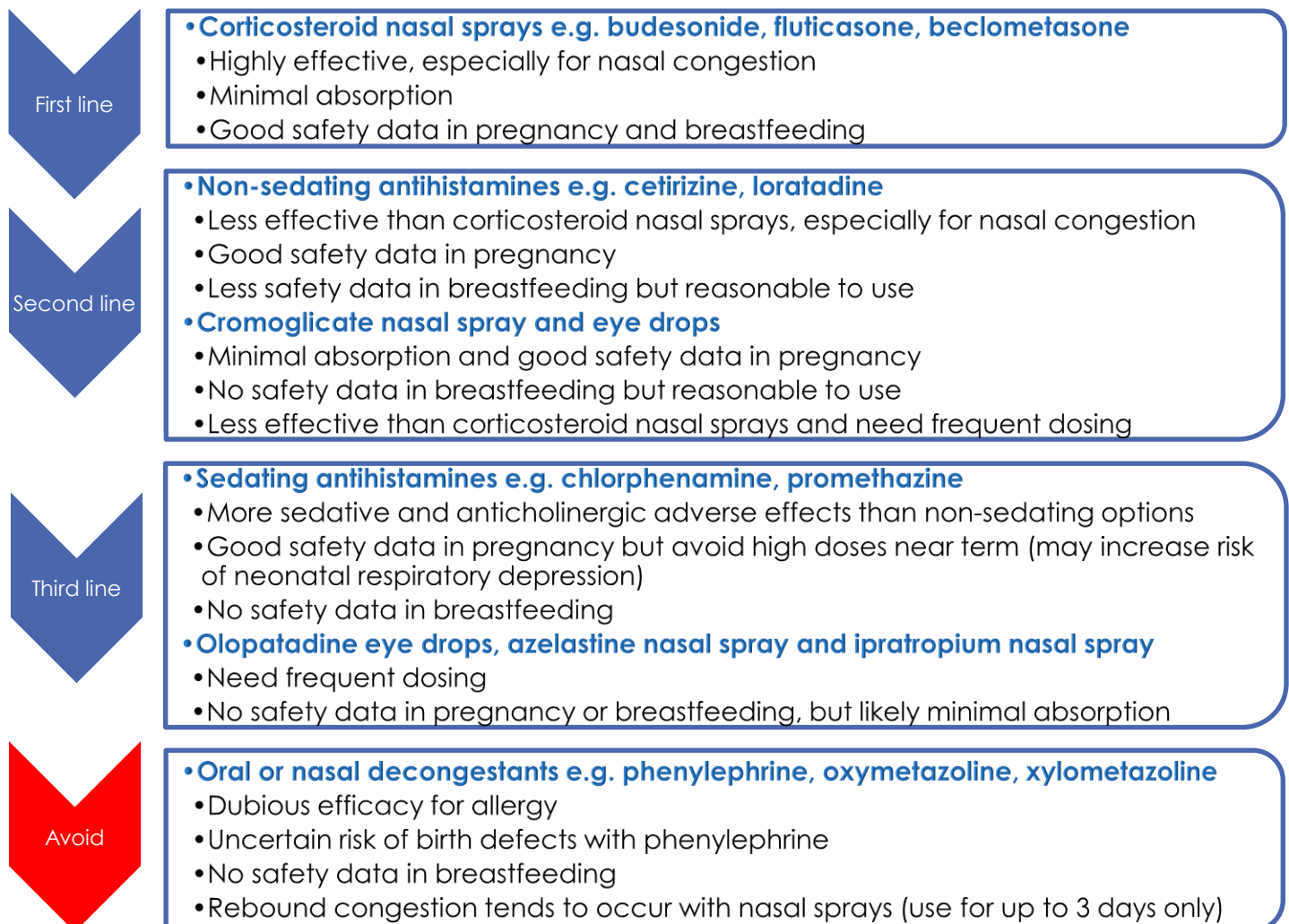


Treatment of Allergic Rhinitis in Pregnancy and Breastfeeding

Allergic rhinitis is characterised by symptoms such as sneezing, a runny, itchy or blocked nose and itchy, watery eyes. It is very common, affecting up to 30% of the adult population. People with seasonal rhinitis ("hay fever") exhibit symptoms at specific times of the year (usually spring and summer), while those with perennial rhinitis can have symptoms all year. Wind-borne pollen from trees, grass and weeds are the usual seasonal allergens, while perennial allergens include house dust mites, indoor mould and pets. In reality many people are allergic to both indoor and outdoor allergens, and their symptoms are perennial, with seasonal exacerbations. Rhinitis during pregnancy is not necessarily caused by allergens. Pregnancy-induced vascular changes, especially in the third trimester, can result in increased nasal congestion or secretions. Pregnancy-induced rhinitis does not usually respond well to treatment. Ideally all drug therapy should be avoided during pregnancy, especially in the first trimester. If treatment is necessary in a pregnant or breastfeeding woman, then choice should be based on symptom type and severity, foetal or infant safety, product efficacy, and patient preference.



As with all medicines during pregnancy and breastfeeding, use the lowest effective dose for the shortest duration possible.