Chronic rhinosinusitis: a qualitative study of patient views and experiences of current management in primary and secondary care

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Please follow the link to see the full paper: [Chronic rhinosinusitis: a qualitative study of patient views and experiences of current management in primary and secondary care - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/31015263/)

Chronic Rhinosinusitis (CRS) is an extremely common condition that affects up to 10% of people of all ages in the UK. Symptoms include long-term (over 12 months) of nasal congestion, nasal discharge, facial pain/pressure and loss of sense of smell. Additionally, some people may also develop nasal polyps with CRS. The severity of CRS is on a spectrum, from a mild seasonal inconvenience to severe symptoms that impact daily on quality of life. Due to this, the majority of people can be managed in a primary care/GP setting, with only people with the most troublesome symptoms requiring specialist ENT input.

Other studies thus far have looked at evidence and opinions on the treatment of CRS from the side of the clinician. However, patient experience of different treatments, their effectiveness and any side effects are extremely important in informing any future treatment guideline development. Forming part of the MACRO trial (Defining best management for adults with CRS), this paper looks to explore, in depth, the views and experiences of current CRS treatments in the UK of 25 CRS patients.

It was unanimously agreed that CRS had a significant impact on patient’s quality of life, affecting work, family and social life. When seeking an appointment with their GP, lack of appointments and progress of treatment can often leave people frustrated. Additionally, the scarcity of appointments may cause patients to prioritise other problems. When being treated by the GP with saline irrigation and nasal steroid sprays, patients often have difficulty adhering to treatment and are unclear on proper administration techniques.

In secondary care, patients often felt rushed and would have liked the ENT specialists to have taken more of a balanced approach to treatment. Most patients preferred to exhaust medical treatment before resorting to surgery due to the risks involved, and when this was the case, a large proportion of patients had high expectations of any procedure.

Overall, patients were frustrated with the current treatment of CRS in the UK, both in primary and secondary care. However, non-clinical factors such as waiting times and appointment availability were often the reason behind much of this. Improvements may be achieved by streamlining of the referral pathway, improved education around the condition and clearer guidance over more radical treatment options, such as surgery.