



Hayfever Supplement

May 2017

Management of Hayfever in Primary Care

Choice of treatment depends on the predominant symptoms and the patient's preference for oral or topical therapy. The British Society of Allergy and Clinical Immunology recommends:

- **An oral or topical antihistamine** as first-line therapy for mild to moderate intermittent and mild persistent rhinitis.
NI Formulary first line oral choices are **cetirizine or loratadine**.
- **Topical intranasal corticosteroids** as first-line therapy for moderate to severe persistent symptoms and treatment failures with antihistamines.
HSCB first line choice is **beclometasone 50 micrograms/dose nasal spray (200 dose)**.
- **An oral antihistamine and intranasal corticosteroid** may be used together for moderate to severe persistent rhinitis uncontrolled with intranasal corticosteroids.

A number of products are available to purchase over-the-counter and patients should be advised of this as a means of **promoting self-care** in line with [HSCB policy](#).

Choice of Oral Antihistamines

Oral antihistamines relieve ocular symptoms, rhinorrhoea, sneezing and nasal irritation but have little effect on nasal congestion.

Generic **cetirizine and loratadine** are recommended by NI formulary as first line choices and are considered to be generally non-sedating. Where possible, patients who have historically taken desloratadine, levocetirizine or mizolastine should be reviewed and changed to either generic loratadine or cetirizine for the Spring /Summer 2017 hayfever season.

In children

Cetirizine and loratadine are licensed from 2 years of age and liquid preparations are available. However, the **liquid preparations are considerably more expensive** and should be reserved for younger children and those with swallowing difficulties.

The newer third generation antihistamines (desloratadine and levocetirizine) are not NI formulary choices as they have not demonstrated superior efficacy compared to loratadine and cetirizine.

*prices in the table correct April 2017 (Drug Tariff)

| Product / Strength | Cost for 30 days* |
|------------------------------------|-------------------|
| Tablets / capsules: | |
| Cetirizine 10mg tablets | 73p |
| Loratadine 10mg tablets | 82p |
| Desloratadine 5mg tablets | 96p |
| Fexofenadine 120mg tablets | £1.62 |
| Levocetirizine 5mg tablets | £4.37 |
| Xyzal® 5mg tablets | £4.39 |
| NeoClarityn® 5mg tablets | £6.77 |
| Mizollen® 10mg tablets | £6.92 |
| Zirtek® 10mg Allergy tablets | £8.12 |
| Cetirizine 10mg capsules | £12.45 |
| Solutions | |
| Cetirizine 1mg/ml solution | £1.58 |
| Loratadine 5mg/5ml solution | £3.86 |
| Zirtek® Allergy SF solution | £10.55 |

Intranasal Corticosteroids



Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hayfever as they can relieve all symptoms including nasal congestion. These preparations:

- Need to be used regularly to be effective; maximum efficacy occurs after a couple of weeks.
- Need to be started 1 to 2 weeks before patients are likely to become symptomatic.
- Patients should be advised on the importance of good technique and reminded to reduce the dose once symptoms have been controlled.

HSCB first line choice is

beclometasone 50 micrograms/dose nasal spray 200 dose which is licensed in adults and *children over the age of 6 years*. Reviews have concluded that there were no striking differences in the efficacy or safety of intranasal corticosteroids, but that there was considerable variation in the daily cost.

Dymista® (fluticasone and azelastine) **is not a first-line treatment option**. Whilst shown to be *slightly* more effective than monotherapy (fluticasone), there is no data comparing Dymista® to use of a steroid nasal spray and oral antihistamine tablet which is more common current practice.

Product/Strength

Cost per item*

| | |
|---|--------|
| Beclometasone 50mcg nasal spray (200 dose) | £1.97 |
| Mometasone 50mcg nasal spray (140 dose) | £2.08 |
| Budesonide 64 mcg nasal spray <i>Rhinocort Aqua®</i> (120 dose) | £3.49 |
| Budesonide 64 mcg nasal spray (120 dose) | £4.77 |
| Fluticasone furoate 27.5mcg nasal spray <i>Avamys®</i> (120 dose) | £6.44 |
| Triamcinolone 55mcg aqueous nasal spray <i>Nasacort®</i> (120 dose) | £7.39 |
| Mometasone 50mcg nasal spray: <i>Nasonex®</i> (140 dose) | £7.68 |
| Fluticasone propionate 50mcg aqueous nasal spray <i>Nasofan®</i> (150 dose) | £8.04 |
| Fluticasone propionate 50mcg aqueous nasal spray <i>Flixonase®</i> (150 dose) | £11.01 |
| Fluticasone 50mcg/azelastine 137mcg: <i>Dymista®</i> (120 dose) | £14.80 |

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Intraocular Agents



Intraocular agents have a limited role in the management of hayfever symptoms, as antihistamines and intranasal corticosteroids will also relieve ocular symptoms.

Sodium cromoglicate 2% eye drops (13.5ml) may be useful if ocular symptoms remain troublesome despite using an antihistamine and/or a corticosteroid. Sodium cromoglicate has a prophylactic action and must be used regularly, even when symptoms improve. *Otrivine-Antistin®* eye drops are also a suitable low cost alternative for those who require occasional ocular symptom relief.

Antihistamine eye drops (e.g. *Iodoxamide 0.1% eye drops, Alomide®*) may also be useful if a rapid resolution of ocular symptoms is required.

Practical Measures to Avoid Pollen



- Stay indoors as much as possible, keep doors and windows shut
- Avoid cutting grass, large grassy places and camping
- Shower and wash your hair after being outdoors, especially after going to the countryside
- Wear wrap-around sunglasses when out
- Bring in washing, and close windows before the evening

Additional information on self-management can be found at **Patient UK** (www.patient.co.uk) or **NHS Choices** - [Living Well with Hayfever](#)