

Nip Mix-Ups With Allergy Treatments in the Bud

Spring is here...and questions will bloom about **what works best for allergic rhinitis (hay fever)**.

Intranasal products are first-line for persistent nasal symptoms...due to their efficacy and lower risk of systemic side effects.

Expect patients to start with any single-ingredient nasal steroid (fluticasone, etc). They're the most effective option...all work similarly...and some are approved down to age 2.

You'll see a nasal antihistamine/steroid combo product (azelastine/fluticasone, etc) tried next if additional relief is still needed.

Point to warnings with nasal decongestants (oxymetazoline, etc). They work quickly, but shouldn't be used for chronic hay fever symptoms...due to rebound congestion after several days of use.

Send patients to your pharmacist for tips on proper use of nasal sprays. Patients should blow their nose...point their head slightly downward...and aim the sprayer to the **SIDE** of the nostril to help prevent stinging and a bitter taste due to the med draining down the throat.

See our Nasal Sprays for Allergic Rhinitis chart for more details.

Saline sprays or sinus rinse kits (neti pot, etc) are nondrug options. But patients should use distilled or sterile water...tap water can be irritating and has been linked to rare amoebic brain infections.

Oral meds are for mild or intermittent symptoms...or if nasal sprays don't do the trick.

Expect a second-generation antihistamine (fexofenadine, etc) to be used. First-gen antihistamines (diphenhydramine, etc) should generally be avoided...due to increased risk of side effects (drowsiness, etc).

You'll see your pharmacist steer patients to pseudoephedrine products (Sudafed Sinus Advance, etc) for congestion. Phenylephrine (Dayquil Sinus Liquicaps, etc) doesn't work better than placebo.

Keep your radar up for montelukast Rx's for allergies. It's usually a last resort...due to increased risk of depression.

Get our resource, Managing Seasonal Allergies, for info on lifestyle changes and how other treatments (cromolyn, eye drops, etc) stack up.

Key References:

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-Small P, Keith PK, Kim H. Allergic rhinitis. Allergy Asthma Clin Immunol. 2018 Sep 12;14(Suppl 2):51.

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