Alberta Health Services CALGARY ZONE

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PREAMBLE

Ipratropium nasal spray, a topical anticholinergic, 0.03% is indicated for the symptomatic relief of rhinorrhea associated with allergic or nonallergic perennial rhinitis[2].Intranasal ipratropium blocks cholinergic-mediated vasodilation. It is effective in treating rhinorrhea and providing relief of sneezing but does not improve nasal congestion.[1]

Protocol 1 - Management of Allergic Rhinitis

BACKGROUND

Intranasal corticosteroids (e.g. beclomethasone, Beconase® - Formulary listing) are the therapy of choice based on cost and effectiveness[1]. Optimal control may require a combination of intranasal corticosteroids and antihistamines[1]. The most effective monotherapy for allergic rhinitis is intranasal corticosteroids Intranasal corticosteroids are more effective than antihistamines in relieving nasal blockage, nasal discharge, sneezing, nasal itch and post nasal drainage[3]. There are no clear differences in clinical efficacy between the various intranasal corticosteroids[3]. Intranasal corticosteroids are useful for patients with more severe persistent allergic rhinitis and nasal blockage.

The Joint Task Force on Practice Parameters in Allergy, Asthma, and Immunology guidelines and the World Health Organization endorse antihistamines as first-line therapy for patients with mild-to-moderate allergic rhinitis and intranasal corticosteroids as first-line treatment for patients with more severe forms of the disease. If sufficient response is not achieved with intranasal corticosteroids, a combination of oral antihistamine and intranasal corticosteroids should be tried[3].

Patients with predictable seasonal allergic rhinitis can start medications such as intranasal corticosteroids before the allergen exposure period and take them regularly until the end of the season for maximum effectiveness[1].

Ipratropium may be helpful in some types of vasomotor rhinitis[1,4].

Approved for use under the following conditions:

To be used when rhinorrhea is the predominant symptom

AND

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[1] Jean Gray et al, Therapeutic Choices, Canadian Pharmacists Association, 2007
[2] Compendium of Pharmaceutical and Specialties: The Canadian Drug Reference for Health Professionals. Canadian Pharmacists Association, 2007.
[3] Pharmacist's Letter: Drug Treatments for Allergic Rhinitis, April 2006, Volume 22, No. 220414.
[4] H. Malmberg, B. Grahne, E. Holopainen, and E. Binder "Ipratropium (Atrovent) in the treatment of vasomotor rhinitis of elderly patients." Clinical Otolaryngology 1983;8(4):273-276.

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When there is documented evidence that reasonable trials of the following medications have failed – when rhinorrhea is refractory to topical intranasal corticosteroids, and/or antihistamines or medications are not tolerated or contraindicated.

- Regular use of intranasal steroids (e.g. beclomethasone, Beconase® - Formulary listing).

  +/-

- Antihistamines PRN

  +/-

- Decongestants PRN for breakthrough symptoms

NOTE

Prolonged use (usually over five days) of topical nasal decongestants is associated with rebound congestion[1].

REFERENCES

1. Alberta Health and Wellness, Interactive Drug Benefit List, September 2007.

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