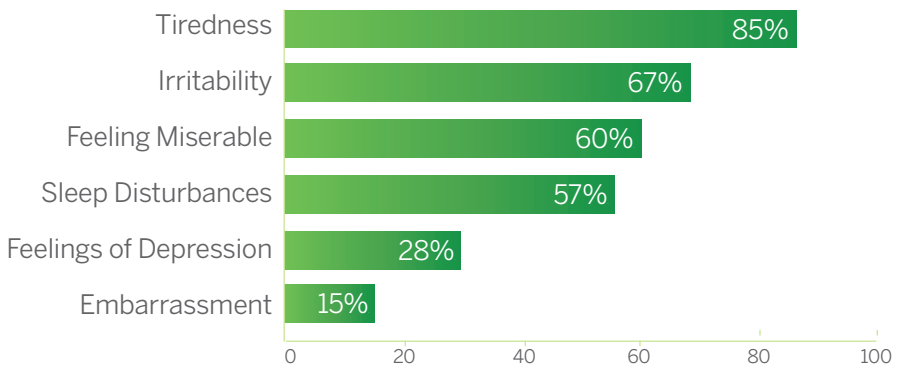
The impact of allergic rhinitis can go beyond its symptoms

Allergy season is every season

For some, escaping the impact of allergic rhinitis is a challenge. Their symptoms can be triggered by seasonal outdoor allergens, like ragweed, grass, tree pollen and mold spores, and year-round indoor triggers like dust mites, pet dander and mold.[1]

Nasal and ocular allergy symptoms are sometimes the most bothersome for those who suffer from allergic rhinitis. When left untreated, allergic rhinitis can also affect your patients' quality of life. Allergic rhinitis sufferers have reported these physical and emotional impacts:[2,3]



More people are affected than ever before

The estimated number of workdays lost to allergies per year is: 3.5 million[3]

More Urbanization[4]	More Travel[6]	More Emissions[6]	Worse Weather Patterns[7]	More Pets[8]	Bigger, Badder Allergens
Increases CO_2 and pollen 1960: 34% urban 2014: 54% urban 2030: 79% urban	Greater exposure to unfamiliar allergens 1950: 25 million tourists 2012: 1 billion tourists	Increases CO_2 and pollen 1990-2010: ↑ 46%	• Longer growing season • More fungus (e.g., mold)	704 million cats and dogs	1700-2010: CO_2 ↑ 40%[7] • Larger plants[9] • More pollen[9] • Longer, allergy season[7]

It is evident that with allergens on the rise[4-9] and the potential for your patients with allergic rhinitis to be affected year-round,[1] they require an effective treatment. However, **a large number of allergic rhinitis sufferers (60%) have reported that their symptoms were not fully controlled by their allergy medication.**[10]

Recommend an effective treatment, such as Flonase® Allergy Relief, indicated for allergies year-round.[11]

Flonase® Allergy Relief is the first and only intranasal corticosteroid (INS) indicated to treat nasal and ocular symptoms of seasonal allergic rhinitis, including hay fever and perennial rhinitis, and for the management of sinus pain and pressure symptoms associated with allergic rhinitis.[11-13] It's the same INS formula that has been trusted by doctors and pharmacists for over 20 years, now available without a prescription.*[11,12,14]

Flonase® Allergy Relief starts to work within a few days:

- Some patients may feel relief as soon as the first day.[11]
- Maximum effect could take 2–3 days after the start of therapy.[11]

To learn more about Flonase® Allergy Relief and how it may help your patients who suffer from allergic rhinitis or who have been using prescription Flonase®, visit

flonaseprofessional.ca

Product Information

Indications and clinical use:[11]
Flonase® Allergy Relief (fluticasone propionate aqueous nasal spray) is indicated for the treatment of the symptoms associated with seasonal allergic rhinitis including hay fever, and perennial rhinitis; and the management of sinus pain and pressure symptoms associated with allergic rhinitis.

Contraindications:[11]
Flonase® Allergy Relief (fluticasone propionate aqueous nasal spray) is contraindicated in patients who are hypersensitive to fluticasone propionate, or to any ingredient in the formulation or component of the container and patients with untreated fungal, bacterial or tuberculosis infections of the respiratory tract.

Flonase® Allergy Relief is not recommended for children and adolescents younger than 18 years of age.

Most serious warnings and precautions:[11]
Patients should be informed that the full effect of Flonase® Allergy Relief (fluticasone propionate aqueous nasal spray) therapy is not achieved until 2 to 3 days of treatment have been completed. Treatment of seasonal rhinitis should, if possible, start before the exposure to allergens.

Although Flonase® Allergy Relief will control seasonal allergic rhinitis in most cases, an abnormally heavy challenge of summer allergens may in certain instances necessitate appropriate additional therapy.

Under most circumstances, treatment with corticosteroids should not be stopped abruptly but tapered off gradually. Patients should be advised to inform subsequent physicians of prior use of corticosteroids.

Other relevant warnings and precautions:[11]
Ear/Nose/Throat: Epistaxis, nasal ulceration, *Candida* infection, nasal septal perforation, impaired wound healing.
Endocrine and Metabolism: Hypercorticism and adrenal suppression, effects on growth, hypothyroidism.
Hematologic: Acetylsalicylic acid should be used cautiously with corticosteroids in hypothrombinemia.
Hepatic/Biliary/Pancreatic: Concomitant use of fluticasone propionate and ritonavir should be avoided, unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects. There is an enhanced effect of corticosteroids in patients with cirrhosis.
Immune: Hypersensitivity reactions including anaphylaxis, immunosuppression; use with caution in patients who have had recent nasal surgery or trauma.
Ophthalmologic: Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.
Psychological and Behavioural: Rare: psychological and behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression.
Respiratory: Careful attention must be given to patients with asthma or other clinical conditions in whom a rapid decrease in systemic steroids may cause a severe exacerbation of their symptoms.
Pregnant and Nursing Women: The safety of fluticasone propionate in pregnant and nursing women has not been established. If used in pregnancy, the expected benefits should be weighed against the potential hazard to the fetus, particularly during the first trimester of pregnancy. The use of fluticasone propionate in nursing mothers requires that the possible benefits of the drug be weighed against the potential hazards to the infant.

Please consult the product monograph at www.gsk.com or by calling 1-800-250-8866 for information relating to adverse reactions, drug interactions, and dosing information.

* BTC, Schedule II in Quebec. Flonase® Allergy Relief is approved for use in adults 18 years of age and older.[11]

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