October 31, 2013

Memorandum

To: Allergists, Family Physicians, Family Medicine Nurse Practitioners, General Internists, General Medicine Nurse Practitioners, Pediatricians, Pediatric Nurse Practitioners, Otolaryngologists

From: Grant Greenberg MD, MA, MHSA, Guidelines Clinical Lead
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Subject: UMHS Clinical Care Guideline: Management of Allergic Rhinitis

What’s New!

- Oral second generation (non-sedating) antihistamines are recommended over first generation antihistamines due to significant side-effects of sedating antihistamines.
  - Multiple second generation antihistamines are now available over-the-counter. A second generation antihistamine can often be tried as initial therapy, as it will provide relief in most cases.
  - Inhaled nasal steroids can be used as effective monotherapy.

- Drug table (Table 6) is updated with new medications, generic status, and pricing. Additionally, drug table information is reformatted to view pediatric and adult dosing separately.

Other Key Points.

- Avoidance of allergen exposure is the first step in treatment.
- Multiple therapies are available, with nasal corticosteroids considered the most potent medications available for treating allergic rhinitis.
- Certain patient populations, such as pediatric, geriatric, and comorbid asthma patients, require special consideration for close monitoring or referral as the diagnosis and treatment of allergic rhinitis is often more complicated.
- Consider referral if patients:
  - have contraindication to or have failed medical therapy
  - need testing to identify specific allergens for avoidance
  - have comorbidities (asthma, nasal polyps, recurrent sinusitis).

Patient education material.

Two patient education sheets, Allergic Rhinitis & Saline Nasal Sprays & Irrigation are available online at U of M Health.org (http://med.umich.edu/umhs/health-providers/clinical_care_guidelines.html)