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LETTER TO THE EDITOR

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Allergic rhinitis: helping doctors to make better decisions?

Dear Sir

Hay fever is now very common, affecting one in four people in the UK. Frequently it is not a trivial problem for the sufferer because of its profound effects on quality of life, including poor sleep and reduced ability to function well at work or school – a reduction in GCSE performance due to hay fever has been shown, for example.[1] Despite this many patients are not given adequate advice or treatment and some two-thirds find that their disease is poorly controlled.

Whilst preparing a talk on "Why we are failing our patients with hayfever," I decided to check the current advice given to clinicians on this subject, and opened BMJ Clinical Evidence 2004 (the current edition). I was surprised to find that topical intranasal corticosteroids, the most effective treatment as proven by meta-analyses,[2,3] were not even mentioned. There was also no mention of immunotherapy. I contacted the senior author who informed me that since he and his co-authors had only just managed to get through the large volume of evidence on intranasal corticosteroids, they would not be mentioned until the next edition. There was, however, some notification of their existence on the Clinical Evidence website.

If this is the general approach to providing clinical evidence – i.e. dealing with the medications with least evidence first – it is like providing an initial road map of Britain minus the motorways. It is hardly surprising that two-thirds of hay fever sufferers are not satisfied with their treatment.

I suggest that non-specialists wishing to treat hay fever sufferers with anything more than mild disease should consult guidelines such as ARIA (Allergic Rhinitis and its Impact on Asthma, www.whiar.com) or those of the British Society for Allergy and Clinical Immunology (www.bsaci.org), where they are likely to be instructed that the first line of therapy for anything more than mild intermittent rhinitis is an intranasal corticosteroid started pre-seasonally and used regularly every day as prophylaxis throughout the season. Antihistamines can be added to this either on a regular basis or as as-needed rescue medication. Cromone or antihistamine eye drops may be additionally required.

Those patients who are still severely symptomatic on this regime may need brief use of oral corticosteroids and should be considered for allergen-specific immunotherapy prior to the next hay fever season.

Keywords antihistamines, hay fever, immunotherapy, intranasal corticosteroids, rhinitis treatment

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