Effective Health Care

Comparative Effectiveness of Over-The-Counter Pharmacologic and Non-pharmacologic Therapies for the Treatment of Seasonal Allergic Rhinitis
Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Comparative effectiveness of Over-the-counter (OTC} pharmacologic and non-pharmacologic therapies for seasonal allergic rhinitis,* was found to be addressed, in part, by the AHRQ systematic review titled, *Treatments for Seasonal Allergic Rhinitis,* published in July 2013. Given that the existing report covers OTC pharmacologic treatments, and there is a lack of evidence available on non-pharmacologic treatments for SAR, no further activity will be undertaken.

  Glacy J, Putnam K, Godfrey S, Falzon L, Mauger B, Samson D, Aronson N. Treatments for Seasonal Allergic Rhinitis. Comparative Effectiveness Review No. 120. (Prepared by the Blue Cross and Blue Shield Association Technology Evaluation Center Evidence-based Practice Center under Contract No. 290-2007-10058-I.) AHRQ Publication No. 13-EHC098-EF. Rockville, MD: Agency for Healthcare Research and Quality; July 2013. <www.effectivehealthcare.ahrq.gov/reports/final.cfm>

Topic Description

Nominator(s): **Individual**

Nomination Summary:

The nominator is interested in better understanding the comparative effectiveness of various over-the-counter (non-prescription) medications and non-pharmacologic therapies, including exercise and complementary and alternative medications (CAM) for the treatment and/or management of SAR symptoms. The nominator notes that insufficient medications and inappropriate management of seasonal allergies reduces quality of life, leading to ear aches, fatigue, weight gain, and watery eyes. Furthermore, the nominator notes the impact that alternative therapies (e.g., exercise, acupuncture) may have in relieving symptoms of SAR.

Staff-Generated PICO
Population(s): All individuals suffering from seasonal allergies
Intervention(s):

- Over-the-counter (OTC) medications for seasonal allergies
- Exercise therapy
- CAM therapies

Comparator(s): Comparative OTC medications and non-pharmacologic therapies
Outcome(s): Reduction in allergic symptoms included, but not limited to, sneezing, itchy nose, eyes, mouth, throat, and skin, runny nose, watery eyes, nasal congestion, cough, fatigue, decreased sense of smell, irritability, headache, and clogged ears.

Key Questions from Nominator: What is the comparative effectiveness of non-prescription medications and non-pharmacologic therapies for the management of seasonal allergic rhinitis?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)
- Seasonal allergic rhinitis (SAR), also known as hay fever, is a group of symptoms that most commonly affect the eyes, ears, nose, and throat. Seasonal allergies occur in millions of individuals each year, ranging from 10% - 20% of the global population. Though not fatal, allergic symptoms can severely disrupt an individual's daily activities and impair overall quality of life. More information on the comparative effectiveness of non-prescription medications and non-pharmacologic therapies for SAR may help patients make more informed decisions and improve quality of life.
- Over-the-counter medications for treatment of SAR were found to be addressed by a 2013 AHRQ comparative effectiveness review titled, *Treatments for Seasonal Allergic Rhinitis*. Key questions from this report include:
    1. What is the comparative effectiveness of pharmacologic treatments, alone or in combination with each other, for adults and adolescents (≥12 years of age) with mild or with moderate/severe SAR?
        a. How does effectiveness vary with long-term (months) or short-term (weeks) use?
        b. How does effectiveness vary with intermittent or continuous use?
        c. For those with symptoms of allergic conjunctivitis, does pharmacologic treatment of SAR provide relief of eye symptoms (itching, tearing)?
        d. For those co-diagnosed with asthma, does pharmacologic treatment of SAR provide asthma symptom relief?
    2. What are the comparative adverse effects of pharmacologic treatments for SAR for adults and adolescents (≥12 years of age)?
        a. How do adverse effects vary with long-term (months) and short-term (weeks) use?
        b. How do adverse effects vary with intermittent or continuous use?
    3. For the subpopulation of pregnant women, what are the comparative effectiveness and comparative adverse effects of pharmacologic treatments, alone or in combination with each other, for mild and for moderate/severe SAR?
        a. How do effectiveness and adverse effects vary with long-term (months) or short-term (weeks) use?
        b. How do effectiveness and adverse effects vary with intermittent or continuous use?
    4. For the subpopulation of children (<12 years of age), what are the comparative effectiveness and comparative adverse effects of pharmacologic treatments, alone or in combination with each other, for mild and for moderate/severe SAR?

a. How do effectiveness and adverse effects vary with long-term (months) or short-term (weeks) use?

b. How do effectiveness and adverse effects vary with intermittent or continuous use?

- The AHRQ review did not specifically delineate which medications (e.g. loratidine) assessed in the report are available OTC or by prescription only; however the Food and Drug Administration (FDA) (http://www.hhs.gov/drugs/#drugs) and the National Library of Medicine (NLM) (http://druginfo.nlm.nih.gov/drugportal/ProxyServlet?objectHandle=DBMaint&actionHandle=spellCheckerDP&nextPage=jsp%2Fdrugportal%2FspellCheck.jsp&responseHandle=JSP) maintain up-to-date databases on the current use and labeling of approved medications.
- While there are a number of studies published on non-pharmacologic therapies, including exercise and complementary and alternative medications (CAM) for the treatment and/or management of SAR , the available studies vary widely by type of intervention. Given the relatively small number of clinical studies available on any one particular intervention a systematic review on the effectiveness of non-pharmacological therapy for SAR is not feasible at this time.