

KISS: Hay Fever

Seasonal Allergic Rhinitis & Conjunctivitis

Based on [NICE-CKS 2018](#), [BMJ Best Practice 2018](#), [DTB 2013](#), [Cochrane](#)

- **Management**

- **Self-help and allergen avoidance**

- Useful PIL on self-help from [Allergy UK](#) and NHS Choices
- Nasal and eye saline irrigation decreases symptoms and improves the efficacy of nasal treatments

- **Intranasal steroids**

- Are more effective than oral antihistamines for nasal symptoms and have similar efficacy for ocular symptoms
- If significant obstruction use drops first to get control [PIL on correct use](#)

- **Antihistamines**

- Rapid onset of action, so more suitable for prn use
- Intranasal antihistamine (azelastine) seem more effective than oral

- ***If symptoms uncontrolled with self-help, intranasal steroid and oral anti-histamine***

- Check correct technique for sprays and drops
- Advise saline irrigation
- If nasal congestion, consider a short-term decongestant for up to 7 days to boost efficacy of intranasal steroid
- If persistent watery rhinorrhoea, add in ***nasal anticholinergic ipratropium***
- If persistent nasal itching/sneezing, add in ***antihistamine spray*** (azelastine)
 - A combination spray of nasal steroid and antihistamine (fluticasone and azelastine) is available
- If associated asthma symptoms add in ***oral montelukast***

- ***Eye symptoms***

- If intranasal steroids and oral antihistamines ineffective, consider topical antihistamine drops e.g. azelastine, olopatadine, ketotifen etc
- Mast cell stabilisers e.g. cromoglicic acid, nedocromil are an option but require regular dosing for several weeks

- ***Short term oral steroids?***

- If symptoms uncontrolled by standard treatment and advice and seriously affecting quality of life, then short courses of steroids are indicated especially if needed to cover important life events
- Adults: prednisolone 0.5 mg/kg for 5 to 10 days
- Children: prednisolone 10mg to 15mg for 5 days

- ***Persistent troubling symptoms?*** Refer to allergy specialist for testing and for consideration of immunotherapy