Management strategies for chronic rhinosinusitis: a qualitative study of GP and ENT specialist views of current practice in the UK

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Please follow the link to see the paper: [Management strategies for chronic rhinosinusitis: a qualitative study of GP and ENT specialist views of current practice in the UK - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/30573482/)

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.

With different opinions and treatments for CRS adopted worldwide, it is important that future treatments should be based on clear evidence of effectiveness. Forming part of the MACRO trial (defining best management for adults with CRS), this paper is an in-depth review of opinions on current CRS management in the UK and gathers in-depth views from 21 experienced doctors (12 GPs and 9 ENT specialists).

Although somewhat varied, results showed that GPs were confident in diagnosing CRS (with the exception of nasal polyps, due to limited equipment) and prescribing first-line treatments, in the form of nasal steroid sprays. However, factors such as the severity of symptoms, failure of treatment, the presence of nasal polyps and patient preference may result in necessity for onward referral to an ENT specialist. In the specialist setting, treatments such as oral steroids and surgery were guided by symptom severity and the presence of nasal polyps, with patient preference also being respected. However, the timing and extent of long-term benefits of surgery remained unclear.

This study highlighted the range of opinions and differences in treatment of CRS. Due to this, future research should focus on producing an evidence-based and universally agreed treatment pathway for people with CRS in the UK.