

**Outpatient Primary Care Management and Referral Guidelines**  
**San Antonio Military Medical Center and Wilford Hall Ambulatory Surgical Center**  
**Allergy and Immunology Service**

Non-Allergic Rhinitis

Definition:

The presence of nasal itching, persistent rhinorrhea, nasal obstruction, or sneezing WITHOUT identifiable sensitivity on allergy testing. Common triggers include

- infectious (viral upper respiratory infection, sinusitis)
- vasomotor (triggered by strong smells, smoke, temperature changes, extreme temperatures, dry air, barometric pressure shifts)
- medications
  - o prolonged use of intranasal decongestants (Afrin) with rebound rhinitis
  - o beta blockers
  - o ACE inhibitors
  - o hormonal contraceptive methods or hormonal replacement therapy
  - o erectile dysfunction medications (Viagra)
  - o cocaine
- hormonal fluctuations
  - o contraceptive methods or replacement therapy
  - o puberty/pregnancy/menopause
  - o uncontrolled thyroid disease

History

- Identification of at least one of the above symptoms
- Negative skin or serum testing for allergy sensitivities

Examination/Evaluation

- Indication of inflammation or edema of nasal mucosa
- Consider obtaining sinus CT scan to rule out chronic sinusitis

Management

- Non-sedating oral antihistamines (loratadine, fexofenadine, cetirizine) do not work well for this type of rhinitis
- Therapy should focus on nasal medications
  - o Sinus Rinse prior to nasal sprays
  - o Nasal corticosteroid
  - o Nasal antihistamine (azelastine)
  - o Nasal cholinergic (ipratropium) for rhinorrhea component
- Sedating antihistamines (hydroxyzine, diphenhydramine) may provide some benefit due to anticholinergic effects
- Evaluate for potential hormonal or medication causes
- NO role for leukotriene modifiers (montelukast)

- NO role for allergen immunotherapy
- Consider sinus CT scan and subsequent otorhinolaryngology evaluation for anatomic abnormalities contributing to symptoms

Indications for referral

- NONE

**There are very few consults that warrant ASAP or Urgent status.** If this is entered by the referring provider, it will be downgraded to Routine unless that provider calls and directly speaks with an allergist either at SAMMC or WHASC and it is confirmed as an urgent consult.