

## Fast Facts – Hay Fever (Allergic Rhinitis)

1. Allergic rhinitis (commonly known as Hay Fever) affects around 18% of people (children and adults) in Australia and New Zealand. Despite its common name, it is not caused by hay and does not result in fever. It is caused by the nose and/or eyes coming into contact with allergens in the environment, such as pollens (grasses, weeds or trees), dust mites, moulds and animal hair.
2. Symptoms of allergic rhinitis include a runny/itchy or congested nose, sneezing and itchy/watery eyes. Whilst some of these symptoms may be similar to those caused by infections (such as colds and flu), allergy symptoms tend to persist unless treated.
3. Allergic rhinitis symptoms range from mild/moderate to severe, which affect day to day function. Symptoms may occur in Spring/Summer (usually due to pollen) or all year round (usually due to dust mites, moulds or animal hair). Complications of untreated allergic rhinitis include sleep disturbance, daytime tiredness, headaches, poor concentration, recurrent ear infections in children, recurrent sinus infections in adults and asthma which is more difficult to control.
4. Your pharmacist and/or doctor can recommend treatments for allergic rhinitis. These include non-sedating antihistamines (tablets, syrups, nasal sprays, eye drops), intranasal corticosteroid (INCS) sprays, sprays containing a combination of INCS and antihistamine, salt water nasal sprays and rinses.
5. For severe allergic rhinitis a referral to a clinical immunology/allergy specialist may be required for further assessment including allergy testing. If it is possible to confirm the allergen/s causing allergic rhinitis, then minimising exposure to the allergen/s may reduce symptoms.
6. Allergen immunotherapy (also known as desensitisation) reduces the severity of symptoms and/or the need for regular medications. It involves taking regular, gradually increasing amounts of allergen extracts by injections or sublingual (under the tongue) tablets, sprays or drops. This is a long term treatment (3-5 years) that should only be initiated after allergy testing, usually by a clinical immunology/allergy specialist.

For more information visit [www.allergy.org.au/allergic-rhinitis](http://www.allergy.org.au/allergic-rhinitis)

Allergy & Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au) and Allergy New Zealand [www.allergy.org.nz](http://www.allergy.org.nz) are patient support organisations that provide updates and advice for people with allergies.

---

© ASCIA 2018

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand  
Website: [www.allergy.org.au](http://www.allergy.org.au) Email: [info@allergy.org.au](mailto:info@allergy.org.au) Postal address: PO Box 450 Balgowlah NSW 2093 Australia

**Disclaimer:** This document has been developed and peer reviewed by ASCIA members and is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner. Development of this document is not funded by any commercial sources and is not influenced by commercial organisations.