



# Pocket guide Allergic rhinitis

Developed by EUFOREA expert teams based on international guidelines, sponsored by Johnson & Johnson Consumer Health



## What is allergic rhinitis (AR)?<sup>1</sup>

Allergic rhinitis (AR) is an inflammatory disorder of the lining inside the nose caused by an allergic reaction to pollen, dust mites, mould, or dander from certain animals. AR has a significant negative impact on a patients' quality of life and carries high socio-economic burden. AR affects up to 30% of the European population, including children, adolescents and adults; and can be associated with increased risk of asthma.

## What should the physician do?<sup>2</sup>

- ✓ Ask about allergic symptoms and the medical **history** of your patient
- ✓ Determine the **severity** of the disease and impact of the major symptom
- ✓ Perform **physical examination**, including anterior rhinoscopy
- ✓ **Confirm allergy** by skin prick test or serum specific IgE
- ✓ Check for lower airway symptoms, especially **asthma**

## When to suspect comorbid asthma?<sup>3</sup>

*Questions to your patient*

- Have you had an episode or recurrent episodes of wheezing?
- Do you have troublesome cough, especially at night/ during awakening/exercise?
- Do you cough or wheeze after exercise?
- Do you experience extended common cold/laryngitis/ bronchitis?
- Does your chest feel tight or do you feel impaired breathing out?

If **YES** to any of these question: your patient might be asthmatic.

## Symptoms suggestive for AR (when related to allergen exposure)<sup>3</sup>

2 or more of the following symptoms for > 1 hour on most days:

- Runny nose
- Sneezing, especially paroxysmal
- Nasal obstruction
- Nasal itch
- Ocular symptoms like itch, redness or tearing

## Symptoms LESS suggestive for AR<sup>3</sup>

- Unilateral symptoms
- Discoloured secretions
- Facial or nasal pain
- Recurrent epistaxis
- Smell disorder (anosmia)
- Posterior rhinorrhoea (post nasal drip) with thickened mucus
- Isolated rhinorrhoea

## How to apply the visual analogue scale (VAS)?



*Ask your patient to mark on the horizontal line of 10 cm how bothersome his/her symptoms are. The ends of the horizontal line are defined as the extreme limits of the burden of disease. VAS has been validated for use on smartphones.<sup>4</sup>*

(1) Greiner AN, et al. Lancet, 2011; 378:2112-22.

(2) Adapted from: Scadding GK, et al. Clin Exp Allergy, 2017;47:856-889.

(3) Adapted from: Bousquet J, et al. Allergy, 2008. 63 Suppl 86:8-160.

(4) Caimmi D, et al. Clin Exp Allergy, 2017; 47:1526-1533.





## 6. Patient follow up

# Allergic rhinitis clinical presentation

Two or more nasal symptoms suggestive of allergic rhinitis

- **Difficult-to-treat AR**
- **Failure of previous treatment** (step 1)

- **Severe AR**  
*defined by uncontrolled symptoms despite previous treatment and after confirmation of diagnosis, medication adherence, co-morbidities managed*
- **Failure of previous treatment** (step 2)

AR patient aiming for sustained effects

Patient ed

Avoid irritants an

**FIRST LINE CARE**  
Pharmacist – General Practitioner

Nasal corticosteroid  
and/or  
Antihistamine (anti-H1)  
oral non-sedating  
or  
nasal

**Confirm diagnosis**

**Check medication adherence**  
**Evaluate co-morbidities**

Education on disease and therapy adherence

Avoid allergens | Advise saline nasal sprays/douching

SPECIALIST CARE  
Specialist

(\*) Add-on therapies

- Isolated watery rhinorrhoea: Ipratropium
- Rhinorrhoea in asthmatics: Leukotriene receptor antagonist
- Ocular itch/skin rash: Oral non-sedating anti-H1
- Ocular symptoms: Intra-ocular anti-H1 or Cromones
- Sudden onset nasal blockage: nasal / oral decongestant ≤ 7 days

VAS ≥ 5  
Uncontrolled

Fixed nasal corticosteroid + nasal anti-H1 (#)  
>  
Nasal corticosteroid  
=  
Combination nasal corticosteroid + oral anti-H1

VAS ≥ 5  
Uncontrolled

Re-evaluate diagnosis

Allergen Immunotherapy (moderate-severe AR)  
and/or  
Oral corticosteroid (short course)  
and/or  
Surgery (severe nasal obstruction)  
and/or  
Add-on therapies (\*)

Allergen Immunotherapy (AR due to i.e. pollen or house dust mite)

PATIENT PARTICIPATION IN TREATMENT PLAN

(#) Depending on availability at national level

## WHY choose allergen immunotherapy (AIT)?<sup>5,6</sup>

Allergic rhinitis (AR) affects up to 30% of the European population, including children and adults. Despite guidelines on the correct use of effective treatment, up to 40% of AR patients remain uncontrolled. AIT has been shown to improve the level of control with up to **84% of patients** being controlled by AIT. AIT is only indicated for **allergic rhinitis /rhinoconjunctivitis/allergic asthma**, not for other forms of rhinitis.

## HOW to choose allergen immunotherapy?

1. The product for AIT should be **available by national marketing authorization** (registration)
2. Check national or international AIT guidelines to select **evidence based products**
3. If several products are available prefer products that are documented in **controlled clinical trials**
4. Use of non-documented products (**Named Patient Products**) only if no alternative is available and based on the physician's liability and indication

## What is AIT?<sup>6</sup>

AIT (also called desensitization, hyposensitization or allergy vaccination) is a treatment with administration of increasing amounts of an allergen to induce immunological tolerance and to prevent allergic symptoms upon re-exposure. AIT can be administered via different routes: subcutaneous immunotherapy (SCIT), with s.c. injections of the sensitizing allergens in the upper arm, and sublingual immunotherapy (SLIT), with the sensitizing allergen kept under the tongue for 1-2 min (in the form of tablets or drops).

## What are the advantages of AIT?<sup>6</sup>

*Efficacy varies between specific products*

- ✓ Only treatment with disease modifying capacity
- ✓ Reduces nasal and/or ocular symptoms
- ✓ Enhances the quality of life
- ✓ Lowers need for intake of other anti-allergic medication
- ✓ Induces immunological tolerance, providing sustained clinical benefit
- ✓ Has the potential to prevent asthma





### **Which patients can benefit from AIT?<sup>5</sup>**

*AIT should be considered if ALL are present:*

- ❑ Uncontrolled moderate-to-severe symptoms of AR +/- conjunctivitis, on exposure to clinically relevant allergens
- ❑ Confirmation of IgE sensitisation to clinically relevant allergens (via skin prick test or serum specific IgE)
- ❑ Inadequate control of symptoms despite reliever medication and allergen avoidance measures and/or unacceptable adverse effects of medication

(5) Roberts G, et al. Allergy, 2018; 73: 765-798.

(6) Hellings PW, et al. Clin Transl Allergy, 2019; 9:1-7.

	SCIT	SLIT
Safety	A safe and well-tolerated treatment when injections are given in a medical setting by experienced personnel trained in the handling of adverse events.	A safe and well-tolerated treatment. Need for observation in the clinic after first dose followed by at home treatment.
Adverse effects	Risk of moderate to severe systemic reactions: 1 reaction per 2000 individual injections. Frequent minor, local adverse effects.	Risk of moderate to severe systemic reactions: < 1 reaction per 500 patients during the 3-year treatment period). Frequent minor, local adverse effects.
Duration	Three years continuous SCIT is effective for sustained effect of grass pollen-driven AR. During this period patients might need reliever medication according to AR pocket guide.	Two (drops) or three (tablets) years continuous SLIT is effective sustained effect of grass / tree pollen and HDM. During this period patients might need reliever medication according AR pocket guide.
Administration	Subcutaneous injections (usually monthly on maintenance, more often during up dosing) in a medical setting.	At home administration after first dose under medical supervision.
Effectiveness*	Pre, pre/coseasonal and continuous SCIT are effective in short-term seasonal and perennial AR.	Pre, pre/coseasonal and continuous SLIT tablet or drops are effective in short-term seasonal AR and continuous SLIT tablets in short-term for perennial AR.

(5) Table adapted from: Roberts G, et al. Allergy, 2018; 73: 765-798.

(\*) Always adhere to product-specific SmPC



### **Absolute contra-indications for AIT<sup>5</sup>**

*Always adhere to product-specific SmPC*

- ❑ Uncontrolled or severe asthma
- ❑ Active, systemic auto-immune disorders, or other severe disease
- ❑ Active malignant neoplasia
- ❑ Initiation of AIT during pregnancy
- ❑ Under the age of 5

For relative contra-indications: contact specialist.

# Vision

**EUFOREA is an international non-profit organisation forming an alliance of all stakeholders working towards prevention and reduction of burden of chronic respiratory diseases**

# Mission

**EUFOREA proposes to reduce the preventable and avoidable burden of morbidity due to chronic respiratory diseases through innovation and digital solutions**

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