Recommendations for adding a second medication to treat Allergic rhinitis

- **Intra-Nasal steroid (INS) monotherapy**
  - Inadequate control of symptoms
  - Add Intra-nasal Antihistamine or Oxymetazoline (3 days or less)
  - Do not add Oral Antihistamine or Leukotriene Receptor Antagonists

- **Oral Antihistamine monotherapy**
  - Inadequate control of symptoms
  - Add Oral Decongestant (increased side effects of headache, dry mouth, hypertension, and nervousness.)
  - Could add Leukotriene Receptor Antagonist (evidence mixed)
  - Do not add Intra-Nasal steroid (Reasonable to change to INS, but adding not helpful)

- **Intranasal Antihistamine monotherapy**
  - Inadequate control of symptoms
  - Add Intranasal steroid
  - Limited data on other combinations

**Figure 1** from Clinical Practice Guideline: Allergic rhinitis. **SOURCE:** Seidman, MD, Gurgel, RK, Lin, SY, et al. Clinical Practice Guideline: Allergic Rhinitis. *Otolaryngol Head Neck Surg.* 2015; 152(1S):S1-S43

**About the AAO-HNS**
The American Academy of Otolaryngology—Head and Neck Surgery (www.entnet.org), one of the oldest medical associations in the nation, represents about 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning. The organization's vision: "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."