

Patient with asthma comes for asthma review

Ask questions to discover potential insidious symptoms of allergic rhinitis¹:

- Have you noticed any problems with your nose?
- Is your nose blocked?
- Do you snore?
- Do you think your sense of smell is impaired?
- Do you have hay fever or experience persistent colds?
- Do you experience a running nose, blocked nose, sneezing, and/or itching?
- Are your eyes affected?

Red flags—urgent referral to ENT^{1,3}:

- Nasal pain
- Unilateral symptoms
- Heavy bleeding

No

Exit algorithm

Yes

- Is it worse at different times of the year or is it the same all year round?
- Are you on treatment now?
- Ask patient to score nasal symptom severity from 0 to 10^{2[A]}

<5

Advise on avoidance of relevant allergens, tobacco smoke and other pollutants, and use of nasal saline

Continue current treatment (if sedating AH being used, switch to non-sedating) or advise patient to purchase OTC treatment,²⁻⁵ such as non-sedating AH or INS spray

5-10

Advise on avoidance of relevant allergens, tobacco smoke and other pollutants, and use of nasal saline

Patient has uncontrolled AR so needs a step up therapy. Prescribe INS or azelastine hydrochloride + fluticasone

Advise on good technique, importance of concordance and when to expect improvement

Book a review with same nurse/GP 2-4 weeks later²⁻⁵

Check asthma symptoms at every review

Review after 2-4 weeks (video/email/phone)

- Confirm patient has taken treatment properly²⁻⁶
- Ask patient to score nasal symptom severity from 0 to 10^{2[A]}

<5

Step down to or continue on once-daily non-systemically bioavailable INS^[B]

5-7

Switch to INS/AH combination if on INS alone, or consider add-on therapy according to guidelines⁴

8-10

Consider referral to ENT specialist or allergist

Review after 2-4 weeks according to practice availability

Allergic rhinitis is controlled

Review in 6-12 months

Treatment control lost

Step up again or consider referral if on maximal therapy

AH=antihistamine;
AR=allergic rhinitis;
ENT=ear, nose, and throat;
INS=intranasal corticosteroid;
OTC=over the counter

[A] Visual analogue scale is a scoring system that allows easy measurement of symptoms (0 = not at all bothersome; 10 = extremely bothersome)

[B] Minimally bioavailable INS: fluticasone propionate, fluticasone furoate, mometasone furoate

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