Guideline topic: Pharmacological management of asthma
Evidence table 4.10: Rhinitis

Author	Year	Study type	Quality rating	Population	Outomes measured	Effect size	Confidence intervals / p values	Comments
Corren[1]	1992	RCT Parallel	++	Adult Rhinitis	Nasal symptoms better. No difference in PEFR.			No difference in asthma.
Henriksen[2]	1984	RCT Parallel	++	Children	PEFR – no difference Asthma symptoms – no difference Nasal symptoms – better			
Pedersen[3]	1990	RCT Cross over	+	Adults seasonal asthma	Nasal symptoms Morning/Evening PEFR – claimed better with active but no baseline. Extra terbutaline better with budesonide.			Very limited evidence that intranasal steroid better.
Watson[4]	1993	RCT	++	Age 7 – 17	Rhinitis better No difference in PEFR			

1. Corren J, Adinoff AD, Buchmeier AD, Irvin CG. Nasal beclomethasone prevents the seasonal increase in bronchial responsiveness in patients with allergic rhinitis and asthma. J Allergy Clin Immunol 1992;90(2):250-6.
2. Henriksen JM, Wenzel A. Effect of an intranasally administered corticosteroid (budesonide) on nasal obstruction, mouth breathing, and asthma. Am Rev Respir Dis 1984;130(6):1014-8.
3. Pedersen B, Dahl R, Lindqvist N, Mygind N. Nasal inhalation of the glucocorticoid budesonide from a spacer for the treatment of patients with pollen rhinitis and asthma. Allergy 1990;45(6):451-6.
4. Watson WT, Becker AB, Simons FE. Treatment of allergic rhinitis with intranasal corticosteroids in patients with

mild asthma: effect on lower airway responsiveness. J Allergy Clin Immunol 1993;91(1 Pt 1):97-101.