- symptoms of asthma—wheezing, shortness of breath
- unacceptable side effects of treatment
- child under 12 if suspected first episode of allergic rhinitis
- pregnant or breastfeeding woman.

Recommend treatment

G. Treatment options

Table E.3 Allergic rhinitis treatment algorithm[5,6]

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Frequency of symptoms			
Intermittent		Persistent	
↓			
Severity of symptoms			
Mild	Moderate to severe	Mild	Moderate to severe
↓	↓	↓	↓
First-time treatment			
Antihistamine	INCS	INCS	INCS
↓	↓	↓	↓
If incomplete or poor response			
Add INCS	Add antihistamine	Add antihistamine	Immunotherapy

In all patients consider:

- intranasal saline—to counteract drying from using INCS; also has mucus-diluting properties
- anti-allergy eyedrops—if allergic conjunctivitis persists despite treatment
- ipratropium bromide—effective in cases of intractable rhinorrhoea.

Avoid the following:

- intranasal decongestants—except for short-term use
- oral decongestants where contraindicated—e.g. hypertension, coronary artery disease
- sedating antihistamines in patients with closed angle glaucoma, increased intra-ocular pressure, pyloroduodenal obstruction, bladder neck obstruction or hyperthyroidism.[6]

Provide counselling supported by written information

H. How to use the medication

Once a medicine is selected the patient should be told how to use it, the correct dose and any specific precautions[4,6]:

- INCS have a slow onset of action, and should be used continuously for maximum effect. A topical or oral decongestant may be used concomitantly to provide symptom relief during the first 24 to 48 hours.
- patients should be advised to shake the device and to clear the nasal passages before using an INCS (the use of a saline nasal spray may be helpful).
- for more detailed instructions on the use of nasal sprays, see 'Extemporaneous dispensing', Section A.
- to avoid rebound congestion, intranasal decongestants should not be used for longer than four days.

I. Adverse effects

The patient needs to know the most common and important adverse effects of the medicine[4–7]:

- First-generation antihistamines enter the central nervous system, causing sedation. They may also cause anticholinergic effects such as blurred vision, dry mouth and tachycardia.
- The newer, less-sedating antihistamines have fewer adverse effects than the older sedating antihistamines.
- Cetirizine is the most likely of the newer antihistamines to cause sedation.
- Side effects of INCS include nasal stinging, sore throat, dry mouth, cough and, occasionally, nasal bleeding.

J. Prevention

Suggest strategies to minimise exposure to allergens. For example[3,8]:

- Stay inside during the morning hours, when pollen counts are highest.
- Avoid outdoor activities when trees, flowers or moulds which trigger the allergy are blooming.
- Take a shower after outdoor exposure to remove pollen that is stuck to hair and skin.
- Keep the windows of the house and car closed to exclude pollen.