



## Runny, Stuffy, Sneezing and Grumpy

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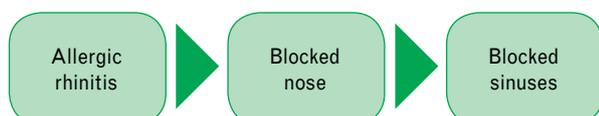
“Rhinitis” refers to the inflammation of the mucous membrane that lines the nasal passages. When this inflammation is triggered by allergens, such as pollen, animal dander, dust mites and grass, it is referred to as “allergic rhinitis.” The immune system responds by releasing histamine, resulting in an inflammatory response that occurs in the nasal passages.

Some people are affected by allergic rhinitis throughout the year (perennial rhinitis), whereas others may only be affected seasonally (seasonal rhinitis). People with mild cold symptoms that appear to continue for weeks, may in fact have allergic rhinitis.

Although allergic rhinitis can occur at any age, very often it begins in childhood and adolescence.

Sinusitis occurs as a result of inflammation of the sinuses, where the mucus does not drain effectively, builds up, becomes stagnant and is likely to become infected with bacteria. Conditions such as allergic rhinitis or the common cold can develop into sinusitis.

Sinusitis may be acute, lasting approximately two to four weeks, or become chronic, lasting 12 weeks or longer.



Allergic rhinitis and sinusitis may occur at the same time.

Symptoms of allergic rhinitis	Symptoms of sinusitis
Rhinorrhoea (runny nose)	Rhinorrhoea
Nasal congestion	Nasal congestion
Headache	Headache
Postnasal drip, cough	Pressure build-up and pain behind one eye or both eyes
Sneezing	Fever
Itchy and watery eyes	Thick, discoloured mucus
Irritability, fatigue	Bad breath
Discharge from the eyes (sometimes)	Facial pain or frontal headache that feels worse when bending forward or lying down

A key distinguishing factor between allergic rhinitis and sinusitis is itchiness (of eyes and/or nose). Managing a patient's allergic rhinitis correctly can prevent the development of sinusitis.

### Management of allergic rhinitis

#### Avoiding the triggers

If possible, the patient should try to identify the allergen causing or triggering the symptoms.

The patient can do this by:

- Trying to recall where he/she was, or what he/she was doing when symptoms started
- Making a note of the time of year the symptoms started
- Checking home, school and work environments for potential allergens
- Seeing a doctor for skin or blood tests to try to identify the allergen(s)

#### Saline rinses

Rinsing or irrigating the nose with saline helps to rid the nose of allergens, as well as cleanse the nasal lining. Various saline rinsing devices are available in the pharmacy. Saline irrigation may be done daily, or if necessary, twice daily.

### Medication

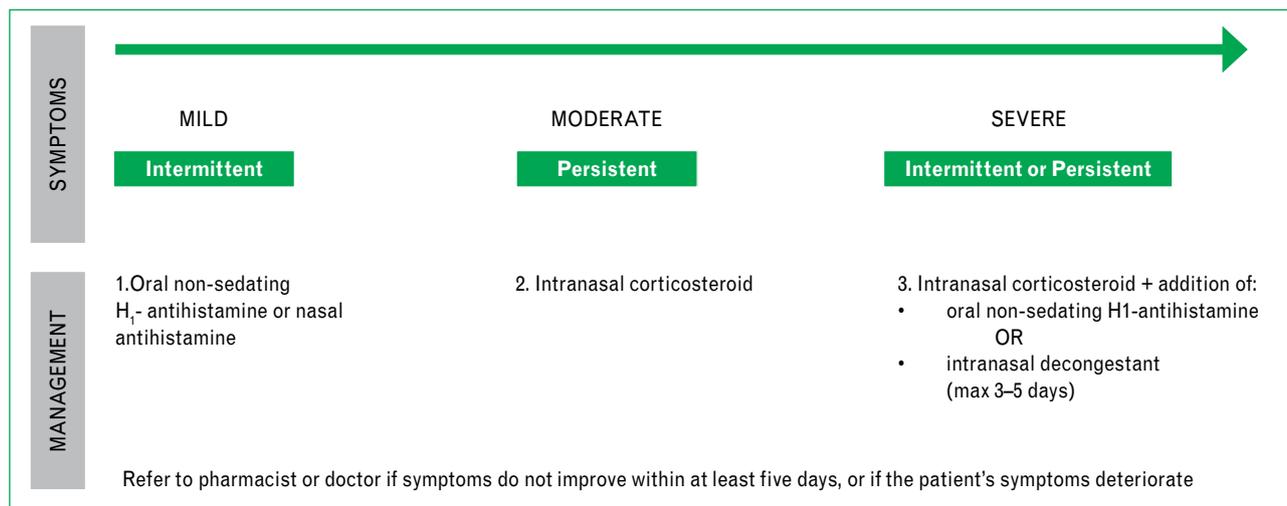
The choice of medication is dependent on:

- The type of symptoms the patient is experiencing
- Whether the patient's symptoms are *mild* (symptoms not troublesome with normal day to day activities and no sleep disruption) or *moderate* (troublesome symptoms with abnormal sleep and/or day-day impairment of activities)
- Whether or not the symptoms are:
  - persistent* (occurring for more than four days a week and for more than four weeks)
  - or

*intermittent* (occurring less than four days a week or for less than four weeks)

The choice may also be dependent on what the patient has been using for the symptoms previously and whether they have been using the product correctly.

In many cases, symptoms of allergic rhinitis may be managed in the pharmacy with medications available over-the-counter (OTC). Options available OTC include intranasal corticosteroids, antihistamines, or a combination of these.



Adapted from Church MK, Scadding GK. Allergic rhinitis: impact, diagnosis, treatment and management

Table I lists some of the available medication options for the management of allergic rhinitis.

**Table I.** Some of the available medication options for the management of allergic rhinitis

Medications	Examples
<p><b>Intranasal corticosteroids</b></p> <ul style="list-style-type: none"> <li>• Most effective monotherapy and should be considered as <b>first choice in patients with moderate to severe persistent nasal symptoms</b>.</li> <li>• Shown to be more effective than oral antihistamines in relieving allergic rhinitis symptoms, particularly nasal congestion.</li> <li>• Reduces allergic inflammation in the nasal passages and improves nasal blockage.</li> <li>• Should be used on a regular (daily) basis and it may take several days or weeks before full efficacy is reached.</li> <li>• Can be used to prevent allergic rhinitis if started two weeks before contact with allergen (or allergy season) and continued until the season is over.</li> </ul>	<p><b>First generation:</b> Beclomethasone dipropionate</p> <p><b>Second generation:</b> Fluticasone propionate Mometasone furoate</p>
<p><b>Second- and third-generation H<sub>1</sub>-antihistamines</b></p> <ul style="list-style-type: none"> <li>• They are usually the first choice in people suffering from <b>mild to moderate allergic rhinitis</b>.</li> <li>• Relieve the symptoms related to histamine release, such as itchy, runny nose with or without sneezing and watery eyes.</li> <li>• Not very effective in relieving nasal congestion.</li> <li>• Less likely to cross the blood-brain barrier and are therefore less sedating than older generation antihistamines.</li> <li>• More effective if taken daily for symptoms.</li> </ul>	<p>Cetirizine Loratadine Desloratadine Fexofenadine Levocetirizine Rupatadine</p>
<p><b>First-generation H<sub>1</sub>-antihistamines</b></p> <p>These "older generation" antihistamines are not recommended for treatment of allergic rhinitis since they are more likely to cross the blood-brain barrier, causing side-effects such as sedation and poor attention. Young children may experience a paradoxical (opposite) reaction, causing the central nervous system (CNS) to be stimulated.</p>	<p>Chlorpheniramine Promethazine</p>
<p><b>Intranasal antihistamines</b></p> <ul style="list-style-type: none"> <li>• More effective than second-generation H<sub>1</sub>-antihistamines, but are not effective against extra-nasal symptoms (e.g. watery, itchy eyes).</li> <li>• Recommended for short-term use of intermittent allergic rhinitis.</li> <li>• Can be used daily or when needed to relieve symptoms, such as postnasal drip and sneezing.</li> </ul>	<p>Azelastine HCl Levocabastine HCl</p>

<p><b>Topical (intranasal) decongestants</b></p> <p><b>Do not use routinely in the treatment of allergic rhinitis</b></p> <ul style="list-style-type: none"> <li>• Reduce nasal congestion and can be used alone or with an antihistamine.</li> <li>• Start to work within minutes and lasts for hours</li> <li>• Should not be used for longer than five to seven days due to a risk of rebound congestion.</li> </ul> <p><b>Oral decongestants</b></p> <ul style="list-style-type: none"> <li>• Topical decongestants are preferred over oral decongestants due to fewer systemic side-effects and drug-drug interactions.</li> </ul> <p>Common side-effects of oral decongestants include: central nervous system (CNS) stimulation, hypertension and tachycardia.</p> <p><b>Non-sedating antihistamine/decongestant combination</b></p> <ul style="list-style-type: none"> <li>• Provides better symptomatic relief of allergic rhinitis than a non-sedating antihistamine on its own.</li> <li>• Oral decongestants have many adverse effects (see above) as well as drug-drug interactions.</li> </ul>	<p>Oxymetazoline Xylometazoline Phenylephrine Naphazoline</p> <p>Phenylephrine Phenylpropanolamine Pseudoephedrine</p> <p>Loratadine-pseudoephedrine</p>
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<p><b>Counselling Tips</b></p> <ul style="list-style-type: none"> <li>• Ensure that the patient uses the nasal spray in the correct manner to prevent the medication running down the back of the throat:             <ul style="list-style-type: none"> <li>▫ The patient's head should be straight, with the chin slightly tucked forward.</li> <li>▫ The tip of the nozzle of the spray should be inserted into the nostril and pointed outwards, away from the septum (the cartilage dividing the two nostrils).</li> <li>▫ The patient should spray, then immediately afterwards, sniff gently.</li> </ul> </li> <li>• Reassure the patient that if an intranasal corticosteroid is used correctly, very little of the product reaches the systemic circulation to cause possible side-effects.</li> <li>• Both intranasal corticosteroids and antihistamines are more effective if used on a daily basis, rather than only when the symptoms occur.</li> <li>• Patients should be made aware that the medications used to manage allergic rhinitis do not cure the condition, but rather manage the symptoms.</li> <li>• Refer the patient to a doctor if:             <ul style="list-style-type: none"> <li>▫ The symptoms persist or worsen</li> <li>▫ The symptoms of sinusitis appear (see above)</li> <li>▫ The patient is wheezing or has shortness of breath</li> <li>▫ The patient has a tight chest</li> <li>▫ The patient has a pus-like (purulent) discharge from the eyes</li> <li>▫ The patient has a painful ear(s)</li> </ul> </li> </ul>
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**Conclusion**

It is important to recognise the symptoms of allergic rhinitis as opposed to sinusitis in order to effectively manage the patient and to prevent the development of sinusitis.

The effective management of allergic rhinitis symptoms can significantly improve a patient's quality of life.

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