

Who Gets Hay Fever?



The 2017-2018 National Health Survey reports that 19 percent of the Australian population has hay fever- or allergic rhinitis. That's almost 1 in 5 Australians or 4.5 million people.

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

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



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Hay Fever

Allergic rhinitis



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WHAT IS ALLERGIC RHINITIS?

Allergic rhinitis (or hay fever) is a medical condition, which involves inflammation in the nose as a result of an individual inhaling airborne substances to which they are sensitive/allergic.

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 in the nose are called “allergens”. Sometimes they are referred to as ‘triggers’. Some allergens are present in certain seasons (e.g. 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. It is important to distinguish these from allergic rhinitis.

WHAT IS THE CAUSE?

Our nose is designed to humidify and filter the air we inhale. As part of this process, and in susceptible individuals, inhaling allergens may trigger a specific immune response in the nasal lining (or mucosa).

This leads to inflammation of the inner lining of the nose, which may cause one or more of the following symptoms: 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
- Itchy nose, eyes or throat
- Watery eyes
- Mouth breathing
- Disrupted sleep
- A flare up of asthma (in those who have asthma)
- Impaired quality of life

CLASSIFICATION OF ALLERGIC RHINITIS

Allergic rhinitis is classified based on the pattern of when symptoms occur and how severe they are.

Pattern of Symptoms

Intermittent allergic rhinitis is defined as allergic rhinitis in which the patient experiences symptoms for less than four days per week, or for less than four weeks at a time.

Persistent allergic rhinitis is defined as allergic rhinitis in which the patient experiences 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 is associated with 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.

HOW DOES IT AFFECT OTHER CONDITIONS?

Conditions such as asthma, snoring and obstructive 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. If you have asthma as well as allergic rhinitis, it is important to tell your GP and make sure you get a regular review of your asthma.

WHAT ARE THE TREATMENTS?

There are several treatment options, which can be effectively implemented to manage allergic rhinitis. To find the best treatment option for you, speak to your GP or pharmacist.

Allergen Avoidance

As part of management, it is important to avoid the allergen(s) triggering your allergic rhinitis. Your GP can refer you to the Woolcock Clinic for an allergy evaluation (skin prick test) to confirm which allergens you are allergic to.

Medications

- Corticosteroid nasal sprays treat the inflammation in the nose (some of these are available over-the-counter in the pharmacy)
- Antihistamine nasal sprays and tablets treat the allergic response (available over-the-counter)
- Decongestant sprays and tablets can alleviate nasal symptoms and should not be used for more than a few days

Allergen Immunotherapy

A long treatment course to desensitise the individual to the specific allergens to which they react may be appropriate. It may be delivered by injection or under the tongue.

Surgery

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

To find the best treatment option for you, speak to your GP or pharmacist or to find out more, go to www.woolcock.org.au/clinic.