Pharmacotherapy

The ARIA treatment strategy is shown in Fig 2 overleaf (Bousquet et al, 2008).

Mild AR may respond to the above measures; if not, non-sedating antihistamines or decongestants can be tried. For moderate to severe disease, the recommended first-line therapy is intranasal corticosteroids and/or second-generation non-sedating antihistamines (Baena-Cagnani, 2004).

Intranasal corticosteroids (INS) are highly effective for moderate to severe AR; they provide the most effective control of nasal symptoms, including congestion, of all medications for AR and are the treatment of choice for anything more than mild AR. They are as effective as antihistamines in reducing ocular symptoms.

Patients may be reluctant to use them due to fears over side-effects. Nurses have two roles – one is to explain the very good safety data of the recent molecules and the other is to demonstrate how to use them (Fig 3, overleaf).

Safety and systemic effects

The small surface area of the nose means that local absorption of steroid is considerably less than in the lungs.