

Recommended daily treatment for chronic rhinosinusitis underused

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Topical intranasal steroid therapy continues to be underused for patients with chronic rhinosinusitis (CRS) despite practice guidelines that recommend daily use, according to a study published online by *JAMA Otolaryngology-Head & Neck Surgery*.

Chronic rhinosinusitis (a condition in which the cavities around nasal passages [sinuses] become inflamed and swollen, which interferes with drainage and causes mucus buildup) is a common and expensive-to-treat disease, which is primarily managed with prolonged medical therapies. Topical intranasal steroid (INS) therapy has been shown to be highly effective at improving CRS-specific symptoms and quality of life. Deficiencies in utilization of intranasal steroid therapy may represent a gap in quality of care.

Luke Rudmik, M.D., M.Sc., of the University of Calgary, Canada, and colleagues evaluated the utilization patterns of topical intranasal steroid therapy for CRS in the Canadian population with a review of a Canadian population-based health care administrative database. A validated case definition for CRS was applied, and the utilization of topical intranasal steroid therapy within this cohort was quantified during the 2014-2015 fiscal year.

A total of 19,057 adult patients with CRS were evaluated. The overall rate of intranasal steroid spray utilization was 20 per 100 patients with CRS. In the 3,821 patients with CRS who used an intranasal steroid spray during 2014 to 2015, the average quantity of utilization was 2.4 U

(1 U = 1 bottle per month) per patient. There was large geographic variation in both the rate and quantity of intranasal steroid spray utilization.

"Overall, the outcomes demonstrate that there is a significant under-use of INS spray for CRS [patients](#); however, factors driving the underuse are currently unknown. Given that CRS [practice guidelines](#) provide strong recommendations for daily use of topical INS therapy, improving utilization of this treatment strategy may represent an opportunity to improve the quality of care," the authors write.

More information: *JAMA Otolaryngol Head Neck Surg*. Published online August 25, 2016. [DOI: 10.1001/jamaoto.2016.1110](https://doi.org/10.1001/jamaoto.2016.1110)

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