Is it Allergic Rhinitis (Hay Fever)?

ASCIA EDUCATION RESOURCES (AER) PATIENT INFORMATION

Allergic rhinitis (often known as hay fever) affects around 1 in 5 people in Australia and New Zealand. It can affect children and adults.

Despite the name, hay fever is not caused by hay and does not result in fever. It is caused by the nose and/or eyes coming into contact with environmental allergen(s), such as pollens, dust mite, moulds and animal hair. The person may then experience one or more of the following symptoms:

Immediate signs or symptoms
• Runny nose
• Rubbing of the nose
• Itchy nose
• Sneezing
• Itchy, watery eyes

Obstructive signs or symptoms
• Congested nose
• Snoring

Whilst some of these symptoms may be similar to those caused by infection (e.g. colds and flu), allergy symptoms tend to persist unless treated appropriately.

Some patients with allergic rhinitis have asthma. Better control of allergic rhinitis has been shown to result in better asthma control in both adults and children.

Symptoms range from mild or moderate (i.e. does not affect day to day function) to severe (affects day to day function). Symptoms may occur in a particular season (usually due to allergies to grass, weed or tree pollens) or are persistent and present all year round (usually caused by allergies to house dust mites, moulds or animal hairs). Allergic rhinitis (hay fever) 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

ALLERGY TESTING
If you suffer from allergic rhinitis, particularly if it is persistent, or affects your day-to-day function, discuss treatment options with your general practitioner. A referral to a clinical immunology/allergy specialist may be required for further assessment including allergy testing.

Further information on allergy testing is available on the ASCIA website: www.allergy.org.au/patients/allergy-testing
TREATMENT OPTIONS - AEROALLERGEN MINIMISATION
If it is possible to confirm the allergen(s) causing the allergic rhinitis, then minimising exposure to the allergen(s) may reduce symptoms.

Further information on allergen avoidance and minimisation is available on the ASCIA website: www.allergy.org.au/patients/allergy-treatment/allergen-avoidance

TREATMENT OPTIONS – MEDICATIONS

Intranasal corticosteroid sprays are nasal sprays that contain very low dose steroids and are one of the most effective treatments for allergic rhinitis. These are safe for long term use in both children and adults. Higher strength nasal corticosteroid sprays require a prescription from a doctor. It is important you are instructed how to deliver these sprays properly into your nose.

Non-sedating antihistamines (antihistamines that do not make you drowsy) are effective in relieving symptoms and are available without prescription from your local pharmacy. However they are not as effective as other medications for the treatment of blocked nose and/or sinuses and you should discuss treatment with your doctor. Non-sedating antihistamines are available in tablet or in the form of nasal sprays, and do not require a script.

Saline nasal sprays or irrigations are salt mixtures, either delivered by a nasal spray or through a bottle that can be purchased from a pharmacy without a script. They can help to clear nasal congestion and reduce allergic rhinitis symptoms. They are not as effective as other treatments for allergic rhinitis and are usually more effective when used with other treatments.

Decongestant nasal sprays or tablets relieve a blocked feeling in nose. It is very important that these are only used for a maximum of 5 days. Longer use can result in worsening nasal blockage. Certain individuals should not use decongestants (e.g. pregnancy, high blood pressure). Discuss with your doctor or pharmacist before using these medications.

TREATMENT OPTIONS - ALLERGEN SPECIFIC IMMUNOTHERAPY
This is also known as desensitisation. It involves the administration of regular, gradually increasing amounts of allergen extracts, by injections or by sublingual drops or tablets (under the tongue). Treatment is usually for 3-5 years and is typically offered for individuals > 5 years of age with severe allergic rhinitis. The therapy reduces the severity of symptoms and/or the need for regular medications. Immunotherapy is long term treatment that should be initiated by a clinical immunology/allergy specialist.

Further information is available from the ASCIA website www.allergy.org.au

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