



# Hay fever (allergic rhinitis) and your asthma

## KEY MESSAGES

Effective treatment for hay fever (allergic rhinitis) can help you keep your asthma under control.

Nasal sprays that contain corticosteroids (a type of anti-inflammatory medicine) are the most effective treatments available for allergic rhinitis.

People who have both asthma and allergic rhinitis should use both a preventer nasal spray and an asthma preventer inhaler regularly. Nasal sprays are most effective when used correctly. Visit the National Asthma Council website for step-by-step instructions and video demonstrations:

[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

Find out what triggers your allergic rhinitis and asthma. Try to avoid your allergy triggers if you can.

Don't smoke, and avoid other people's cigarette smoke. Smoke can make allergic rhinitis and asthma worse, and can stop medicines from working effectively.

If you have allergic rhinitis and are allergic to grass pollens (e.g. ryegrass), you could have asthma attacks caused by springtime thunderstorms. Good control of allergic rhinitis and asthma could reduce your risk.

You may need to see a specialist if you have severe allergies (such as food allergies or severe skin rashes), symptoms that are not typical of allergic rhinitis (such as a constantly blocked or bleeding nose just on one side), or if your symptoms are not getting better with medication.

## Allergic rhinitis facts

Hay fever (allergic rhinitis) is a medical condition caused by allergy to substances breathed in the air.

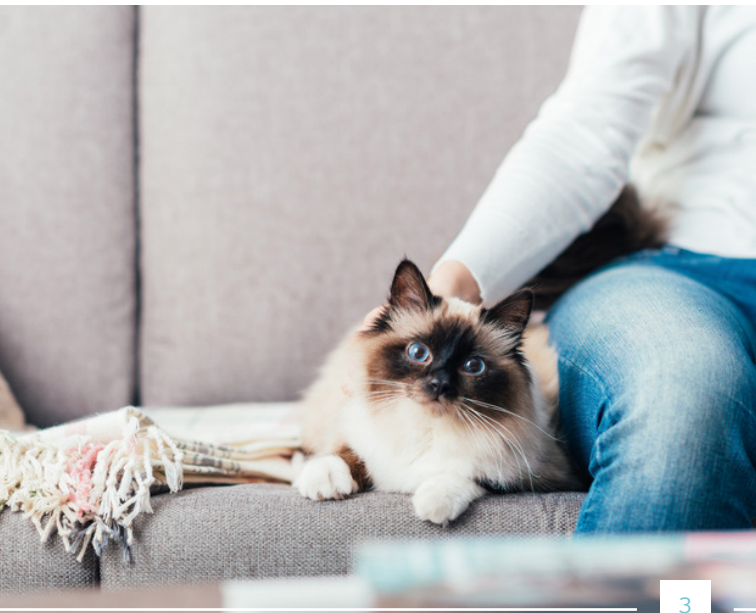
Most people with allergic rhinitis are allergic to house dust mites, pollen, pets, moulds, or a combination of these. Allergic rhinitis is sometimes called 'hay fever' when it occurs during the times of year when there are a lot of pollens in the air.

The allergic reaction makes the inside of the nose irritated, swollen and abnormally sensitive (inflamed). It also affects the back of the mouth and the throat. A person with rhinitis may have a blocked or runny nose, and may experience itching or soreness in the nose, throat and eyes.

Allergic rhinitis can also disturb sleep and cause problems with concentration at work or school.

Approximately 19% of Australians (almost one in 5) have allergic rhinitis. At least three out of four people with asthma also have allergic rhinitis.

Asthma and allergic rhinitis are related health conditions. People with allergic rhinitis have a higher chance of going on to develop asthma than people without allergic rhinitis.



## Can allergic rhinitis make asthma worse?

Hay fever (allergic rhinitis) can make asthma harder to control. People with asthma who also have allergic rhinitis have more visits to hospital or emergency departments and more time off work or school than other people with asthma.

Some people find that the things that trigger their asthma will also make their allergic rhinitis worse. These could include things they are allergic to (allergens) or cold air, cigarette smoke or other irritating fumes.

Effective treatment for allergic rhinitis may reduce the chance of severe asthma attacks, and make the lungs work better.

People with allergic rhinitis who are allergic to grass pollens (e.g. ryegrass) can have asthma attacks caused by springtime thunderstorms. These mainly occur in October–November, in places where there is a lot of grass pollen (e.g. most of south-eastern Australia). Very severe asthma attacks triggered by thunderstorms are more likely in people who have asthma as well as allergic rhinitis – especially if their asthma is not well controlled, or they are not taking regular preventer medication for their asthma.



## What are the symptoms of allergic rhinitis?

Most people with allergic rhinitis have a blocked or runny nose. Some also have sneezing and itching in the nose and back of throat. Allergic rhinitis can also make the eyes itchy, red and teary. Not everyone with allergic rhinitis has all these symptoms.

People with asthma may not recognise that they also have allergic rhinitis, because the symptoms can be mistaken for asthma. For this reason, Australian and international guidelines for doctors recommend that people with asthma should be checked for allergic rhinitis.

Allergic rhinitis can occur all year round, or just at certain times of year.

### ALLERGIC RHINITIS SYMPTOMS

You don't have to have all these symptoms to have allergic rhinitis

- Itchy, runny or blocked nose
- Itchy or watery eyes
- Sneezing
- Always feeling like you have a head cold
- Frequent sore throats
- Hoarse voice
- Breathing through the mouth
- Snoring
- Facial pain or pressure
- Frequent headaches
- Repeatedly getting middle ear infections
- Constantly coughing to clear the throat or soon after lying down to sleep
- Bad breath
- Sleeping badly or being tired during the day
- Breathing problems even when your asthma is well controlled

### How do doctors diagnose allergic rhinitis?

When someone could have allergic rhinitis, doctors consider symptoms, find out about the person's everyday surroundings and activities, do a physical examination, check asthma control, and check for allergies.

#### **Tell your doctor:**

- when your symptoms started and whether they have become better or worse over time
- whether you usually have symptoms at particular times of the year
- if anything or any places seem to make symptoms better or worse
- if you have any known allergic conditions (including asthma due to allergies, skin allergies) and whether family members have allergies
- if you have tried any medicines, such as over-the-counter nasal sprays or tablets, and whether they made a difference.

#### **Your doctor may:**

- measure how well your lungs are working, using a spirometer, or arrange for you to have this test. If you normally test your own lungs using a peak flow meter each day, bring your results.
- offer allergy tests – either skin-prick tests or blood tests – or arrange for you to have these tests done by a specialist. Other methods that claim to test for allergy (e.g. cytotoxic food testing, kinesiology, Vega testing, pulse testing, reflexology and hair analysis) are not useful tests and should not be used.
- suggest that you try using a nasal spray for a few weeks and come back.
- refer you to an allergy specialist or an ear, nose and throat surgeon.

You may need to see a specialist if you have any symptoms that are not typical of allergic rhinitis, such as long-term sinus problems, polyps in the nose, pain, loss of hearing or sense of smell, persistent cough, or if only one nostril is always blocked or bleeding.

## What is the best treatment for allergic rhinitis?

### Corticosteroid nasal sprays

Nasal sprays that contain medicines that reduce inflammation in the lining of the nose (corticosteroids) are the most effective treatment for allergic rhinitis.

Corticosteroid nasal sprays are effective for controlling itching and sneezing, runny nose, blocked nose, and eye symptoms (itching or wateriness). Most people with allergic rhinitis will benefit from using these medicines.

Some corticosteroid nasal sprays are available from pharmacies without a prescription. Stronger versions are also available on prescription. Your doctor can advise which is best for you.

For best results, these medications should be taken regularly and long-term, just like preventers for asthma.

Corticosteroid nasal sprays for allergic rhinitis have a good safety record in people of all ages, including children.

It can take up to 2 weeks for the medicine to become fully effective. Your doctor or pharmacist may suggest that you also use another medicine for a short time to relieve your symptoms quicker.

People who experience allergic rhinitis symptoms throughout the year may need to continue treatment indefinitely. Most people with allergic rhinitis will need to continue treatment for at least several months at a time.

### Getting the most from your nasal spray

If you take any type of nasal spray, read the manufacturer's instructions carefully and follow the directions to make sure you get the most benefit.

Ask your pharmacist or doctor to explain anything you don't understand.

The National Asthma Council Australia website has videos showing how to use nasal sprays correctly ([www.nationalasthma.org.au](http://www.nationalasthma.org.au)).

### WHAT TO DO

- ☒ Follow the manufacturer's instructions.
- ☒ Shake the bottle before each use.
- ☒ Clear any mucus from your nose by blowing gently, or use a saline rinse or spray then wait 10 minutes before using your medication spray.
- ☒ Lean your head forward and put the nozzle into your nostril gently, without pushing it in hard.
- ☒ Point the spray bottle away from the wall that divides your nostrils (septum). At the same time, point it inwards towards the moist part of the inside of your nose.
- ☒ Spray once into your nostril, then repeat the steps for your other nostril.
- ☒ After using the spray, wipe the tip with a dry tissue, and put the cap back on.

### Don't:

- ☒ Tilt your head back while spraying
- ☒ Push the nozzle too hard or far into your nose (you could damage your septum or cause bleeding)
- ☒ Blow your nose hard after spraying (the medicine is lost)
- ☒ Sniff hard after spraying (the medicine ends up in your throat instead of your nose)
- ☒ Use a saline rinse straight after using the medicine. If you use saline, use it before your other medicines, and wait at least an hour before using saline again.

## Other medicines

**Antihistamine nasal sprays** (available over the counter) can provide quick relief of itching and sneezing, and may help with blocked nose. They can be used in addition to a corticosteroid nasal spray.

**Antihistamine tablets** (available over the counter) are effective for controlling itching and sneezing, but they are less effective for clearing a blocked nose. Avoid the older type of antihistamines that cause sleepiness.

Some people with mild allergic rhinitis just use these medicines. Others use them in combination with corticosteroid nasal sprays when they need extra control. For example, someone who is allergic to pollens may take antihistamine tablets during springtime. Someone who is allergic to pets may take them before visiting a friend's house where there are pets.

**Decongestant nasal sprays** and **decongestant tablets** are used to unblock the nose. These should never be taken for more than a few days at a time.

Your doctor or pharmacist may suggest other medicines.

## Other things you can do

**Saline rinses:** Your doctor may recommend that you use a salt water (saline) solution daily to help clear your nose and soothe the lining of the nose. Syringes and rinse bottles are available from pharmacies.

**Avoid smoke:** People with allergic rhinitis should not smoke and should avoid other people's cigarette smoke. Smoking makes asthma and rhinitis worse, and can prevent medicines from working properly. Bushfires and wood smoke may also worsen allergic rhinitis and asthma.

**Avoid allergens:** Your doctor can help you work out which allergens trigger your allergic rhinitis and asthma. Try to avoid your allergy triggers if you can.

See *Avoiding allergens* for tips.

If medication does not clear a badly blocked nose, doctors may occasionally recommend a surgical operation called turbinate reduction. Surgery is not a cure for rhinitis, but may help with symptoms in severe cases.

Before taking any medication for allergic rhinitis, you should tell your doctor or pharmacist if:

- you have any other medical conditions or are pregnant
- you are taking any other medicines (including over-the-counter medicines or complementary medicines)
- you have been experiencing nose bleeds.

### **I'm pregnant – can I take allergic rhinitis medicines?**

If your allergic rhinitis is troublesome, or if effective treatment for your allergic rhinitis helps control your asthma symptoms, your doctor might recommend that you take medicine while you are pregnant.

If you discover that you are pregnant while using medicines for allergic rhinitis, tell your doctor straight away.

Some corticosteroid nasal sprays have a good safety rating during pregnancy. Most allergic rhinitis medicines have no particular safety concerns for pregnant or breastfeeding women. Talk to your pharmacist or doctor before taking any medicines when you are pregnant.

### **How is allergic rhinitis treated in children?**

Some corticosteroid nasal sprays can be used in children as young as 2 years.

Antihistamine tablets can be used for children with mild allergic rhinitis or young children who will not tolerate nasal sprays. Some can be taken by children as young as 12 months. Only newer antihistamines, which cause less sleepiness, should be given to children.

Montelukast tablets are effective for some children.

Your doctor may recommend other medicines.

## Follow-up

After you have begun any allergic rhinitis treatment, tell your doctor so that your allergic rhinitis can be checked whenever you have a check-up.

You may need to visit a specialist or doctor with expertise in allergy if:

- your symptoms are severe or are not getting better with treatment
- you think you may have to change jobs or move house to improve your allergic rhinitis
- the diagnosis is not certain.

## Avoiding allergens

The most common allergens for people with allergic rhinitis are pollens, house dust mites, pets, moulds and cockroaches.

There is no point attempting to avoid allergens unless a doctor has confirmed that you are allergic to these and that they are causing your allergic rhinitis or asthma.

More information about how to avoid allergens is available from the website of the Australasian Society of Clinical Immunology and Allergy ([www.allergy.org.au](http://www.allergy.org.au)).

### Pollens

The amount of pollen in the air outside is highest in the morning, on windy days, and before and during thunderstorms.

The times of year when pollens are most likely to worry you depend on where you live. People who are allergic to pollen from grasses, weeds or trees usually have worse allergic rhinitis in spring and summer. In tropical northern regions of Australia, pollens can be in the air all year round.

People who are allergic to ryegrass should avoid being outside in gusty winds before and during storms (see *Avoiding thunderstorm asthma*).

Avoid hanging washing outside on windy days during pollen seasons.

Some experts overseas recommend sealing doors and windows, and wearing face masks or goggles outside to avoid pollens. These are usually not practical in Australia, but a mask might be useful in special situations, such as when driving a tractor during harvest.

Use your nasal spray or antihistamine tablets before going outdoors when you cannot avoid pollens, and keep your asthma reliever and allergic rhinitis medication with you at all times.

### House dust mites

House dust mites are very common in humid areas of Australia. People who are allergic to house dust mites usually have allergic rhinitis throughout the whole year.

Several different strategies have been tried for reducing dust mite in bedrooms, including washing bedding in hot water, covering mattresses and pillows in mite-proof cases, sprays to kill mites, vacuum cleaners with high-efficiency particulate air (HEPA) filters, and home dehumidifiers.

A combination of these might help reduce allergic rhinitis symptoms, but involves a lot of work and expense. Used on its own, none of these has been proven to improve allergic rhinitis or asthma, even though it may reduce the number of mites.

### Pets

If you are allergic to a pet and you must continue to live in the same household, keep it outside and never let it in the bedroom. You may not be able to control your symptoms properly if the pet remains in your house.

Frequently washing pets does not make you less allergic to them and may harm them.

After removal of a pet from your home, clean the walls, floors and carpet thoroughly, because the particles that cause allergy stick to clothes and surfaces, and remain there long after the pet has gone. Your allergic symptoms may not improve even after you remove the pet.

If you know that you are allergic to certain pets, ask friends to keep them outside when you visit, and take your medication before you go.

## What is immunotherapy (desensitising therapy)?

Specific allergen immunotherapy (desensitisation) is an effective treatment for allergic rhinitis in some people and can achieve lasting relief from symptoms.

Your doctor might suggest immunotherapy if your allergic rhinitis is mainly due to one allergen that you cannot avoid. It can only be prescribed by an allergy specialist.

Treatment must be continued for 3–5 years.

Oral and injectable forms of immunotherapy are available in Australia. Oral immunotherapy involves daily treatment at home. Injectable immunotherapy involves weekly to monthly injections. Side effects can occur, but serious allergic reactions are rare. It is unsafe for people with severe or poorly controlled asthma.



### AVOIDING THUNDERSTORM ASTHMA

If you have asthma and allergic rhinitis (hay fever) and you are allergic to ryegrass pollen, you could have an asthma attack caused by a thunderstorm. This can happen if you are outside in gusty wind during a springtime thunderstorm in a place where there is ryegrass pollen in the air (most of south-eastern Australia).

#### **What you can do to keep safe:**

- During spring and early summer, use a corticosteroid nasal spray (e.g. *Avamys*, *Azonaire*, *Beconase*, *Budamax*, *Budesonide*, *Flixonase*, *Nasonex*, *Omnaris*, *Rhinocort*, *Sensease*, *Telnase*). Start at the beginning of September and continue to the end of December.
- Keep taking your preventer medication as prescribed. If you don't normally use a preventer all year, you should use it during September–December if you are going to be in an area where there is ryegrass pollen.
- Follow the pollen count and weather forecasts during spring and early summer so you know if a storm is coming.
- Make sure your written asthma action plan is up to date and includes thunderstorm advice – talk to your GP
- Avoid being outdoors just before and during thunderstorms, especially in cold wind gusts that come before the rain. Get inside a building or car with the windows shut and the air conditioner switched to recirculate/recycled.

## MORE INFORMATION

- Talk to your doctor or pharmacist
- Visit the National Asthma Council Australia website: [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
- Contact your local Asthma Foundation: 1800 278 462 [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Visit the Australasian Society of Clinical Immunology and Allergy website: [www.allergy.org.au](http://www.allergy.org.au)

### Disclaimer

Although all care has been taken, this brochure is only a general guide; it is not a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained.

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For more information about asthma and allergy, visit the National Asthma Council Australia:  
[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

## Note for health professionals

Visit the National Asthma Council Australia website to:

- Order printed copies of this brochure
- Access the related information paper for health professionals

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