



NB1: Combining oral and intranasal antihistamine therapy does not confer additional benefit compared with using either one alone.

NB2: Trial new treatments for around 4 weeks before assessing response. Before escalating treatment, assess adherence and, if using a nasal spray, assess technique (see eTG complete for patient instructions for using a nasal spray). Also consider alternative diagnoses, particularly if the patient has no response to standard therapy.

NB3: Oral and intranasal decongestants have no role in allergic rhinitis and should be avoided.

NB4: Triple therapy with an antihistamine, an intranasal corticosteroid and montelukast can be trialled before referral, but this is usually less effective than allergen immunotherapy.