



## Hay fever can really get up your nose

*Self Care principal adviser and spokesperson John Bell*

### Hay fever can really get up your nose

It seems we Australians are a sensitive bunch. About 20% of us suffer with some kind of allergic condition – asthma, eczema and allergic rhinitis – but intermittent allergic rhinitis (that’s what we generally call hay fever) is the most common (this despite the fact that fever is not one of the symptoms and hay is only rarely implicated in the allergic reaction).

Of course, many people suffer from *all* these allergic conditions. Indeed, asthma and hay fever so frequently occur together that they are often considered just different forms of the one disease.

Traditionally, spring is said to be the start of the peak season for hay fever; however, due in part to the generally subtropical and temperate climate conditions in Australia, so-called “intermittent allergic rhinitis” is said to be perennial and persistent. That means the symptoms are long lasting and occur all year round.

In any event, it’s pretty well accepted that the windy weather starts in August; so, all those airborne pollutants and newly sprung pollens have already begun to be blown into our nasal passages.

Certainly, spring time is the time of year when the most likely trigger factors (or allergens as they’re called) will be the windblown variety. But, other common aggravating factors include exposure to dust mite, mould, cigarette smoke, chemical fumes and other air pollutants.

Symptoms of hay fever can sometimes be confused with those of other conditions such as the common cold. Signs and symptoms of hay fever would normally include sneezing and an itchy, runny nose. The nasal discharge is usually clear and watery, but the nose can quite often become congested in a couple of days. The eyes might be red, puffy, itchy and watery, too.

A thick discharge from the nose would more likely indicate a common cold; and aches and pains, earache, sore throat and cough would also suggest that an upper respiratory tract infection is present. Cold and flu symptoms usually last for just seven to ten days, whilst hay fever can linger on seemingly forever – certainly for as long as we’re in contact with the allergens.

Rhinitis and especially nasal congestion can also be caused by certain medicines. It’s not really an allergic reaction, as in hay fever, but the symptoms can be similarly annoying. Amongst possible suspects are hormone products (such as oral contraceptives), blood pressure lowering medicines and eye drops designed to lower the pressure of glaucoma.

Of course, prevention of hay fever by avoiding trigger factors altogether, is the best option. Clearly, that’s not always possible. When medication is required, the one to choose will depend largely on the severity and frequency of symptoms. Mild symptoms, those occurring less often than four days a week or fewer than four weeks at a time, respond well to the new non-sedating oral antihistamines. The antihistamine nasal sprays also work well and have a much faster onset of action.

For moderate to severe symptoms, the intra-nasal corticosteroid sprays are the first choice treatments (examples are *Beconase*, *Flixonase*, *Rhinocort* and *Telnase*); and when symptoms are especially difficult to manage, antihistamines or an antihistamine/decongestant combination can be added. Your pharmacist can help you select the most appropriate product. The antihistamine eye drops will also help when the eyes are itchy and watery.



Hay fever is a really common and troublesome condition, but almost always it can be well controlled by treatments now available without prescription. Pharmacies subscribing to the Pharmaceutical Society's Self Care health information program can also provide you with a "fact card" titled *Hay Fever*. It details the various prevention and treatment options. And there are useful cards on *Asthma, Colds and Flu, Sinus Problems* and *Red and Dry Eye*. For the nearest location, log onto the Pharmaceutical Society website, [www.psa.org.au](http://www.psa.org.au) or phone 1300 369 772.