

# Two meds not always better than one for seasonal allergic rhinitis

November 7 2017

---

In a newly updated clinical practice guideline, published in *Annals of Allergy, Asthma and Immunology*, allergists offer practical advice on the best types and amounts of medications to treat seasonal allergic rhinitis. *Annals* is the scientific publication of the American College of Allergy, Asthma and Immunology (ACAAI).

"The Joint Task Force on Practice Parameters (JTFPP) formed a workgroup to develop a focused, systematic review to provide guidance to [health care providers](#) for the [treatment](#) of seasonal allergic rhinitis (SAR) in patients under the age of 12," says allergist Dana Wallace, MD, past ACAAI president and co-author of the guideline.

According to Dr. Wallace, the guidelines focus on three key clinical statements:

1. For initial treatment of SAR in adults, clinicians should routinely prescribe monotherapy with an intranasal corticosteroid (INCS) rather than INCS in combination with an oral antihistamine.
2. For initial treatment of SAR in adults, clinicians should recommend an INCS over a leukotriene receptor antagonist.
3. For treatment of moderate to severe SAR in adults, clinicians may recommend the combination of an INCS and an intranasal antihistamine for initial treatment.

"There is a strong message in the guidelines promoting the importance of shared decision-making with patients," said St. Louis University allergist Mark Dykewicz, MD, ACAAI member and lead author of the guidelines. "The guideline encourages physicians to make patients aware that taking two medications, e.g., using a combination of drugs, such as an oral antihistamine and INCS, is not always better than using a single drug such as an INCS. In contrast, the combination of an intranasal antihistamine and an intranasal corticosteroid does lead to greater relief than use of either medication by itself. Yet, using the two types of drugs in a combination nose spray product will likely be more expensive than using either a single nose spray such as an INCS, or using two individual [medication](#) sprays to deliver the combination." Dr. Dykewicz stressed that using both medications, either combined or separately, may increase side effects such as the bad taste described by some patients, attributed to the nasal [antihistamine](#) component.

This is the first JTFPP guideline that was developed using a GRADE (Grading of Recommendations, Assessment, Development and Evaluations) methodology, a very rigorous, systematic, evidence-based approach to making clinical recommendations. "We want physicians to know it is a very different type of guideline than our previous practice parameters," said Dr. Wallace. "We believe the first and third recommendations will confirm the experience of most allergists. Physicians will likely consider using the combination recommended in #3 more quickly if not initially for moderate-to-severe [patients](#)."

The guidelines can be found at [www.annallergy.org/article/S10 ... \(17\)30656-7/fulltext](http://www.annallergy.org/article/S10... (17)30656-7/fulltext)

Provided by American College of Allergy, Asthma, and Immunology

Citation: Two meds not always better than one for seasonal allergic rhinitis (2017, November 7)

retrieved 27 April 2024 from

<https://medicalxpress.com/news/2017-11-meds-seasonal-allergic-rhinitis.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.