Nasal sprays

Introduction

Nasal sprays are administered locally, mostly to improve nasal symptoms, such as congestion, dryness, itching or sneezing. Nasal congestion can affect breathing and can lead to headaches, earache (occasionally), sleep disturbances and daytime fatigue. Nasal sprays that contain saline or decongestants can alleviate these symptoms and improve quality of life, if used appropriately and correctly.

Saline nasal sprays

Saline, available as Iliadin Saline®, is a saltwater solution that can be used to treat mild congestion. It works by loosening mucus and preventing crust formation. It also decreases swelling by rinsing out allergens that cause irritation and swelling in the nose.

Saline sprays can be used safely in infants, children and adults, even in pregnancy, as they do not contain any medication. They can be given as frequently as required and also help with nasal dryness. In addition, they are useful in cleaning out the nose before administering medicated nasal sprays to improve the efficacy of the medication.

Decongestant nasal sprays

Nasal sprays that include decongestants provide relief of symptoms within minutes, and are recommended for the short-term relief of nasal congestion that is associated with the common cold, sinusitis, hay fever and other allergies.

They work by narrowing blood vessels and lead to “shrinking” of swollen tissue in the nose and sinuses. This improves the drainage of mucus and clears the passages to enable easy breathing.

Decongestant sprays that contain oxymetazoline, e.g. Drixine®, Drinasal®, Dristan®, Iliadin® and Nazene®, and xylometazoline, e.g. Otrivin® and Sinutab®, work longer than those that include phenylephrine, e.g. ENT®. They can be used 2-3 times daily and are available as adult and paediatric preparations.

Decongestants should not be used for longer than 3-5 days at a time to prevent the development of rebound congestion. This is a condition in which the nose is constantly congested and the patient has to use the nasal spray repeatedly to alleviate congestion.

Decongestants are also best avoided in pregnancy, but if required, pseudoephedrine may be administered from the second trimester, and then only when necessary, and as directed by a doctor. It should not be used at all if the pregnant patient suffers from high blood pressure or pre-eclampsia, and should be given with caution to patients suffering from heart problems, high blood pressure or an overactive thyroid gland.

How to use a nasal spray

In order for a nasal spray to work properly, it should be administered correctly, as follows:
- Clear the nasal passages by gently blowing the nose.
- Wash your hands.
- Shake the bottle and remove the lid.
- Keep the head in a normal position or slightly lowered.
- Close one nostril by placing a finger on the outside of the nose.
- Place the tip of the spray in the open nostril, pointing it towards the outside, away from the septum (middle of the nose), and straight towards the back of the head. Keep the container upright.
- Inhale slowly through the nose, and squirt one spray into the nostril while inhaling.
- Remove the spray from the nose and exhale through the
• Sniff slightly to pull the medicine into the higher parts of the nose. Sniffing too hard will result in the medication going into the back of the throat. This should be avoided as medicine that does not remain in the nose is ineffective.
• Try not to sneeze or blow the nose directly after administering the nasal spray.
• Repeat these steps for the other nostril if necessary.

If the spray is administered correctly, it should not drip down the tip of the nose or the back of the throat. Do not share your nasal spray with other people and do not use it after the expiry date. Do not administer two squirts at the same time. Rather administer one spray in alternate nostrils.

Conclusion

The pharmacist’s assistant has an important role to play in explaining the correct use of nasal sprays to patients who purchase over-the-counter nasal sprays. Check for any contraindications and warn patients about the expected adverse effects and dangers of using nasal sprays incorrectly.

Bibliography

7. MIMS guide to OTC products; 2008.