

GP ADVICE SHEET - ALLERGIC RHINITIS and CHRONIC SINUSITIS

1) **Allergic rhinitis** is a common condition affecting 20% of the population, especially atopic individuals.

Prevalence increases to 40% if one parent affected and 70% if both.

It may be seasonal or perennial, and associated with sinusitis, nasal polyps, asthma, and eczema.

Classical symptoms are: itch, sneezing, alternating or bilateral nasal obstruction, anterior/posterior rhinorrhoea.

The treatment is largely medical (see below).

Surgical procedures to de-bulk turbinates or straighten the nasal septum may be required although these are not available in the public sector at this time.

Management

Confirm diagnosis with appropriate history and examination of nose.

STOP SMOKING

Trial of treatment:

- Normal saline douching BD-TID (see www.sinusrinse.com)
- Topical nasal steroid (directed to lateral wall of nose, use for at least 6/52)
- Antihistamines if significant or systemic symptoms
- If condition severe, consider short or long course of oral steroid:
 - prednisone 20-40mg OD for 5/7, or
 - prednisone 30mg OD 1/52, 20mg OD 1/52, 10mg OD 1/52, 5mg OD 1/52

Consider allergy testing if single identifiable precipitant appears likely and avoidance is practical, or if desensitisation is an option (Dr. Brian Broom, CHCH), otherwise may be of little benefit.

At present allergic rhinitis will not meet criteria for access to the hospital ENT service, but severe patients may be discussed with a consultant.

2) **Chronic sinusitis** may present as recurrent acute episodes of classical sinus pain, or chronic post nasal drip, anterior rhinorrhoea, nasal obstruction/polyps, and hyposmia.

Headache is not a prominent symptom of chronic sinusitis, except with acute exacerbations, and other causes of facial pain should be considered (stress/tension; eye strain; TMJ dysfunction; dental pathology; trigeminal neuralgia).

Management is for allergic rhinitis above +/- appropriate antibiotic if indicated for 4-6/52, Eg. Doxycycline, amoxicillin-clavulanic acid, roxithromycin.

Treatment may need to be repeated several times per year.

If not responding, a CT of the sinuses may be indicated: discuss with ENT consultant in the first instance.