Asthma and allergic rhinitis are closely linked, both characterized by inflammation and sensitivity throughout the respiratory system. Asthma affects 2.3 million Australians, and 80% of people with asthma also have allergic rhinitis.\(^7\)

Managing allergic rhinitis and allergy is part of asthma care and improving asthma control. Allergic rhinitis can make asthma worse and more difficult to control.

**People with asthma and allergic rhinitis experience:**
- Increased number of asthma flare-ups
- Increased number of visits to their GP and asthma-related hospitalisations
- More time off work or school
- Higher annual medical costs \(^2,3,4\)

**The impacts of allergic rhinitis can include:**
- Disturbed sleep
- Daytime tiredness
- Recurrent headaches
- Poor concentration
- Increased risk of ear infections in children
- Recurrent sinus infections in adults

**Common symptoms of allergic rhinitis:**
- Itchy nose or eyes
- Runny nose
- Sneezing
- Blocked nose
- Throat clearing
- Snoring

If people present with symptoms of asthma or hay fever e.g. cough wheeze or sneeze in the pollen season, they may be susceptible to thunderstorm asthma.

Discuss asthma and hay fever and the potential medications. Also recommended they visit their GP to have symptoms checked, get a proper diagnosis and an asthma and/or hay fever action plan.

**Treatments for asthma and allergic rhinitis:**
- Most patients with asthma should be taking a regular ICS-containing preventer, to minimise their symptoms and markedly reduce their risk of flare-ups.\(^5\) Use of even a low dose of ICS, if taken regularly, reduces the risk of asthma-related death by 50–85%\.\(^6\)
- Intranasal corticosteroids are the most effective treatment for allergic rhinitis and can improve all symptoms, especially nasal congestion.
- Oral antihistamines are effective against symptoms of, rhinorrhea, sneezing, nasal itching and eye symptoms, but are less effective on nasal congestion.\(^7\)

Better control and management of allergic rhinitis has been shown to improve asthma control in both adults and children.\(^4,5,9\) Community pharmacy has a key role to play in supporting people with asthma and allergic rhinitis.

**Key tips for Pharmacists and Pharmacy Assistants:**
- Check for a diagnosis of hay fever/rhinitis or asthma when dispensing asthma or rhinitis medication – Ask people with asthma/or hay fever if they experience symptoms of the eyes, nose, throat or lungs.
- Discuss allergic rhinitis symptoms and treatment options with people with asthma
- Demonstrate and check delivery device technique for asthma medications and/or intranasal sprays
- Assess level of asthma control – Use the Asthma Control Test\(^TM\)
- Check for a written Asthma Action Plan or Allergic Rhinitis (Hay fever) Treatment Plan

**Recommend people with co-existing asthma and allergic rhinitis to see their GP if:**
- Persistent, moderate to severe symptoms of rhinitis are present - see the Australian Asthma Guidelines for classification of allergic rhinitis – [www.asthmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis](http://www.asthmahandbook.org.au/clinical-issues/allergies/allergic-rhinitis)
- Symptoms are suggestive of undiagnosed asthma or uncontrolled asthma in people with a diagnosis – Is Asthma Control Score 19 or less?\(^8\)
- Allergic rhinitis symptoms are not well controlled by self-management with over-the-counter medicines (e.g. 52 intranasal corticosteroids, oral antihistamines)
- Rhinitis treatment is required for more than 4 weeks at a time
- There are complications (e.g. pain, loss of hearing or sense of smell, persistent cough)


Download Australia’s Asthma App – a patient education tool to help support and educate people with asthma from the iTunes app store. 


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