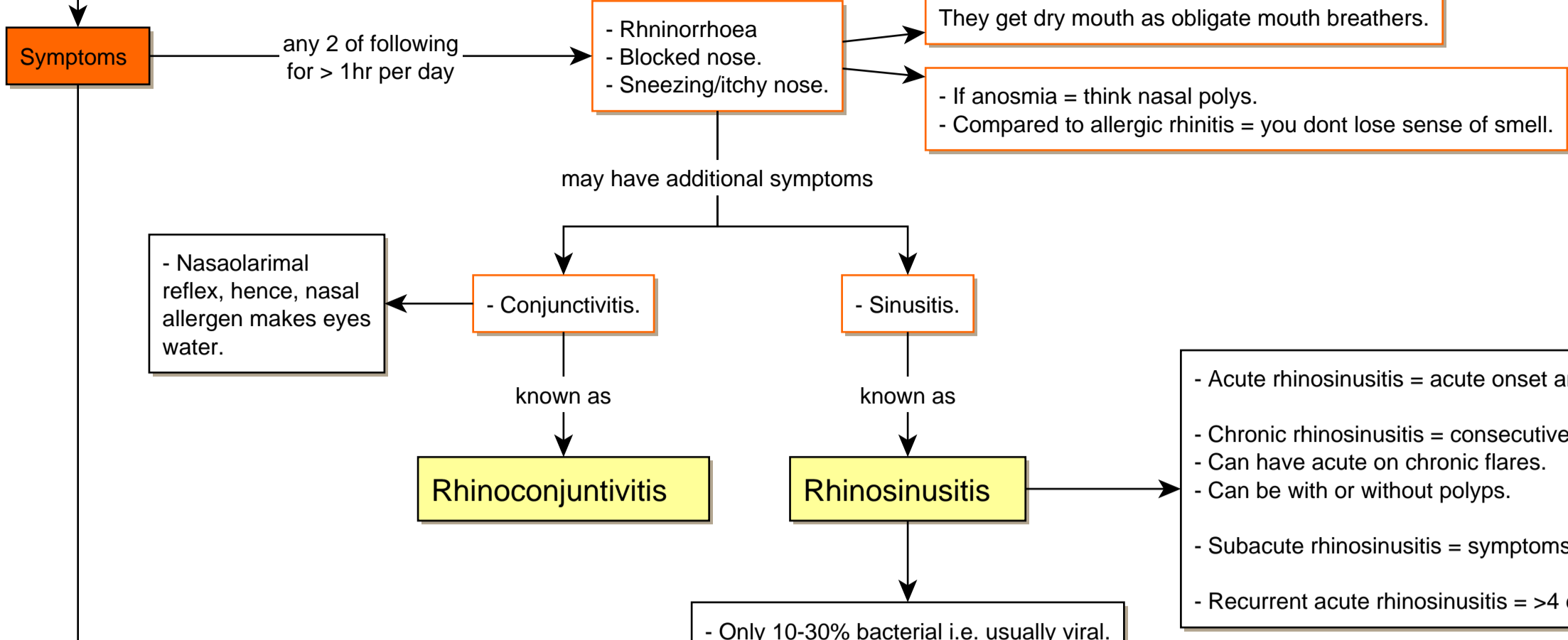
**Rhinitis**

- Underdiagnosed, misdiagnosed, and poorly treated.
- Think of rhinitis in those with cough, poorly controlled asthma, prolonged and frequent URTI, sleep problems.
- Affects 26% of UK population.
- Can be classified into 3 types.



**Disclaimer:**  
Read the disclaimer at medimaps.co.uk/disclaimer

**References:**  
1. BSACI rhinitis lecture Jan 2018.  
2. Guidelines.co.uk, BSACI rhinitis guideline, Aug 2017.  
3. Rhinitis specialist consultant webinar Jan 2021.  
4. Prof Paul Chatter ENT consultant, Mar 2021.  
5. Prof Neil Tooley Nov 2021.



**Definition:**

- Blockage/obstruction/congestion OR
- Discharge or post nasal drip

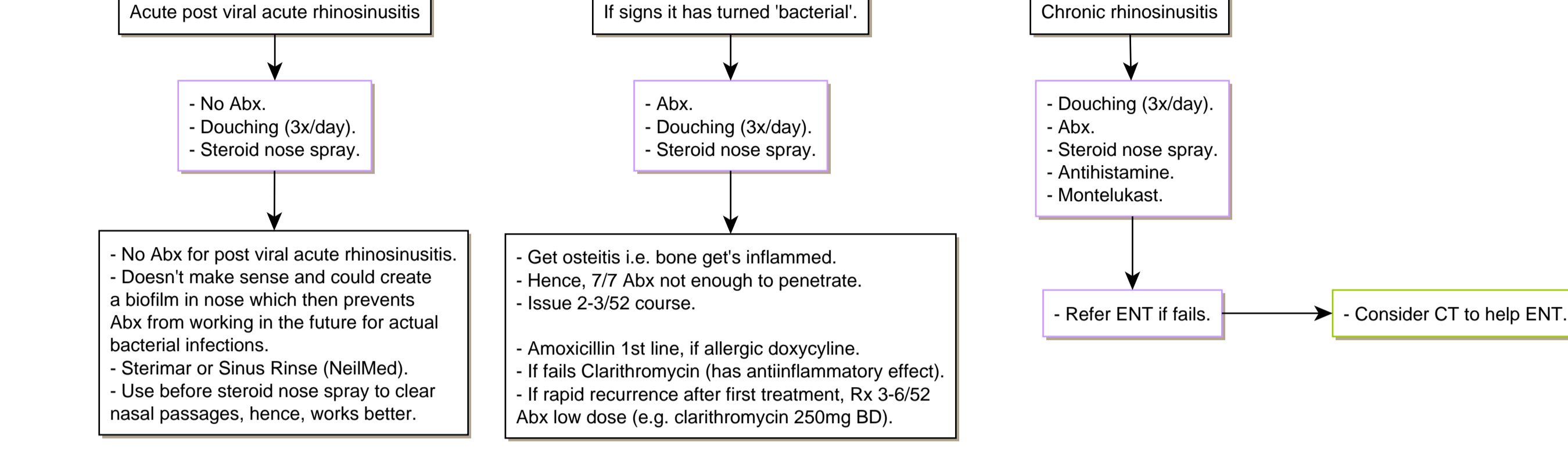
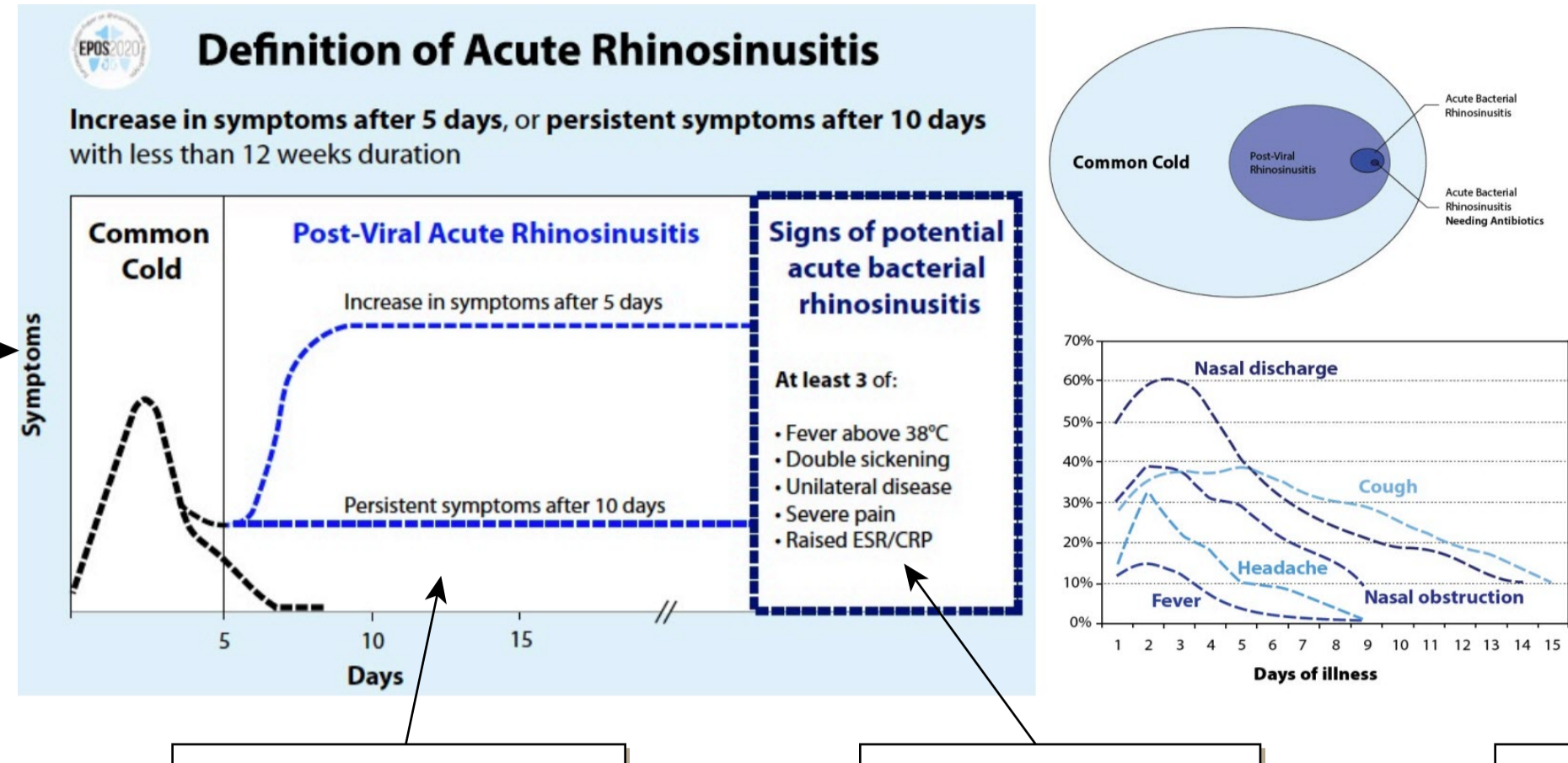
**AND**

- At least 1 of the following:
- Facial pain or pressure.
- Hyposmia/anosmia/cacosmia.
- Cough.

**Other supporting symptoms are:**

- Nasal polyp.
- Lethargy.
- Bad smell.
- Supports bacterial rather than viral if 3 of the following:
- Fever.
- Double sickening.
- Unilateral discharge.
- Severe pain.
- T CRP/ESR.

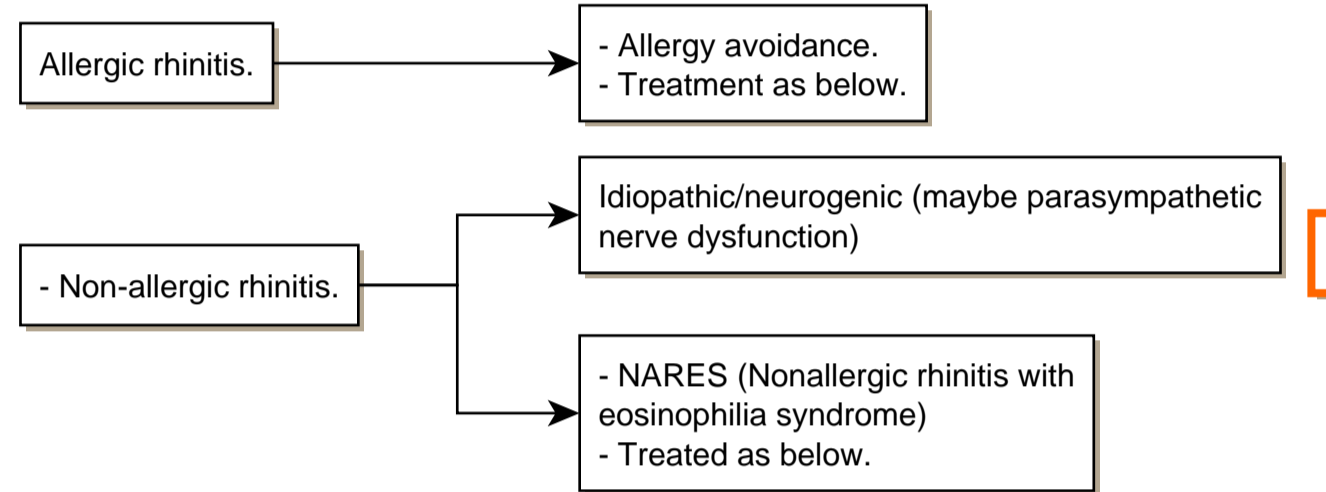
See further down for management.



**Investigations**

- Allergy focused Hx.
- Examination.
- Allergy testing.

- Timing of year.
- Intermittent or chronic.
- Ask about stops.
- Pets or previous pets.
- Damp or mould in house.
- Work environment.
- Medication e.g. aspirin, antihypertensives, NSAIDs, contraception.
- Use largest attachment.
- Turbinate = sensitive to touch, pink, attached laterally.
- Polyp = insensitive to touch, grey, not attached laterally, looks like a peeled grape.
- Can perform both SPT and IgE. This may be useful as one can be -ve and the other may show an allergy.
- If clear Hx of association between trigger and symptoms then do not need to test.
- e.g. Summer time rhinitis is likely to be grass pollen, so simply need to move to management i.e. no benefit in testing to confirm your suspicion. However, if treatment fails, then could consider testing.
- Basic rhinitis panel should include HDM, grass pollen, cat, tree pollen. This will cover 80% of allergic rhinitis.
- Additional tests based on Hx e.g. Milk, egg in young children, mould if damp house or late summer exacerbations, relevant animals if recurrent exposure.



**- Skin prick test (SPT):**

- Make sure not taking oral antihistamine 5/7 before SPT, otherwise get false negatives. As can high dose topical steroids, high prednisolone, if tested in early disease as will only have local sensitisation in the nasal mucosa and will not 'show' it self on the skin.
- Can test unusual allergens if suspected.
- Only test for the suspected allergens, not a random batch.
- Immediate results.
- Positive SPT is > 4mm.
- Do not perform if significant eczema, because the false positive rate is very high. Because they are atopic and have lots of antibodies floating around in their blood. It does not mean they are allergic to all those positive results.
- Be aware of sensitisation (see right).

**- IgE:**

- Useful if suffer with eczema, clear Hx of type 1 allergic response, or if cant come off antihistamine for 5/7.
- Not affected by antihistamine.
- Only test for the suspected allergens, not a random batch.
- Results are graded: 0 = -ve, 6 = most positive
- But being 6 doesnt mean more severe reaction.
- Be aware of sensitisation (see right).
- Do not use back of hand in kids. Can use ACF. 1ml of blood can test 10 allergens. In fact you can use heep prick or finger prick! Use blue or orange butterfly with syringe. Using vacutainer < 12 yr not recommended as too strong suction.

**Sensitisation**

- If there is evidence of immune activity to specific allergens i.e. positive SPT or positive IgE test, but no clinical reaction on exposure they are sensitised, not allergic.
- So they have a little bit of antibodies in the blood which is enough to give a 'positive' result, but not enough to cause an allergic clinical response.
- So even if positive, do not stop the 'supposed' allergen e.g. do not stop eating peanuts, or get rid of the cat etc.
- Allergy tests are not good at distinguishing between allergy and sensitisation. Hence, the importance of correlating Hx to test results.

**Management**

- Ensure no features requiring referral to ENT.

- Unilateral (more likely structural issue).
- Nasal obstruction without other symptoms.
- Recurrent epistaxis.
- Nasal crusting.
- Facial pain.
- Absent sense of smell.
- Unpleasant smell.
- Predominantly posterior, mucopurulent discharge.
- Ear symptoms in adults.

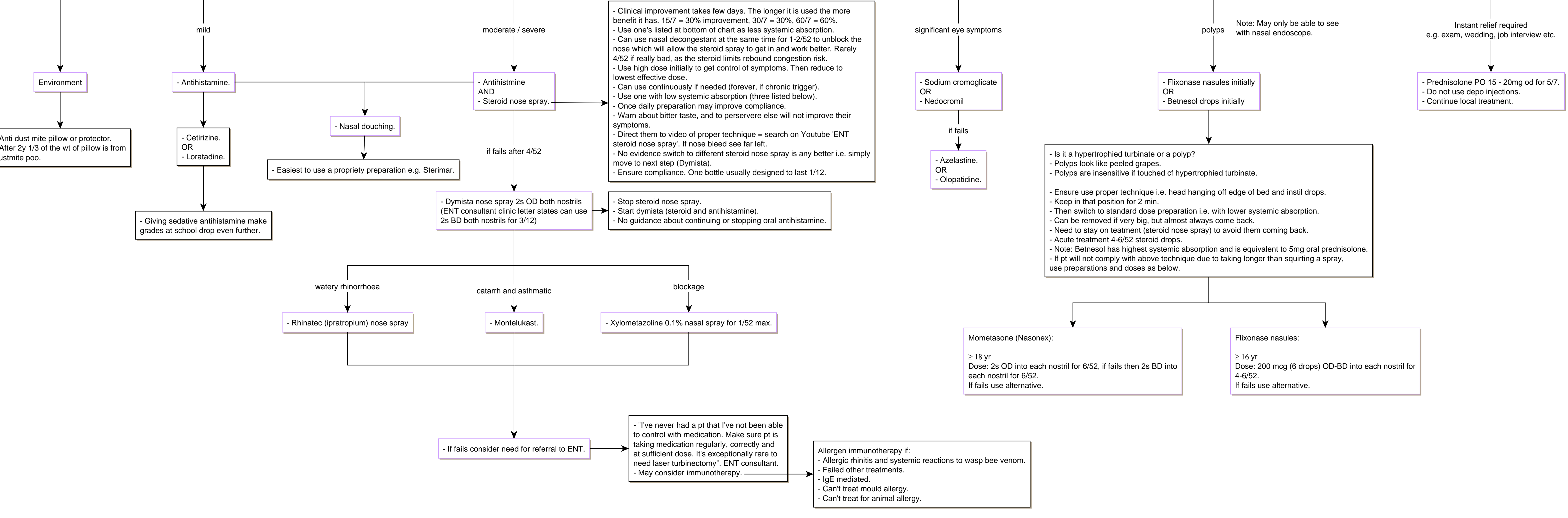
Hi,

If patients get some blood-stained discharge whilst using an INS I usually check that they are applying the spray correctly first of all, ensuring they are spraying it back a laterally rather than at the nasal septum. I sometimes try asking them to apply Neseptin or Bactroban cream to the nasal mucosa as this can help if the bleeding is due to a bit of vestibulitis. If the situation is troublesome then they should stop the INS until things clear up, then try again, being careful with application.

We also use cetirizine 10mg ODS for urticaria, where there is evidence of dose-dependent benefit. I'm not convinced of any benefit from higher doses in allergic rhinitis - I don't think there are any studies of this. The highest I would try is 10mg cetirizine bd or equivalent.

If the child has an active URTI at the time then it is difficult to judge. If they come back having recovered and the nasal mucosa is still very inflamed, then it may be worth a try. If they have frequent URTIs and/or ear symptoms then I would try an INS, even if they generally don't complain of rhinitis outside of infections.

best wishes



- Rhinatec (pratropium) nose spray ≥ 12 yr Dose: 2s BD-TDS into each nostril	Fluticasone furoate (Avamys) ≥ 6 yr Dose: 1s OD into each nostril Max: 2s OD into each nostril	Fluticasone propionate (Flixonase) 4 - 11 yr Dose: 1s OD into each nostril Max: 1s BD into each nostril ≥ 12 yr Dose: 2s OD into each nostril Max: 2s BD into each nostril.	Mometasone (Nasonex) 6 - 11 yr Dose: 1s OD into each nostril. ≥ 12 yr Dose: 2s OD into each nostril Max: 4s OD into each nostril	- Azelastine. ≥ 4 yr Dose: 1d BD-QDS into each eye.	- Nedocromil. ≥ 6 yr Dose: 1d BD-QDS into each eye for max 3/12.	- Olopatidine. ≥ 3 yr Dose: 1d BD into each eye for max 4/12.	- Sodium cromoglycate Child (no age in BNF) Dose: 1d QDS into each eye.
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