

BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis

10 July 2017

The Standards of Care Committee of the British Society for Allergy & Clinical Immunology (BSACI) is to publish updated guidance on the diagnosis and management of allergic and non-allergic rhinitis. Allergic rhinitis is common and affects between 10-15% of children and 26% of adults in the UK.

The BSACI first published guidance on the 'Management of Rhinitis' over a decade ago, since then new evidence underpinning our understanding of the concepts that control rhinitis have been discovered, so an updated version has been developed.

Allergic rhinitis can sometimes be trivialized; however it can have profound effects of the quality of life, work and in particular a detrimental effect in school. Students who drop a grade in their GCSE exams are 40% more likely to have [allergic rhinitis](#) and taking sedating oral antihistamines. Rhinitis, whether allergic or non-allergic is a major risk factor for developing asthma, it is present in around 80% of asthmatics and impairs asthma control. Effective treatment of rhinitis is therefore needed in the majority of patients with asthma.

Antihistamines are often used to manage rhinitis, however sedating antihistamines worsen the psychomotor retardation (the slowing-down of thought and a reduction of physical movements in an individual) of rhinitis and should be avoided. Non-sedating antihistamines are helpful in mild cases, but most people need a regular topical nasal corticosteroid spray which is more effective. For those in whom this is insufficient research has proved that combination therapy with intranasal corticosteroid plus intranasal [antihistamine](#) is more effective in the treatment of rhinitis than either intranasal corticosteroid or intranasal antihistamine used alone.

Dr Shuaib Nasser, President of the British Society for Allergy & Clinical Immunology (BSACI) says 'All rhinitis is not allergic and an understanding of the underlying mechanism, co- morbidities and specific triggers improves the accuracy of diagnosis and aids management. This is one of 13 guidelines which the British Society for Allergy and Clinical Immunology (BSACI) Standards of Care Committee has published. This guidance continues our pipeline of highly successful published guidelines, written by experts in the field, using rigorous NICE-accredited processes.'

The guidance will overall assist healthcare professionals by alerting them to the possibility that their patient has rhinitis by aiding accurate diagnosis of the kind of [rhinitis](#)—and if allergic, of how to work out which allergen(s) matter and suggesting which patients need referral to ENT surgeons or to allergists or immunologists.

More information: G. K. Scadding et al, BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First edition 2007), *Clinical & Experimental Allergy* (2017). [DOI: 10.1111/cea.12953](https://doi.org/10.1111/cea.12953)

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