



WHO GETS IT?

The 2007-2008 National Health Survey reports allergic rhinitis affects around 15% of the Australian population, or about 3.1 million people.

It is more commonly reported for females than males, between the ages of 25-44 years.

At least 75% of people with asthma also have allergic rhinitis.

Hay Fever

Allergic Rhinitis



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WHAT IS ALLERGIC RHINITIS?

Allergic rhinitis (sometimes referred to as 'hay fever') is a medical condition in which individuals experience inflammatory symptoms in their nose, stimulated by certain airborne substances which they have inhaled.

Some airborne substances to which patients are commonly allergic include: grass pollens, house dust mite, dust from pets and moulds. The proteins from these sources that cause an allergic reaction are called 'allergens'. Some allergens are present in certain seasons (such as pollens in spring), whereas others may be present all year round (e.g. dust mite).

Besides allergens, there are other causes of nasal symptoms such as cold, dry air, strong odours (perfumes, chemicals) and tobacco smoke.

WHAT IS THE CAUSE?

In susceptible individuals, inhaling allergens may trigger a specific immune response in the nasal lining (or 'mucosa'). This leads to inflammation, which may cause a blocked or runny nose, sneezing, an itchy nose or a feeling of mucus dripping down the throat ('postnasal drip'). Sometimes, the eyes or throat may be itchy or irritated too.

SYMPTOMS INCLUDE:

- Blocked nose
- Mouth breathing
- Runny nose
- Postnasal drip
- Sneezing
- Itchy nose, eyes or throat
- Watery eyes
- Disrupted sleep
- Flares of asthma
- Impaired quality of life

CLASSIFICATION OF ALLERGIC RHINITIS

Allergic rhinitis can be classified in terms of the pattern of when symptoms occur and how severe the symptoms are.

Pattern of symptoms:

Intermittent allergic rhinitis is defined as symptoms that are present for less than four days per week, or for less than four weeks at a time.

Persistent allergic rhinitis is defined as symptoms that are present for more than four days per week and for more than four weeks at a time.

Severity of symptoms:

Mild allergic rhinitis causes no impairment of sleep, daily activities (work, school, sport etc).

Moderate/severe allergic rhinitis results in one or more of the following problems: poor sleep, impairment of daily activities (work, school, sport or leisure), 'troublesome' symptoms.

WHAT CAUSES AND WORSENS ALLERGIC RHINITIS?

The exact way in which people develop an allergy to certain substances is unknown. There is often an inherited component. The immune system becomes primed to react in an allergic way to certain inhaled allergens, which triggers the typical nasal symptoms. This often develops in childhood. Food allergies, eczema and asthma may be associated conditions, although asthma may have a later onset than allergic rhinitis.

HOW DOES ALLERGIC RHINITIS AFFECT OTHER CONDITIONS?

Conditions such as asthma, snoring and sleep apnea are often associated with allergic rhinitis. Children and adults who have allergic rhinitis are at greater risk of developing asthma. If an individual has asthma, the presence of allergic rhinitis is associated with worsening asthma control. The substances that trigger asthma can also trigger allergic rhinitis in some individuals. Effectively treating an individual's allergic rhinitis can make it easier to control asthma.

WHAT ARE THE TREATMENTS AND IS THERE A CURE?

Avoiding allergic triggers is an important part of allergy and asthma management. Your GP can refer to the Woolcock Clinic for an allergy evaluation (skin prick test) to confirm which substances you are allergic to.

Currently there is no cure for allergic rhinitis however there are several treatment options, which can be used to effectively manage allergic rhinitis. Treatment options include management of symptoms through lifestyle and non-medication means, such as saline rinses for the nose, avoiding smoke and allergens or medication options.

Medication options include antihistamine nasal sprays and tablets (available over the counter in the pharmacy), decongestant sprays and tablets (which should not be used for more than a few days) and corticosteroid nasal sprays (some of which are available over the counter).

Immunotherapy involves a long treatment course to desensitize the individual to the specific allergens to which they react. It may be delivered by injection or under the tongue.

In certain cases, surgery may be an option to improve persistent nasal blockage.

Hospitalisation due to allergic rhinitis is rare.

To find the best treatment option for you, speak to your GP or pharmacist.

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