Client: HMSA: PQSR 2009

Measure Title: USE OF NASAL STEROIDS AS A FIRST LINE AGENT FOR THE TREATMENT OF MODERATE TO SEVERE ALLERGIC RHINITIS

Disease State: Allergic Rhinitis

Indicator Classification: Disease Management

Strength of Recommendation: B

Organizations Providing Recommendation:
- American Academy of Family Physicians
- Agency for Healthcare Research and Quality
- Institute for Clinical Systems Improvement
- American Academy of Allergy, Asthma, and Immunology
- European Academy of Allergology and Clinical Immunology

Clinical Intent: To ensure that eligible members with moderate to severe allergic rhinitis with congestion receive nasal steroid medication as a first line agent for treatment.

Physician Specialties (suggested): Refer to PQSR 2009 Clinical Measures by Specialty.

Background: Disease Burden
- Allergic rhinitis affects between 10% and 30% of adults, and up to 40% of children. [4]
- Patients with allergic rhinitis experience fatigue, headache, lack of sleep, and diminished ability to participate in physical activities. [5]
- Allergic rhinitis also reduces quality of life, and negatively impacts cognitive functioning. [6-8]
- A survey of 2000 patients with moderate to severe disease found 70% were embarrassed with their symptoms and 90% felt their condition impaired work or classroom performance. [9]
- Spending for both direct and indirect medical costs is estimated at between 1.5 and 2 billion dollars per year. [10]

Reason for Indicated Intervention or Treatment
- Intranasal steroids reduce inflammation and have been proven effective in treating patients with more severe and chronic conditions. [11]

Evidence Supporting Intervention or Treatment
• A meta-analysis of 16 prospective randomized controlled trials comparing several different nasal corticosteroids with both sedating and non-sedating antihistamines found steroids to be superior in providing relief for nasal blockage, discharge, sneezing, itching and drainage.[11]

• Nasal steroids are more cost-effective than antihistamines; three economic reviews have addressed cost effectiveness and each favored nasal steroids compared to H1 receptor antagonists.[11]

• Another meta-analysis, which included 8 additional studies with a total of 3,333 patients, reported significant improvement of nasal symptoms with steroids compared to antihistamines in 7 of 8 studies.[12] Other studies have found that intranasal glucocorticosteroids are more effective than both antileukotriene drugs and antileukotriene-antihistamine combination medications for the control of nasal symptoms.[13]

• A more recent report by the AHRQ found that nasal symptom relief provided by combination decongestant/steroid therapy was similar to that provided by steroid alone.[14]

• When compared to loratadine, patients taking nasal steroids for seasonal allergies report greater improvements in symptomatology, sleeping, ability to perform activities and in overall quality of life.[15]

Clinical Recommendations

• Guidelines released jointly by the American Academy of Family Physicians (AAFP) and the Agency for Healthcare Research and Quality (AHRQ) in 2002 recommend nasal steroids over antihistamines for treatment of moderate to severe allergic rhinitis.[16]

• The Institute for Clinical Systems Improvement (ICSI) released guidelines in 2003 stating that “intranasal corticosteroids are the most effective single agents for controlling the spectrum of allergic rhinitis symptoms and should be considered as first line therapy in patients with moderate to severe symptoms.”[17]

• The Allergy Report, released by the American Academy of Allergy, Asthma, and Immunology, states that “intranasal corticosteroids are first line therapy when obstruction is a major component of allergic rhinitis,” and “antihistamines are generally ineffective for treating intranasal congestion.”[18]

• The European Academy of Allergology and Clinical Immunology recommended nasal corticosteroid as first-line treatment for moderate or severe rhinitis, particularly if the rhinitis is accompanied by nasal congestion.[19]

Source

Health Benchmarks, Inc

Denominator

Continuously enrolled members ages 7 years and older by the end of the
**Definition**  year prior to the measurement year, who received at least 1 diagnosis of allergic rhinitis and who filled a 30 day supply prescription for a non-sedating anti-histamine with decongestant or leukotriene receptor antagonist (montelukast) during the year prior to the measurement year.

**Denominator Exclusion**

| Denominator Exclusion Definition | Members who were diagnosed with asthma and filled a prescription for leukotriene receptor antagonists during the year prior to the measurement year. |

| Numerator                        | Members who had at least 1 prescription for a nasal corticosteroid during the 0-365 days after index date. |

**Physician Attribution**

| Physician Attribution Description | If the member is not a numerator hit, score all physicians who prescribed the member with a non-sedating antihistamine with decongestant or a leukotriene receptor antagonist (montelukast). If the member is a numerator hit, score all physicians who prescribed the member with a non-sedating antihistamine with decongestant, a leukotriene receptor antagonist (montelukast), or a nasal corticosteroid. |

**References**


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