

ASTHMA AND ALLERGIC RHINITIS:

AN INFORMATION SHEET FOR GENERAL PRACTITIONERS



Asthma and allergic rhinitis are closely linked, both characterized by inflammation and sensitivity throughout the respiratory system. Asthma affects 2.7 million Australians. About 80% of people with asthma also have hay fever and between 15% to 30% of people with allergic rhinitis also have asthma.¹

Managing allergic rhinitis and allergy is part of asthma care and improving asthma control. Better control and management of allergic rhinitis has been shown to improve asthma control in both adults and children.^{4,7,8,9}

People with asthma and allergic rhinitis experience:

- Increased number of asthma flare-ups
- Increased number of visits to their doctor and asthma-related hospitalisations
- More time off work or school
- Higher annual medical costs^{2,3,4}

Allergic rhinitis can also result in:

- Disturbed sleep
- Daytime tiredness
- Recurrent headaches
- Poor concentration
- Increased risk of ear infections in children
- Recurrent sinus infections in adults

Common symptoms of allergic rhinitis are:

- Itchy nose or eyes
- Runny nose
- Sneezing
- Blocked nose
- Throat clearing
- Snoring

If your patient has symptoms of asthma or allergic rhinitis e.g. cough, wheeze or sneeze in the pollen season, they may be susceptible to thunderstorm asthma. If this is the case, complete a systematic assessment to determine their asthma or allergy diagnosis, develop a written Asthma Action Plan and/or an Allergic Rhinitis Treatment Plan and ensure your patient has the right medication.

Treatments for asthma and allergic rhinitis:

- Most patients with asthma should be taking a regular (ICS) containing preventer, to minimise their symptoms and markedly reduce their risk of flare-ups.⁵ Use of even a low dose of ICS, if taken regularly, reduces the risk of asthma-related death by 50–85%.⁶
- Intranasal corticosteroids are the most effective treatment for allergic rhinitis and can improve all symptoms, especially nasal congestion.
- Saline sprays/irrigation solutions can also be used to help clear nasal congestion and pressure, wash away dust and other irritants and soothe the lining of the nose. Saline washes and sprays are available preservative-free and may be preferable for those with sensitive noses.

- Oral antihistamines are effective against symptoms of rhinorrhea, sneezing, nasal itching and eye symptoms, but are less effective for nasal congestion.⁷
- For patients with clinically significant allergic rhinitis or allergic asthma who have a known history of clinical important sensitisation to a particular allergen, they may benefit from **specific allergen immunotherapy** (sublingual or subcutaneous). Be sure to discuss the cost and duration of the treatment with your patients, as it is currently not subsidised on the PBS. Benefits can be experienced within months after starting treatment but the full course of treatment will usually be up to several years. It is recommended to refer patients to an allergist or clinical immunologist to initiate the treatment, where possible.

General Practitioners have a key role to play in supporting people with asthma and allergic rhinitis.

Recommendations for General Practitioners:

- Check for a diagnosis of allergic rhinitis when diagnosing or reviewing asthma
- Discuss hay fever symptoms and treatment options with people with asthma
- Recommend or prescribe intranasal corticosteroids for adults and children with persistent (≥ 4 days per week and ≥ 4 weeks)¹⁰ allergic rhinitis or moderate-to-severe intermittent allergic rhinitis - even if the person is already taking regular inhaled corticosteroids for asthma, see the National Asthma Council Australian Asthma Handbook for more information – astmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis
- Refer patients with severe asthma, or asthma which remains uncontrolled despite using high doses of inhaled preventer treatment, to a specialist to evaluate the potential indication for specialised add-on therapy
- Demonstrate and check delivery device technique for asthma medications and/or intranasal sprays
- Assess level of asthma control – Use the Asthma Control TestTM available at asthma.org.au
- Provide a written Asthma Action Plan for people with asthma and an Allergic Rhinitis Treatment Plan for people with allergic rhinitis
- Visit the National Asthma Council Australian Asthma Handbook for further information about managing allergic rhinitis in people with asthma - astmahandbook.org.au/clinicalissues/allergies/allergic-rhinitis
- Download Asthma Australia's Asthma App – a patient education tool to help support and educate people with asthma from the iTunes app store
- Refer your patients with asthma to Asthma Australia – visit asthma.org.au/health-professionals/refer/

For more information on how Asthma Australia can support your patients call **1800 ASTHMA (1800 278 462)** or visit asthma.org.au/health-professionals/



Flo and Stallergenes Greer are campaign partners of Asthma Australia and have not been involved in the development of this resource.

1. Australian Institute of Health and Welfare. Allergic rhinitis ('hay fever') in Australia. Cat. no. ACM 23. Canberra: AIHW; 2011. Available from: <http://www.aihw.gov.au/publication-detail/?id=10737420595> 2. Bousquet J, Gaujris S, Kocevar V, S, Zhang Q, Yin D, D., Polos P, G. and Bjerner L. (2005). Increased risk of asthma attacks and emergency visits among asthma patients with allergic rhinitis: a subgroup analysis of the improving asthma control trial. *Clinical & Experimental Allergy*, 35: 723–727. doi:10.1111/j.1365-2222.2005.02251.x <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2222.2005.02251.x/full> 3. Pawankar R, Bunnag C, Chen Y, et al. Allergic rhinitis and its impact on asthma update (ARIA2008) – western and Asian-Pacific perspective. *Asian Pac J Allergy Immunol*. 2009; 27: 237–243. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20232579> 4. Price D, Zhang Q, Kocevar VS, et al. Effect of a concomitant diagnosis of allergic rhinitis on asthma-related health care use by adults. *Clin Exp Allergy*. 2005; 35: 282–7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15784104> 5. National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: <http://www.astmahandbook.org.au> 6. Suissa S, Ernst P, Benayoun S, Baltzan M, Cai B. Low-dose inhaled corticosteroids and the prevention of death from asthma. *N Engl J Med* 2000;343:332–336. 7. Bousquet J, Khaltaev N, Cruz AA, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008. *Allergy*. 2008; 63: 8–160. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1398-9995.2007.01620.x/full> 8. de Groot EP, Nijkamp A, Duiverman EJ, Brand PL. Allergic rhinitis is associated with poor asthma control in children with asthma. *Thorax*. 2012; 67: 582–7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22213738> 9. Thomas M, Kocevar VS, Zhang Q, et al. Asthma-related health care resource use among asthmatic children with and without concomitant allergic rhinitis. *Pediatrics*. 2005; 115: 129–34. Available from: <http://pediatrics.aappublications.org/content/115/1/129.long> 10. <https://www.allergy.org.au/hp/papers/allergic-rhinitis-clinical-update>

ASTHMA AND HAY FEVER: AN INFORMATION SHEET FOR PHARMACIES



Asthma and hay fever (allergic rhinitis) are closely linked, both characterized by inflammation and sensitivity throughout the respiratory system. Asthma affects 2.7 million Australians. About 80% of people with asthma also have hay fever and between 15% to 30% of people with hay fever also have asthma.¹

Managing hay fever and allergy is part of asthma care and improving asthma control. Better control and management of hay fever has been shown to improve asthma control in both adults and children.^{4,7,8,9}

People with asthma and hay fever experience:

- Increased number of asthma flare-ups
- Increased number of visits to their doctor and asthma-related hospitalisations
- More time off work or school
- Higher annual medical costs^{2,3,4}

Hay fever can also result in:

- Disturbed sleep
- Daytime tiredness
- Recurrent headaches
- Poor concentration
- Increased risk of ear infections in children
- Recurrent sinus infections in adults

Common symptoms of hay fever are:

- Itchy nose or eyes
- Runny nose
- Sneezing
- Blocked nose
- Throat clearing
- Snoring

If people present with symptoms of asthma or hay fever e.g. cough, wheeze or sneeze in the pollen season, they may be susceptible to thunderstorm asthma. Discuss asthma and hay fever and the medications used to treat these conditions. It is also recommended they visit their doctor to have symptoms checked, get a proper diagnosis and a written Asthma Action Plan and/or an Allergic Rhinitis (hay fever) Treatment Plan.

Treatments for asthma and hay fever:

- Most patients with asthma should be taking a regular (ICS) containing preventer, to minimise their symptoms and markedly reduce their risk of flare-ups.⁵ Use of even a low dose of ICS, if taken regularly, reduces the risk of asthma-related death by 50–85%.⁶
- Intranasal corticosteroids are the most effective treatment for hay fever and can improve all symptoms, especially nasal congestion.
- Saline sprays/irrigation solutions can also be used to help clear nasal congestion and pressure, wash away dust and other irritants and soothe the lining of the nose. Saline washes and sprays are available preservative-free and may be preferable for those with sensitive noses.

- Oral antihistamines are effective against symptoms of rhinorrhea, sneezing, nasal itching and eye symptoms, but are less effective for nasal congestion.⁷

Community pharmacy has a key role to play in supporting people with asthma and hay fever.

Key tips for Pharmacists and Pharmacy Assistants:

- Check for a diagnosis of hay fever or asthma when dispensing asthma or hay fever medication respectively – ask people with asthma and/or hay fever if they experience symptoms of the eyes, nose, throat or lungs
- Discuss hay fever symptoms and treatment options with people with asthma
- Demonstrate and check delivery device technique for asthma medications and/or intranasal sprays. Read the Asthma Medications and Devices brochure at asthma.org.au for more information.
- Assess level of asthma control – Use the Asthma Control Test™ available at asthma.org.au
- Check for a written Asthma Action Plan or Allergic Rhinitis (hay fever) Treatment Plan

Recommend people with co-existing asthma and hay fever to see their doctor if:

- Persistent (≥ 4 days per week and ≥ 4 consecutive weeks)¹⁰, moderate to severe symptoms of hay fever are present – see the National Asthma Council Australian Asthma Handbook for classification of hay fever astmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis
- Symptoms are suggestive of uncontrolled asthma in people with a diagnosis – is their Asthma Control Score 19 or less?
- Hay fever symptoms are not well controlled by self management with over-the-counter medicines (e.g. S2 intranasal corticosteroids, oral antihistamines)
- Hay fever treatment is required for more than four weeks at a time.
- Your customers have questions regarding **allergen immunotherapy** (sublingually or by subcutaneous injection) as part of their asthma and hay fever management
- There are complications (e.g. pain, loss of hearing or sense of smell, persistent cough)
- Visit the National Asthma Council Australian Asthma Handbook for further information about managing allergic rhinitis in people with asthma: astmahandbook.org.au/clinicalissues/allergies/allergic-rhinitis
- Download Asthma Australia's Asthma App – a patient education tool to help support and educate people with asthma from the iTunes app store or Google Play
- Refer your patients with asthma to Asthma Australia's Patient Education Referral Service visit asthma.org.au/referrals

For more information on how Asthma Australia can support your patients call **1800 ASTHMA (1800 278 462)** or visit asthma.org.au/health-professionals/



Flo and Stallergenes Greer are campaign partners of Asthma Australia and have not been involved in the development of this resource.

1. Australian Institute of Health and Welfare. Allergic rhinitis ('hay fever') in Australia. Cat. no. ACM 23. Canberra: AIHW; 2011. Available from: <http://www.aihw.gov.au/publication-detail/?id=10737420595> 2. Bousquet J, Gaujris S, Kocevar V, S. Zhang, Q., Yin, D. D., Polos, P. G. and Bjerner, L. (2005). Increased risk of asthma attacks and emergency visits among asthma patients with allergic rhinitis: a subgroup analysis of the improving asthma control trial. *Clinical & Experimental Allergy*, 35: 723–727. doi:10.1111/j.1365-2222.2005.02251.x.<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2222.2005.02251.x/full> 3. Pawankar R, Bunnag C, Chen Y, et al. Allergic rhinitis and its impact on asthma update (ARIA2008) – western and Asian-Pacific perspective. *Asian Pac J Allergy Immunol*. 2009; 27: 237–243. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20232579> 4. Price D, Zhang Q, Kocevar VS, et al. Effect of a concomitant diagnosis of allergic rhinitis on asthma-related health care use by adults. *Clin Exp Allergy*. 2005; 35: 282–7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15784104> 5. National Asthma Council Australia. Australian Asthma Handbook, Version 1.2. National Asthma Council Australia, Melbourne, 2016. Website. Available from: <http://www.astmahandbook.org.au> 6. Suissa S, Ernst P, Benayoun S, Baltzan M, Cai B. Low-dose inhaled corticosteroids and the prevention of death from asthma. *N Engl J Med* 2000;343:332–336. 7. Bousquet J, Khaltaev N, Cruz AA, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008. *Allergy*. 2008; 63: 8–160. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1398-9995.2007.01620.x/full> 8. de Groot EP, Nijkamp A, Duiverman EJ, Brand PL. Allergic rhinitis is associated with poor asthma control in children with asthma. *Thorax*. 2012; 67: 582–7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22213738> 9. Thomas M, Kocevar VS, Zhang Q, et al. Asthma-related health care resource use among asthmatic children with and without concomitant allergic rhinitis. *Pediatrics*. 2005; 115: 129–34. Available from: <http://pediatrics.aappublications.org/content/115/1/129.long> 10. <https://www.allergy.org.au/hp/papers/allergic-rhinitis-clinical-update>