

Clinical Allergy Tips

Edited by Stuart A. Friedman, MD

From the Editor: *Adherence to a medical treatment plan involves more than a prescription when the medication needs to be administered via a device. I believe that this technique can be applied to all of the currently available devices.*



The best way to use nasal sprays

From the British Society of Allergy and Clinical Immunology (BSACI) Guidelines

By Glenis K. Scadding, MD

15 October 2010

Many allergists do not teach the use of a spray, and the patient pushes the opposite side of the nose, sprays directly on to the septum, then sniffs hard – all of which is likely to lead to a sore nose, epistaxis and ineffectiveness.

We have assessed our patients in the rhinitis clinic with both allergic and non-allergic rhinitis and found patient-noted benefit in 79% after teaching this technique shown in the box.¹

The idea is to avoid deposition on the nasal septum, as that is likely to cause bleeding, to wet as much of the side wall of the nose as possible, and to leave the spray to be moved all over the mucosa by mucociliary clearance, thus allowing time for it to interact with the epithelium.

INSTRUCTIONS FOR USE OF A NASAL SPRAY

1. Keep spray next to your toothbrush and use in the morning before tooth cleaning.
2. Shake the bottle well.
3. Look down as if reading a book.
4. Using RIGHT hand for LEFT nostril put nozzle just inside nose aiming towards lateral wall.
5. Squirt once or twice (2 different directions).
6. Change hands and repeat for other side.
7. DO NOT SNIFF HARD. Instead, start cleaning your teeth and leave spray to be naturally moved to the back of your nose over 10 to 20 minutes; this is when it works.

REFERENCE

1. Scadding G, Erkan AN, Chau H, and Maskell S. Audit of nasal steroid use and effectiveness in a rhinitis clinic. *Expert Review of Pharmacoeconomics Outcomes Research* 2010; 10(1):87-90. [Summary](#)