

ENT SURGICAL CONSULTANTS

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NASAL STEROID SPRAYS (4/14)

General Information

- These sprays, unlike decongestants, do not give immediate relief. In general, it takes up to two weeks to achieve full effect.
- It is important to use the spray regularly (not on a "as needed" basis) since missing doses will decrease the effectiveness.
- Improves mucous membrane swelling in the nose from allergy, sinusitis, nasal polyps, and other non-specific causes without thickening nasal secretions.
- Some of these preparations are FDA approved for use in children (see below). Although not FDA approved, clinically we have significant experience in safe use in even younger children if used as directed.
- Your nose should be examined at least yearly by a physician when taking this medication for long periods of time.
- After the desired control is obtained, it is very important to reduce the maintenance dose to the smallest amount necessary to control your symptoms while minimizing complications.

Brand Name	Recommended Adult Starting Dose	Age Approved
Flonase® Nasal Spray (generics available)	2 sprays each nostril once daily	3 & up
Dymista® Nasal Spray*	1 spray each nostril twice daily	12 & up
Nasacort AQ® Nasal Spray	2 sprays each nostril once daily	6 & up
Nasarel® Nasal Spray	2 sprays each nostril 2 times daily	6 & up
Nasonex® Nasal Spray	2 sprays each nostril once daily	2 & up
Rhinocort Aqua® Nasal Spray	1 spray each nostril once daily	6 & up
Omnaris® Nasal Spray	2 spray each nostril once daily	6 & up
QNasl® Nasal Aerosol	2 puffs each nostril once daily	12 & up
Veramyst® Aqua Nasal Spray	2 sprays each nostril once daily	2 & up
Zetonna® Nasal Aerosol	1 puff each nostril once daily	12 & up

*Combination of azelastine hydrochloride and fluticasone propionate

Directions for Use

- Shake the canister or bottle before each use. Read the enclosed instructions with each medication.
- Best if used after clearing your nasal secretions (with nasal saline irrigations, nasal saline sprays, blowing your nose, etc.). These steroids work better when sprayed onto nasal membranes that have been cleaned and decongested by the saline irrigation.
- **Direct the spray towards the outer part of your nostril.** Directing the spray towards the center of the nose cavity (nasal septum) increases the likelihood of bleeding, crusting and complications. Hold your breath when activating the dose.

Side Effects, and Concerns

- Nose or throat irritation, cough, and headaches.
- Nosebleeds, especially when sprayed toward the middle of the nose. If nosebleeds occur, discontinue the spray since continued use risks forming a septal perforation.
- Increased susceptibility of glaucoma in older adults.
- Intranasal steroids have been in use since the 1970's, and have been one of the safest and most effective drugs marketed to treat nasal disorders. New generation nasal steroid sprays have up to a 100-fold decrease in bioavailability (i.e., theoretically safer) compared with older generation nasal steroids. Even these older generation nasal steroids were nearly complication free.
- Theoretically, it may reduce the rate of growth in children, yet this has never been found despite decades of use and extensive study.
- The incidence of corticosteroid complications is directly proportional to lifetime absorbed dose. Minimize your risk by reducing the dose as soon as relief is obtained and use them only during seasons when you have maximum symptoms.
- People who are not using corticosteroids in any other form (oral, pulmonary, injection) except via the nasal route are already using very low doses and thus have a very low risk.

Contraindications

- Patients with systemic fungal infections, tuberculosis, ocular herpes, nosebleeds, and recent exposure to chickenpox or measles should not use this medication.