

## Allergic Rhinitis (Hay Fever)

### Frequently Asked Questions

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#### Q 1: What is allergic rhinitis?

Allergic rhinitis is a type of allergy that affects around 18% of people (children and adults), in Australia and New Zealand. Despite its common name, hay fever, allergic rhinitis is not caused by hay and does not result in fever. It is caused by the nose and/or eyes being in contact with environmental allergens such as pollens, dust mite, moulds, and animal dander. Allergic rhinitis is not caused by a food allergy.

#### Q 2: What are the symptoms of allergic rhinitis?

People who are sensitive to environmental allergens may have any one or more of the following symptoms:

- Sneezing
- Itchy, runny nose
- Itchy, watery eyes
- Itchy throat, and/or need to clear the throat
- Blocked nose that sometimes causes mouth breathing and snoring

Some of these symptoms are like those caused by respiratory infections (such as colds and flu), however, allergy symptoms will often continue unless they are treated correctly.

Allergic rhinitis symptoms may be:

- Perennial (all year round) usually caused by allergies to dust mites, animal dander, indoor and outdoor mould spores.
- Seasonal (certain times of the year) due to airborne allergens such as mould spores and pollen from grasses, trees, and weeds. The amount of airborne pollen varies from day to day and is dependent on the weather. People with pollen allergies often find their symptoms improve in wet weather and become worse on hot, windy days or after thunderstorms.

Symptoms may be mild to moderate, where day to day function is not affected.

Severe symptoms affect day to day function and may lead to:

- Sleep disturbance
- Daytime tiredness
- Headaches
- Poor concentration

If allergic rhinitis is not well managed or symptoms are left untreated, it can lead to:

- Recurrent ear infections in children.
- Recurrent sinus infections in adults.
- Increased risk of developing asthma, and more episodes of asthma symptoms for those who already have it.

### Q 3: What allergy tests are available for allergic rhinitis?

A referral to a clinical immunology/allergy specialist may be needed for allergy testing for people who have symptoms that affect day to day function. Allergy testing can help identify the allergen (also known as a 'trigger') responsible for allergic rhinitis symptoms. If the allergen has been identified, treatment options can then be discussed with the doctor. To find out more [www.allergy.org.au/patients/allergy-testing/allergy-testing](http://www.allergy.org.au/patients/allergy-testing/allergy-testing)

### Q 4: What treatment options are available?

#### Aeroallergen minimisation

If the allergen/s causing the allergic rhinitis is confirmed, reducing exposure to the allergen/s may improve symptoms.

Someone with an allergy to house dust mites may find removing carpet, using dust mite covers for pillows and mattresses, and washing bedding in hot water are enough to improve symptoms.

A person with an allergy to animal dander may find that the best option is to remove the animal from the house if symptoms are severe.

#### Medications

Although medications do not cure allergies, when used correctly they can be effective in treating symptoms and often have few side effects.

Seek advice from your pharmacist or doctor about the following medications:

- **Antihistamine tablets, syrups, intranasal sprays and eye drops (non-sedating)** help to reduce symptoms (sneezing, itchy and irritated eyes), however, are not as effective for reducing nasal symptoms such as a blocked or runny nose. Antihistamine eye drops can be helpful in controlling watery eyes due to allergies. One benefit of antihistamines is that they can be used to treat symptoms when they are present and do not need to be taken when symptoms are not present.
- **Intranasal corticosteroid sprays (INCS)** are most effective in reducing inflammation when used regularly (like asthma preventer medications). Different brands of INCS vary in strength and effectiveness, so it is important to read the label and check details with your pharmacist or doctor. How INCS are used is also very important so make sure to read the label and follow instructions carefully.
- **Intranasal corticosteroid sprays (INCS) containing antihistamine** are available and offer the combined advantages of both medications.
- **Decongestant sprays** are effective at unblocking and drying up the nose and should be used with caution. They should not be used for more than a few days at a time as this can make nasal congestion worse and lead to long term problems in the nose.
- **Decongestant tablets** are effective at unblocking and drying up the nose and should also be used with caution. Some decongestants have side effects such as tremors, trouble sleeping, anxiety or an increase in blood pressure. It is important for people with clinically diagnosed high blood pressure (hypertension) to check with their doctor or pharmacist before taking decongestant tablets.
- **Saline (salt water) treatments** such as nasal sprays or rinses are safe and effective, helping to clear allergens from the nose and relieve symptoms.

### **Allergen immunotherapy**

Allergen immunotherapy (AIT) is also known as desensitisation, and it reduces the severity of symptoms and/or the need for regular medications. AIT involves the administration of regular, gradually increasing amounts of environmental allergen extracts, by injections or by sublingual (under the tongue) tablets, sprays or drops.

Treatment is usually for three to five years for people with severe allergic rhinitis. This is a long-term treatment that should be initiated by a clinical immunology/allergy specialist.

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Content updated February 2024

For more information go to [www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis](http://www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis), [www.allergy.org.au/patients/asthma-and-allergy](http://www.allergy.org.au/patients/asthma-and-allergy) and [www.allergy.org.au/patients/allergy-treatments](http://www.allergy.org.au/patients/allergy-treatments)

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