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. cromoglicate, 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