Sniffing and snorting behavior generally occurs in children between five and fifteen years of age. This behavior may persist despite the diagnosis and treatment of any underlying cause of rhinitis such as allergic and vasomotor rhinitis, adenoidal hypertrophy, and sinusitis. The other symptoms of rhinitis may resolve but the sniffing persists, indicating a habit or tic etiology. The habit/tic may be an isolated event or indicative of an underlying tic disorder such as Tourette syndrome. The warning signs of an underlying disorder include multiple, persistent (greater than a year) motor and vocal tics, associated conditions including obsessive-compulsive tendencies, anxiety, ADHD, and a family history of similar neurobehavioral disorders.

For the isolated habit sniff or snort, a placebo/suggestive therapeutic intervention can be highly effective:

- Initiate a new intranasal therapy, be it steroids, anti-histamine or even saline
- Tell the parent and child that this is a “powerful” therapy for the sniffing or snorting with a high rate of success (which is true)
- Tell the parent that each time they give the child the once or twice daily therapy; they should emphasize how “powerful” the spray is for treating their problem.

This “powerful” approach has about an 80% success rate in extinguishing isolated habit sniff/snort within a week.