



# ALLERGIC RHINITIS



## Patient Journey

### AT EVERY VISIT

Your healthcare team will provide:

- Education on ways to limit allergen exposure
- Guidance on the correct use of your medications
- Shared decisions on your treatment

## STEP 1

### Self-management and pharmacy care

*Trial of treatment, screening for related diseases*

### WHEN TO CONSIDER?

When allergen exposure leads to 2 or more of the following, for at least one hour on most days:

- Nasal congestion
- Sneezing
- Runny nose and/or itchy nose
- Eye symptoms: itchy/red/watery eyes

### WHAT WILL HAPPEN?

Are symptoms suggestive of allergic rhinitis?

Yes

Unclear or presence of 'red flag' symptoms?

**START TREATMENT**

**GO TO STEP 2**

Treatment options are nasal corticosteroids, oral antihistamines or nasal antihistamines:

	Nasal corticosteroids	Oral antihistamines	Nasal antihistamines
<b>Who is this for?</b>	- People with moderate to severe symptoms - People with persistent symptoms	People with intermittent or occasional symptoms	People with intermittent or occasional symptoms
<b>Efficacy</b>	Most effective treatment for nasal and eye symptoms	Good for mild symptoms, predominantly itching, sneezing and running, less for nasal congestion	Works well for a runny or itchy nose and sneezing but less for a blocked nose; nasal antihistamine sprays work better than antihistamine tablets.
<b>Onset of action</b>	- Onset: a few hours - Full effect: 10-14 days	1 hour	15-30 minutes
<b>Examples*</b>	Mometasone, Fluticasone, Ciclesonide	Levocetirizine, Loratadine, ebastine, bilastine, ...	Azelastine, Olopatadine

\*Examples are unordered and meant to help identify treatment groups. Availability and cost vary by country; consult your pharmacist or GP for guidance.

General practitioner **STEP 2** >>>



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### STEP 2

#### General practitioner (GP)

Diagnosis, allergy testing (if available), initiation/optimisation of treatment, screening for related diseases

#### WHEN TO CONSIDER?

One or more of the following:

- Uncertainty of what is causing the symptoms
- Presence of symptoms not suggestive of allergic rhinitis (pain, unilateral symptoms, ...)
- Symptoms suggestive of other diseases that often occur alongside allergic rhinitis (for example: asthma)
- Insufficient symptom relief with over-the-counter medicines

#### WHAT WILL HAPPEN?

##### 1. Review

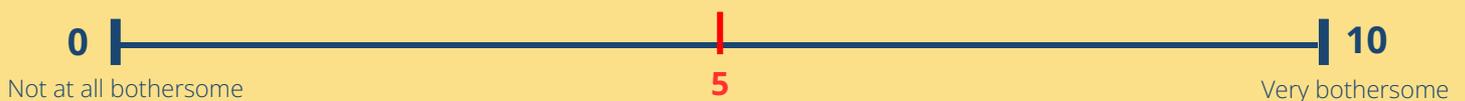
- Symptom history
- Family history of allergic diseases
- Allergen avoidance strategies
- Home/work environment

##### 2. Assess

- Self-management strategies: Which medicines have been used in the past?
- Nasal spray/eye drop technique and adherence

##### 3. Treatment options

On a scale of 0 to 10, how bothersome have your nasal symptoms been over the past week?



##### Score <5/10

##### Treatment similar to step 1

*If needed: switch oral/nasal*

##### Score $\geq$ 5/10

##### 1<sup>st</sup> choice: Fixed combination spray

*Nasal corticosteroid and nasal antihistamine in a single spray, if available and affordable*

##### 2<sup>nd</sup> choice

*Nasal corticosteroid spray, which can be complemented by a nasal antihistamine spray*

**Additional treatment options**, based on symptom pattern:

- Severe nasal congestion: nasal decongestant spray (Max. 7 days)
- Ocular symptoms: ocular antihistamine eyedrops or cromolyn/nedocromil eye drops
- Severe runny nose: nasal ipratropium spray

Specialist care **STEP 3** >>>



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## Patient Journey

### STEP 3

#### Specialist Care

Confirmation/ refutation of diagnosis and specialised tests (incl. skin prick test), specialised treatment, screening for related diseases

#### WHEN TO CONSIDER?

One or more of the following:

- Failure of previous treatment (step 2)
- Presence of symptoms of diseases that often occur alongside allergic rhinitis that require specialist evaluation
- Confirmation of the diagnosis
- Unexplained symptoms
- Presence of “red-flag” symptoms
- Consideration of allergen immunotherapy

#### WHAT WILL HAPPEN?

##### 1. Review

- Symptom history
- Family history of allergic diseases
- Allergen avoidance strategies
- Home/work environment

##### 2. Assess

- Self-management strategies: Which medicines have been used in the past?
- Nasal spray/eye drop technique and adherence

##### 3. Treatment suggested by your specialist

###### **Adjustment treatment plan from Step 2**

If needed, your specialist may suggest using a different spray/tablet

###### **Possible add-on therapies:**

- Severe nasal congestion: nasal decongestants (max. 7 days) or oral decongestants (if tolerated)
- Isolated watery, runny nose: nasal ipratropium spray
- Nasal symptoms in people who also have asthma: oral leukotriene modifiers
- Ocular itch/skin rash: oral, non-sedating antihistamines
- Ocular symptoms: antihistamine eye drops or cromolyn/nedocromil eye drops

###### **Your specialist might also add one or more of the following treatment options:**

- Allergen immunotherapy (subcutaneous or sublingual immunotherapy)
- Short course of oral corticosteroids
- Surgery (for severe nasal obstruction)