

Checklist: Non-Allergic Rhinitis, Allergic Rhinitis and Chronic Rhinosinusitis with Nasal Polyps

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The aim of checklist is to provide a summary of typical differences between non-allergic rhinitis (NAR), allergic rhinitis (AR) and chronic rhinosinusitis with nasal polyps (CRSwNP), to help guide management of these conditions. It is important to note that some people have more than one of these conditions, and careful clinical assessment can help to determine the best approach or combination of treatments.

Symptoms	Non-Allergic Rhinitis	Allergic Rhinitis	Chronic Rhinosinusitis with Nasal Polyps
Nasal blockage or congestion, runny nose (rhinorrhoea), itchy nose, ears or throat, sneezing.	Yes	Yes	Yes: symptoms can be severe and persistent (lasting for > 12 weeks)
Loss of sense of smell (anosmia)	No	Variable	Yes
Itchy, watery, red eyes (allergic conjunctivitis)	No	Yes	No
Severe symptoms that affect day to day function, leading to sleep disturbance, daytime tiredness, poor concentration.	No	Yes: if uncontrolled	Yes: if uncontrolled
Recurrent sinus infections	No	Not usually	Yes
Triggers	Non-Allergic Rhinitis	Allergic Rhinitis	Chronic Rhinosinusitis with Nasal Polyps
Inhaled allergens, such as pollen, dust mite, moulds, animal dander.	No	Yes	Maybe
Irritants such as strong odours, perfumes, cleaning products, air-conditioning, smoke, fumes	Yes	Maybe	Maybe
Physical factors, hormonal factors, medications, overuse of nasal decongestants, older age and chronic health issues.	Yes	No	Maybe
Exercise provoked symptoms	Yes: vasomotor rhinitis	No	No

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Tests	Non-Allergic Rhinitis	Allergic Rhinitis	Chronic Rhinosinusitis with Nasal Polyps
Allergy test results to inhaled allergens (skin tests or blood tests for allergen specific IgE)	Consider: negative results can rule out AR	Yes: test results are usually positive	May be positive: but do not cause the condition
Other tests required for diagnosis	No	No	Consider: Endoscopy or CT scans
Treatments and Referrals	Non-Allergic Rhinitis	Allergic Rhinitis	Chronic Rhinosinusitis with Nasal Polyps
Trigger avoidance or minimisation	Yes	Yes	Yes
Saline (salt) nasal sprays or rinses	Yes	Yes	Yes
Antihistamine tablets or syrups	No	Yes	Yes
Antihistamine nasal sprays	Yes	Yes	Yes
Decongestant tablets or nasal sprays	Short term use only: 3-5 days	Short term use only: 3-5 days	Short term use only: 3-5 days
Corticosteroid nasal sprays used regularly and correctly	Yes	Yes	Yes
Combined corticosteroid and antihistamine nasal sprays used regularly and correctly	Yes	Yes	Yes
Allergen Immunotherapy – this requires specific allergens to be confirmed (skin tests or blood tests for allergen specific IgE)	No	Yes: if not responsive to other therapies	Consider
Antibiotics	No	No	Occasionally
Oral corticosteroids (short course)	No	No	Occasionally: short term use only
Biologics	No	No	Yes: if severe
Surgery	No	No	Consider: refer to ENT surgeon
Referral to clinical immunology /allergy specialist recommended	Consider: can help to confirm the right diagnosis	Yes: if severe, and to consider allergen immunotherapy if not responsive to other therapies	Yes: to assess allergens and medical management

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For more information go to www.allergy.org.au/hp/allergic-rhinitis (health professionals) or

www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis (patients/carers)

To support allergy and immunology research go to www.allergyimmunology.org.au/donate