



ALLERGIC RHINITIS

Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

Case definition

2 of rhinorrhea, sneezing, nasal obstruction, nasal pruritis

Persistent if >4 days/week for >4 consecutive weeks

Severe if sleep disturbance or functional impairment

Clinical management

Education regarding allergen avoidance

Clinical assessment for asthma

Pharmacologic management

Oral H1 antihistamine as needed

Intranasal beclomethasone 100-400ug (if persistent or severe symptoms)

Allergic conjunctivitis

Intraocular saline

Adapted from:

Brozek, JL et al. 2010. Allergic rhinitis and its impact on asthma (ARIA) 2010 revision. Journal of Allergy and Clinical Immunology.