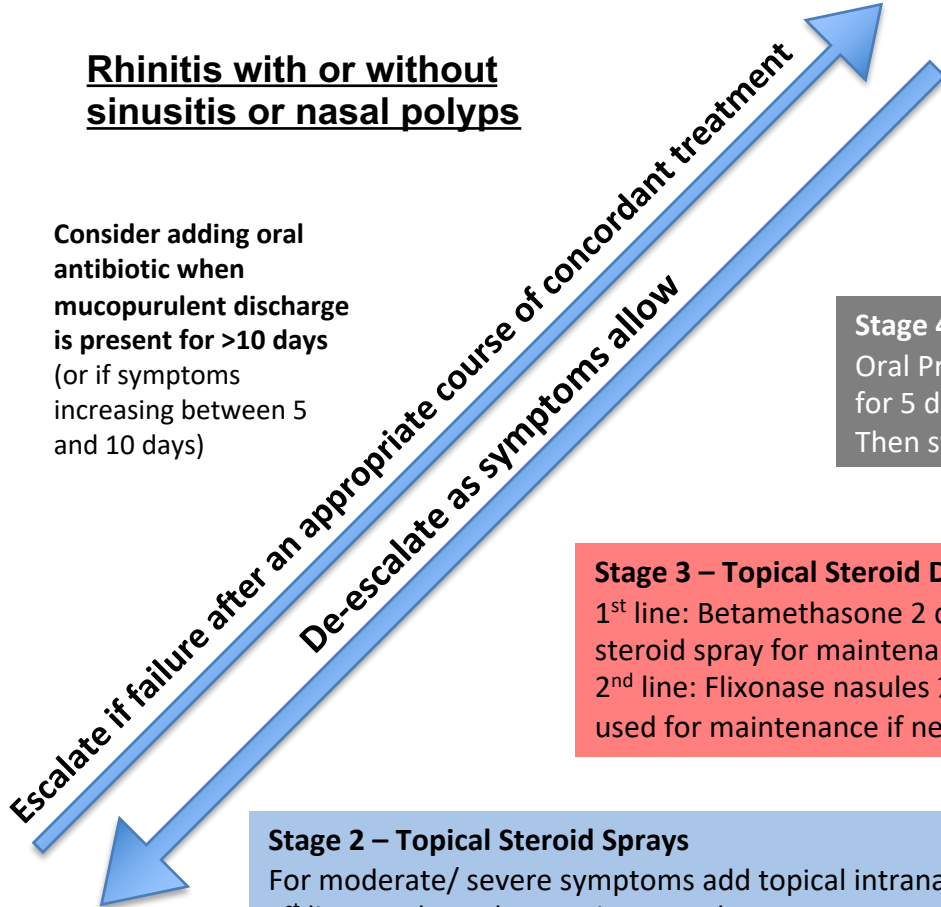


# Rhinitis with or without sinusitis or nasal polyps

Consider adding oral antibiotic when mucopurulent discharge is present for >10 days (or if symptoms increasing between 5 and 10 days)



## Stage 5 - Refer

In the absence of red flags, only refer patients with on-going troublesome symptoms despite a recent trial of all of these treatments  
Patients should be willing to have surgery

## Stage 4 – Oral Steroids

Oral Prednisolone 0.5 mg per kg (estimated lean body weight) for 5 days  
Then step down for topical maintenance at an appropriate stage

## Stage 3 – Topical Steroid Drops

1<sup>st</sup> line: Betamethasone 2 drops bd for 1 bottle, then 2<sup>nd</sup> line steroid spray for maintenance  
2<sup>nd</sup> line: Flixonase nasules ½ cap, each nostril od/ bd, can be used for maintenance if needed

## Stage 2 – Topical Steroid Sprays

For moderate/ severe symptoms add topical intranasal steroid spray:  
1<sup>st</sup> line: Beclomethasone intranasal spray  
2<sup>nd</sup> line: Fluticasone Furoate, Fluticasone Propionate or Mometasone  
3<sup>rd</sup> line: For allergy, add intranasal antihistamine (azelastine) to steroid  
NB Most with moderate symptoms will require maintenance on 2<sup>nd</sup> line

## Practical points:

- Each should be tried for at least 4 weeks unless there are significant adverse effects
- These can be continued, long term with minimal risk of peripheral absorption
- If there is some bleeding, check technique, add topical Vaseline, consider 2 week break
- See Patient leaflet on correct use

## Stage 1 – Self Treatment

- Remove potential allergens where possible
- For mild symptoms use Over-the-counter (OTC) treatment:
  - Nasal saline douche
  - Non-sedating oral antihistamines
  - Beclomethasone steroid spray – can be purchased OTC
  - Short courses of topical decongestants - beware rhinitis medicamentosa when used for > 5 days