

Allergic Rhinitis Best Practice Guideline

I. Diagnosis and Screening

- i. Clinicians should make a clinical diagnosis of allergic rhinitis based on a history and physical exam consistent with an allergic reasonable cause and one or more of the following symptoms:
 - Runny nose
 - Nasal congestion
 - Clear rhinorrhea
 - Itchy nose
 - Red, itchy eyes
 - Sneezing
 - Pale discoloration of the nasal mucosa
- ii. Clinicians should not routinely order sinonasal imaging for patients with signs and symptoms of allergic rhinitis
- iii. Clinicians should assess for comorbidities such as asthma, atopic dermatitis, otitis media, rhinosinusitis, conjunctivitis and sleep-disordered breathing.
- iv. IgE Allergy testing (skin or serum) should only be performed when patients do not respond to empiric therapy or if a diagnosis is needed for targeted therapy.

II. Treatment

- i. Clinicians should prescribe intranasal steroids for patients with symptoms that affect their quality of life.
- ii. Clinicians should prescribe non-sedating antihistamines for patients with primary complaints of sneezing and itching.
- iii. Clinicians should not prescribe oral leukotriene antagonists as primary (monotherapy) for patients with allergic rhinitis.

III. Surveillance & Indications for Consultation

- i. Clinicians should refer patients for immunotherapy when there is inadequate control of symptoms with pharmacotherapy.

IV. Reference

- i. Otolaryngology – Head and Neck Surgery 2015, Vol. 152