

## Review Article

# An Algorithm Recommendation for Management of Allergic Rhinitis in the United Arab Emirates: A Consensus Statement from an Expert Panel

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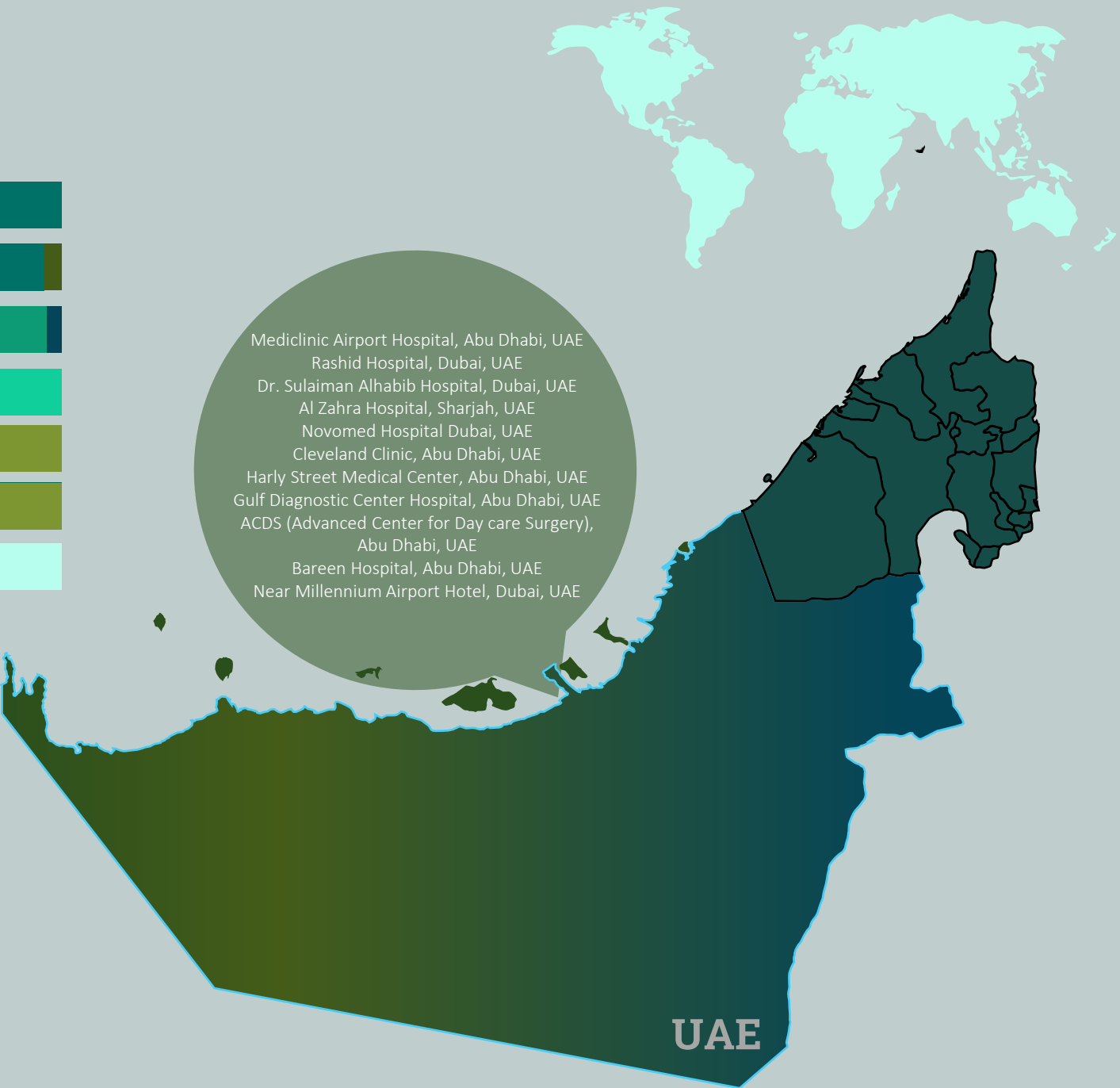
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An Algorithm Recommendation for Management of Allergic Rhinitis in the United Arab Emirates

# Table of Contents

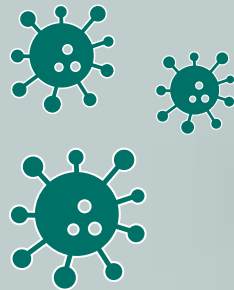
01 ● INTRODUCTION

02 ● METHOD

03 ● RESULTS

04 ● DISCUSSION





An Algorithm Recommendation for

# Management of Allergic Rhinitis

in the United Arab Emirates

## INTRODUCTION

# 36 %

of individuals in Middle East are affected with Allergic Rhinitis (AR).<sup>4</sup>

Despite having multiple guidelines for the optimal treatment of AR, patients with this condition continue to experience high levels of morbidity.<sup>1</sup>

# 54%

of patients in the UAE expressed **DISSATISFACTION** with their current therapy for AR.<sup>2</sup>

# 60 %

of individuals with AR expressed a strong desire for a new medication<sup>3</sup>

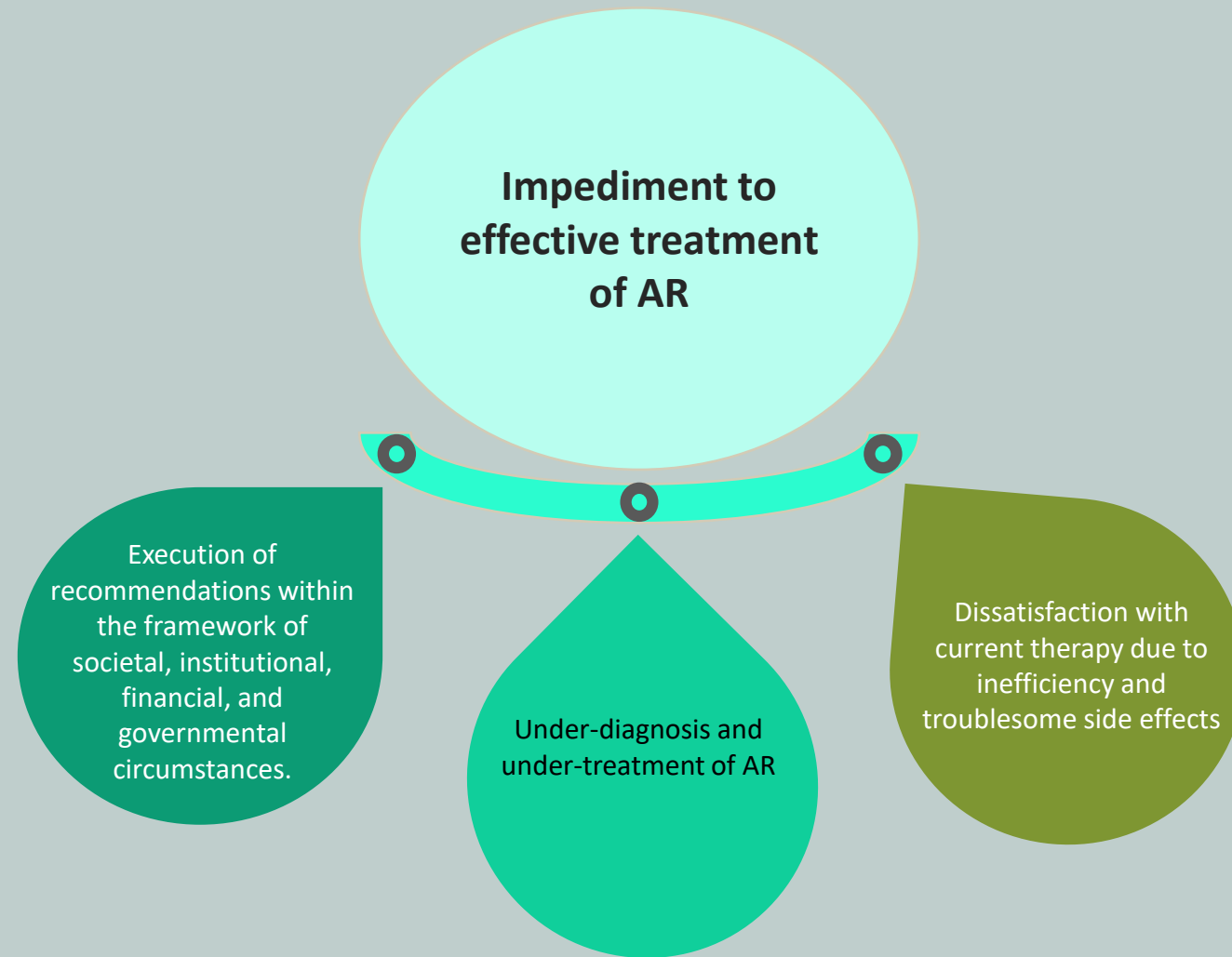


25% of individuals with AR

were actively experimenting with various medications to identify an effective one<sup>3</sup>



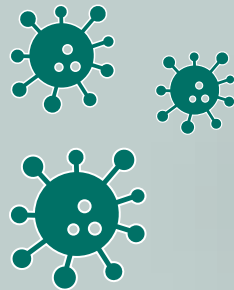
**Patients with allergic rhinitis experience a high level of morbidity, and the treatment objectives are not achieved**



# STUDY OBJECTIVES

The objective of the study was to develop a method using recommendations from a group of specialists to handle AR in the United Arab Emirates.





An Algorithm Recommendation for

# Management of Allergic Rhinitis

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METHOD



## Panel

<b>Consensus meet</b>	<b>Dubai, UAE</b>
<b>Number of professional experts</b>	14 (13 ENT specialists + 1 pulmonologist)

01



## Topics discussed

- Available treatment of AR
- Clinical data
- Real-life experience
- Feedback from healthcare practitioners
- Positioning of MP-AzeFlu (azelastine HCl, AZE; 137 µg per spray) and INCS (fluticasone propionate, FP; 50 µg per spray)

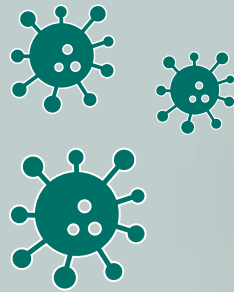
02



## Algorithm development

Treatment algorithm for the management of AR was developed, incorporating suggestions from the panel member

03



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# Management of Allergic Rhinitis

in the United Arab Emirates

RESULT

## Burden of AR in the Middle East

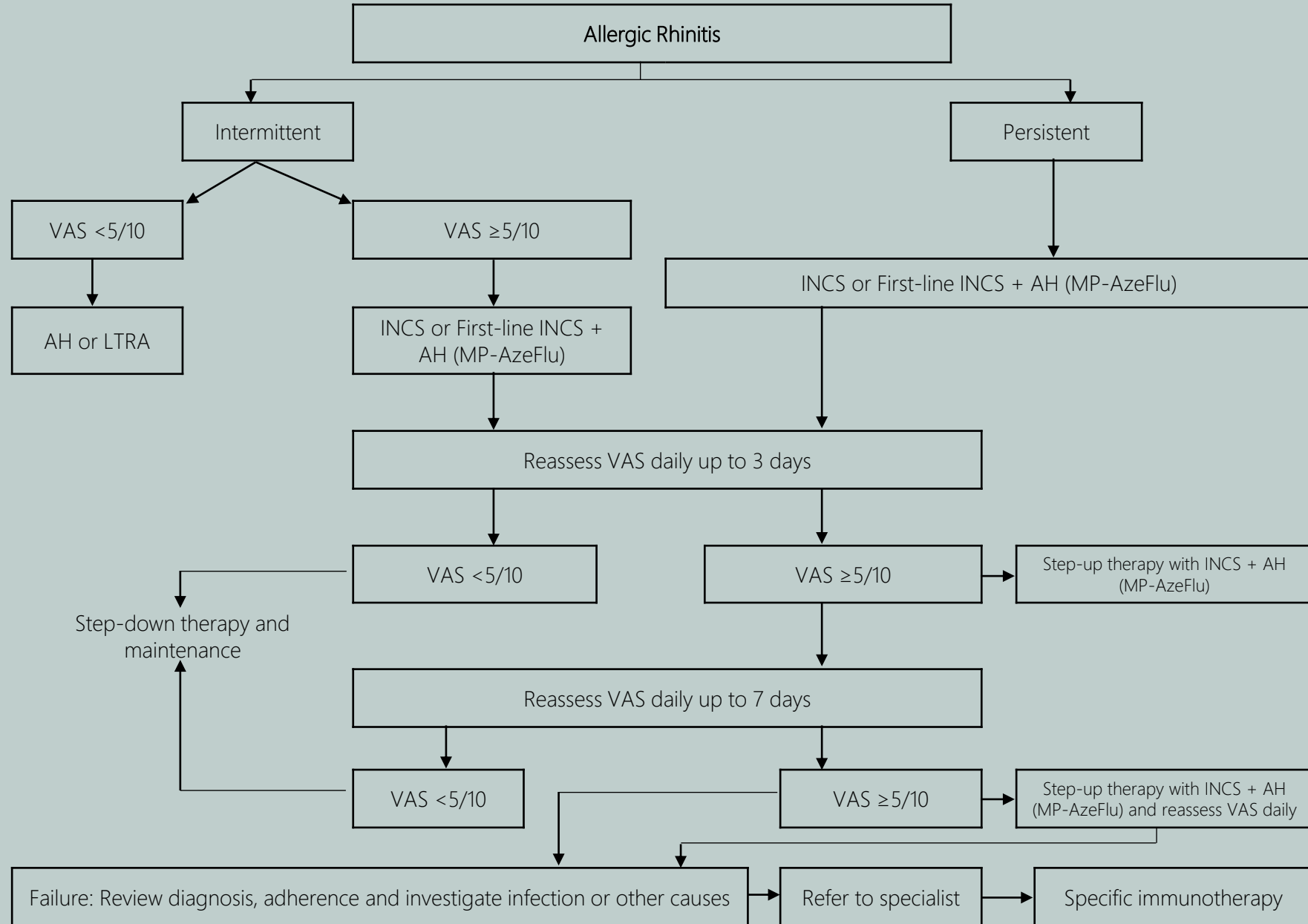
As per the nationwide cross-sectional study in Saudi Arabia:

Moderate to severe symptoms and an intermittent disease pattern are experienced by at least two-thirds of patients with AR.

The prevalence of physician-diagnosed AR in UAE was 9%.

The most reported symptoms during the worst month among patients suffering from AR are nasal congestion (40%) and sneezing (38%).

## Management of AR – Recommendations from the Expert Panel



AR: allergic rhinitis; AH: antihistamines; INCS: intranasal corticosteroids; LTRA: leukotriene receptor antagonists; UAE: United Arab Emirates; VAS: visual analog scale

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
First-line therapy					
Step 1	Mild intermittent AR	<5/10	Non-sedating intranasal or oral antihistamines (AHs)	Within 15 mins (e.g., azelastine and olopatadine)	<div>AH responsive patients should continue therapy during periods of allergen exposure.</div> <div>Step-up the therapy for uncontrolled symptoms and nonresponsive patients.</div>

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
First-line therapy					
Step 1	Mild intermittent AR	<5/10	Leukotriene receptor antagonist (LTRA)	-	<div>Do not use as the sole primary therapy</div> <div>Use in combination with nasal steroids, particularly in patients with concomitant asthma</div>

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
<b>First-line therapy</b>					
Step 2	Moderate-severe intermittent and persistent AR Treatment failures with AHs alone	≥5/10	Intranasal Corticosteroids (INCS) (fluticasone propionate, FP; 50 µg per spray)	-	In case of intolerance, add LTRA to an oral or topical AH Re-assessment within 7 days
	Moderate-severe intermittent and persistent AR Non-responsive to the therapy	≥5/10	MP-AzeFlu (azelastine HCl, AZE; 137 µg per spray)	5 min	Optimal coverage of, and retention on, the nasal mucosa, contributing to its efficacy

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
<b>First-line therapy</b>					
Step 3	Persistent and moderate-severe intermittent AR	<5/10	MP-AzeFlu (azelastine HCl, AZE; 137 µg per spray)	5 min	First-line treatment; safe and tolerable
	For symptom relief		INAH + INCS (single-device MP-AzeFlu)		Demonstrated superiority compared with either monotherapy (AZE or FP)

MP-AzeFlu's position as the drug of choice for the treatment of AR

Real-world and non-interventional studies have also confirmed the efficacy of MP-AzeFlu across all age groups, with responder rates higher than those observed in controlled clinical trials.



## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
<b>First-line therapy</b>					
	Intermittent AR	<5/10	AH or LTRA	-	-
	Persistent AR	≥5/10	INCS or MP-AzeFlu	-	-
The step-up/down therapy depends on the magnitude of current symptoms, compliance issues, potential adverse effects, costs and exposure factors					

In the algorithm developed, the panel advised starting the treatment with AH, LTRA, INCS or MP-AzeFlu based on the VAS score.

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
<b>Step-up and Step-down Strategy to Control AR Symptoms</b>					
Step-up Approach	Uncontrolled symptoms	≥5/10	Step-up with MP-AzeFlu	5 min	<p>Step-up approach should be followed after 3 days of assessment and in case of failure of treatment with AH or LTRA</p> <p>Reassess VAS score after 7 days</p>

In patients with persistent AR, a longer course of treatment is often needed (maintenance or step-up treatment).

## Management of AR

### Panel Recommendations

Steps	Disease severity	VAS Score	Treatment	Onset of Action	Advice from Panel
<b>Step-up and Step-down Strategy to Control AR Symptoms</b>					
Step-down Approach	Intermittent AR or no allergen exposure	<5/10	AH or LTRA	-	Continue the treatment if symptomatic or step-down treatment if no symptoms are present
Step-up treatment	Persistent AR	≥5/10	MP-AzeFlu as second-line treatment,	-	Reassessment of VAS up to 7 days to confirm control

Specialist referral should be considered if there is a failure to reduce the VAS score to <5/10 after 10 to 14 days.

## Management of AR

### Panel Recommendations

#### Referral after Failure to Control Symptoms after Second-line MP-AzeFlu

Improper use of medication

Incorrect use of medication

Non-compliance or incorrect diagnosis

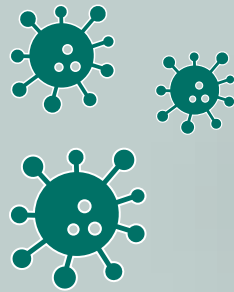
Failure to Control Symptoms  
after Second-line MP-AzeFlu

Disease severity	Medication
Patients with persistent symptoms	Immunotherapy
Polysensitized patients	Symptomatic treatment + Immunotherapy

Relapse following successful immunotherapy treatment

Symptomatic treatment

Despite the potential of biological treatments to offer customized care for difficult-to-treat allergic rhinitis, identifying the specific type of inflammatory response and the absence of established biomarkers are the primary obstacles that prevent recommending the use of biologics in the management of AR.



An Algorithm Recommendation for  
**Management of Allergic Rhinitis**  
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DISCUSSION

# Drug of choice for the treatment of moderate to severe AR - **MP-AzeFlu**

The panel advocated the combination monotherapy of INCS + AH as the first-line treatment for the management of AR in the UAE.

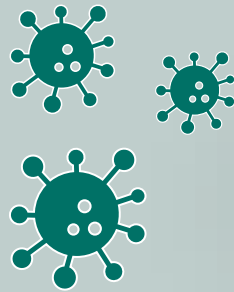
The rapid relief of both nasal and eye symptoms provided by INCS/AZE through a single device, along with the reduction of inflammatory markers and the convenience of a single spray, could potentially improve adherence to treatment and produce better treatment results by eliminating problems related to administration and delivery.



Guidelines	Recommendations
GARD guidelines	Combination of an INCS with an INAH (MP-AzeFlu) for SAR and PAR as a first-line treatment regimen
American Academy of Allergy, Asthma, and Immunology (AAAAI)	Combination of an INCS and an INAH for initial treatment of moderate to severe seasonal allergic SAR in persons aged 12 years or older
American College of Allergy, Asthma, and Immunology (ACAAI)	
Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines	
Standards of Care Committee (SOCC)	Oral AH or INCS if symptoms are mild-moderate or severe. If treatment fails, combination therapy (MP-AzeFlu) should be used

Guidelines	Recommendations
Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines	The 2019 ARIA guidelines were recently revised to include GRADE-based recommendations that incorporate real-world evidence obtained from mobile technology and additional studies such as allergen chamber studies.
	Despite adhering to previous recommendations and maintaining the step-up and step-down approach, the 2019 ARIA algorithm was urged by the panel to be validated through real-world evidence in order to evaluate the efficacy of each step of the algorithm.
	The guideline also proposed to consider studies that assessed the onset of action of AR medications, especially the allergen exposure chamber studies.





An Algorithm Recommendation for  
**Management of Allergic Rhinitis**  
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CONCLUSION

To improve the management and control of AR symptoms, compliance and patient satisfaction, the guideline proposed a simplified step-up or step-down approach for AR treatment in UAE.

This approach can increase adherence to the treatment and reduce the cost of AR management.



# Thank you

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