

Nip Mix-Ups With Allergy Treatments in the Bud

Spring is here...and questions will bloom about **what works best for allergic rhinitis (hay fever)**.

Intranasal products are first-line for persistent nasal symptoms...due to their efficacy and lower risk of systemic side effects.

Expect patients to start with any OTC single-ingredient nasal steroid (fluticasone, etc). They're the most effective option...all cost and work similarly...and some are approved down to age 2.

Stay alert for brand-name mix-ups. For instance, Flonase Headache & Allergy Relief contains acetaminophen, chlorpheniramine, and phenylephrine...but not fluticasone like in Flonase nasal spray.

You'll see a nasal antihistamine (azelastine, etc) by itself if nosebleeds from steroids are a concern...or as an add-on to nasal steroids.

Watch dosage forms when ordering or inputting. For instance, both azelastine and olopatadine come in a nasal spray and an eye drop.

Point to warnings with nasal decongestants (oxymetazoline, etc). They work quickly, but shouldn't be used for chronic hay fever symptoms...due to rebound congestion after several days of use.

Send patients to your pharmacist for tips on proper use of nasal sprays. Patients should blow their nose...point their head slightly downward...and aim the sprayer to the **SIDE** of the nostril to help prevent stinging and a bitter taste due to the med draining down the throat.

See our Nasal Sprays for Allergic Rhinitis chart for more details.

Saline sprays or sinus rinse kits (neti pot, etc) are nondrug options. But patients should use distilled or sterile water...tap water can be irritating and has been linked to rare amoebic brain infections.

Oral meds are for mild or intermittent symptoms...or if nasal sprays don't do the trick.

Expect a second-generation antihistamine (fexofenadine, etc) to be used. First-gen antihistamines (diphenhydramine, etc) should generally be avoided...due to increased risk of side effects (drowsiness, etc).

You'll see your pharmacist steer patients to pseudoephedrine (Sudafed, etc) for congestion. Phenylephrine (Sudafed PE, etc) doesn't work better than placebo...and FDA is proposing its removal.

Keep your radar up for montelukast Rx's for allergies. It's usually a last resort...due to increased risk of depression.

Get our resource, *Managing Seasonal Allergies*, for info on lifestyle changes and how other treatments (cromolyn, eye drops, etc) stack up.

Key References:

-Dykewicz MS, Wallace DV, Amrol DJ, et al. Rhinitis 2020: A practice parameter update. *J Allergy Clin Immunol* 2020; 146:721.

-Hauk L. Treatment of Seasonal Allergic Rhinitis: A Guideline from the AAAAI/ACAAI Joint Task Force on Practice Parameters. *Am Fam Physician*. 2018 Jun 1;97(11):756-757

-Small P, Keith PK, Kim H. Allergic rhinitis. *Allergy Asthma Clin Immunol* 2018 Sep 12;14(Suppl 2):51.

-Medication pricing by Elsevier, accessed February 2025

Pharmacy Technician's Letter. April 2025, No. 410419

Cite this document as follows: Article, Nip Mix-Ups With Allergy Treatments in the Bud, Pharmacy Technician's Letter, April 2025

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2025 Therapeutic Research Center (TRC). TRC and Pharmacy Technician's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.