

Allergic Rhinitis (Hay Fever)

Allergic rhinitis (commonly known as hay fever), affects around 18% of people (children and adults), in Australia and New Zealand. Despite its common name, 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. People who are sensitive to these allergens may then experience one or more of the following:

Immediate signs or symptoms:

- Runny nose.
- Itchy nose.
- Sneezing.
- Itchy, watery eyes.

Obstructive signs or symptoms:

- Congested nose.
- Snoring.

Some of these symptoms may be similar to those caused by infections (such as colds and flu). However, allergy symptoms tend to persist, unless they are treated correctly.

Symptoms range from mild to moderate (does not affect day to day function), to severe (affects day to day function). They may occur in a particular season (usually due to allergies to grass, weed or tree pollens), or be persistent and present all year round (usually caused by allergies to house dust mites, moulds or animal dander). It is important to note that allergic rhinitis is not caused by a food allergy.

Complications of allergic rhinitis may include:

- Sleep disturbance.
- Daytime tiredness.
- Headaches.
- Poor concentration.
- Recurrent ear infections in children.
- Recurrent sinus infections in adults.
- Asthma which is more difficult to control.

Some people with allergic rhinitis also have asthma. Better control of allergic rhinitis has been shown to result in better asthma control in both adults and children. Untreated allergic rhinitis may also increase the risk of developing asthma.

Allergy testing

If you have allergic rhinitis that affects your day-to-day function, discuss treatment options with your doctor. A referral to a clinical immunology/allergy specialist may be required for allergy testing.

Treatment options – Aeroallergen minimisation

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

Treatment options - Medications

Although medications do not cure allergies, they are effective and have few side effects. It is important to use them correctly, and to avoid medications that can cause problems such as frequent decongestant (unblocking) nose sprays or tablets.

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 irritating eyes). They are not as effective in controlling severe nasal blockage and dribble. The advantage of antihistamines is their flexibility, as you can take them when you have problems, and avoid them when you are well. Antihistamine eye drops can be helpful in controlling watery eyes due to allergies.
- **Intranasal corticosteroid nasal sprays (INCS)** have a potent action on inflammation when used regularly (like asthma preventer medications). These need to be used regularly and with careful attention to the way in which they are used. Different brands of INCS vary in strength and effectiveness, so it is important to read the labels and check details with your pharmacist or doctor.
- **Combination medications containing an antihistamine and intranasal corticosteroid nasal spray** are available and offer the combined advantages of both medications.
- **Decongestant sprays** unblock and dry the nose, but should not be used for more than a few days as they can cause long term problems in the nose.
- **Decongestant tablets** unblock and dry the nose, but should be used with caution. They can have stimulant side effects like tremors, trouble sleeping, anxiety or an increase in blood pressure. People with high blood pressure should not take decongestant tablets.

Natural products such as salt water nasal sprays or douches can also be effective in relieving symptoms.

Treatment options - 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 tablets, sprays or drops (under the tongue).

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

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