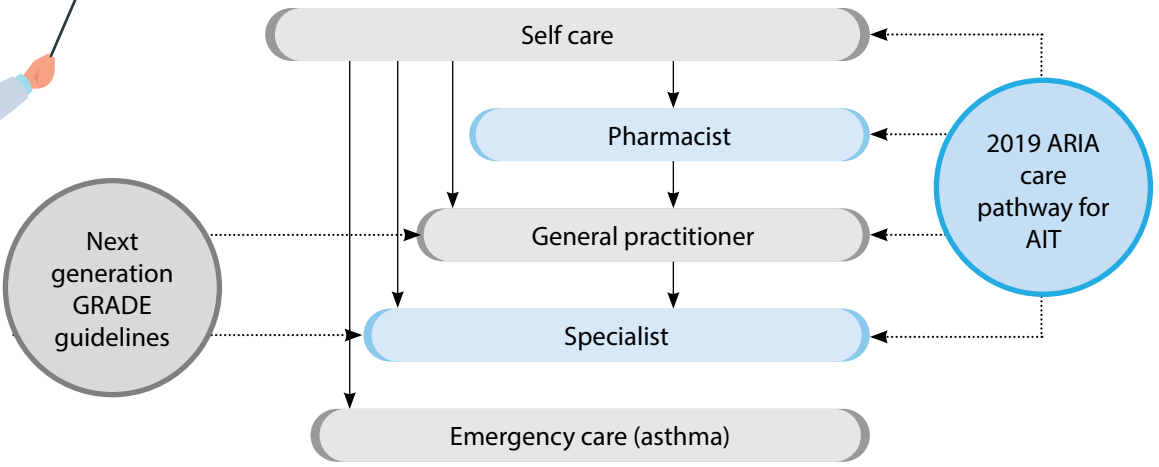
Dr.Reddy's

Allergic Rhinitis

Clinical Guideline

BASIC CARE PLAN



GRADE: Grading of recommendations assessment, development and evaluation; ARIA: Allergic rhinitis and its impact on asthma; AIT: Allergen immunotherapy

RECOMMENDATION

1. For severe allergic rhinitis (SAR): Intranasal corticosteroids (INCS) + Oral antihistamine (OAH) or INCS alone
2. For persistent allergic rhinitis: INCS alone or INCS + Intranasal antihistamine (INAH)
3. For SAR: INCS + INAH or INCS alone

PHARMACOTHERAPY

OAH or INAH are less efficient than INCS in controlling all rhinitis symptoms. They are beneficial in many people with mild/moderate illness, and several people prefer oral drugs over intra-nasal treatments.

The benefit of OAH or INAH is not yet clear.

INCS is the first-line of choice for SAR. However, the effect can be seen only after few days.

The combination of an OAH and INCS does not result in greater efficacy than the INCS monotherapy.

OAH or INCS is advised only if monotherapy with INCS is found inadequate, in SAR cases, or for patients requiring immediate symptom relief.

The combination of intranasal fluticasone propionate and azelastine in a single device is more beneficial.

Nasal vasoconstrictors, as well as first-generation OAH are sedatives and must be avoided for long durations.

The use of intramuscular depot corticosteroids is contraindicated.

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Gotua M, Gamkrelidze A, Rukhadze M, et al. 2020 ARIA CARE PATHWAYS FOR ALLERGIC RHINITIS - GEORGIA. Georgian Med News. 2019;(297):108-117