Hay Fever (Seasonal Allergic Rhinitis)

Hay fever, also known as seasonal allergic rhinitis, is a common condition and affects around 1 in 5 people in the UK. Hay fever is usually worse between late March - September. It often runs in families and is more likely to affect people who suffer from asthma and eczema.

Hay fever is an allergic condition where the body’s immune system overreacts to substances such as pollen from grasses, flowers, weeds or trees. The pollen causes the release of chemical called histamine from cells in the nose, eyes and airways, which causes inflammation.

Symptoms can vary, so some people may be able manage their condition by avoiding triggers, whilst others may need medication to manage their symptoms.

The Wiltshire Clinical Commissioning Group (CCG) no longer supports prescribing of hay fever medicines on the NHS. If treatment is needed, a wide range of preparations can be purchased from pharmacies, supermarkets and other stores without seeing a doctor. Speak to your local pharmacist to get advice on the best treatment for your symptoms and always read the patient information leaflet included.

How can I avoid triggers?

- Keep house and car windows closed, especially when the pollen count is high; (typically early morning between 7am to 9am and evenings between 5pm and 7pm).
- Avoid large grassy areas, woodland, cutting the grass, pollutants and car fumes.
- Wear wrap-around sunglasses.
- When you get in from outside wash your hands, face, hair, rinse your eyes and change your clothes.
- If possible, stay indoors when the pollen count is high.
- Use petroleum jelly inside your nose to block inhalation of pollen.
- Keep your house clean and wear a mask and glasses when doing housework.
- Don’t dry washing outside to avoid pollen sticking to your clothes.
- Purchase a pollen filter for the air vents in the car.

When should I see a GP?

- If you are experiencing wheezing, breathlessness or tightness in the chest.
- If your symptoms worsen or are not relieved by over the counter treatments in combination with measures to reduce your exposure to pollen.
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## Antihistamine tablets and syrup

Effective at controlling general symptoms of hay fever

Antihistamines are more effective if they are taken before symptoms start rather than after.

Some older antihistamine tablets such as Chlorphenamine can cause drowsiness.

Newer antihistamines are unlikely to cause drowsiness and include Cetirizine, Loratadine, and Acrivastine.

If you drive or operate machinery ask your pharmacist which tablets would be best for you.

## Nasal sprays

Useful if you suffer nasal symptoms, and can be used instead of or in addition to antihistamine tablets

Steroid nasal sprays, such as Beclometasone, suppress the allergic reaction and inflammation of hay fever and take about 3 days to work.

They are best used at the start of the hay fever season and continued throughout the season even if your symptoms have improved.

Antihistamine nasal sprays can be useful for people who have symptoms now and again.

Nasal decongestant sprays are useful if you suffer from a blocked nose, however they can only be used for up to 7 days as longer use can cause rebound congestion and block your nose up again.

You may find inhalants (e.g. Vicks®, Olbas Oil®) helpful to ease blocked and stuffy noses.

## Eye drops

Useful if you suffer eye symptoms, and can be used instead of or in addition to antihistamine tablets

If your eye symptoms are not controlled by oral antihistamines, eye drops containing Sodium Cromoglicate may be useful.

If you wear contact lenses you should check with a community pharmacist or your optician before using eye drops.

## Other useful treatments

Simple pain relief (e.g. Paracetamol or Ibuprofen) can help with headaches and sinus pain. Throat lozenges can help ease tickly throats.

Decongestant tablets should relieve blocked noses.

More information is available at:


[www.patient.co.uk/health/hay-fever](http://www.patient.co.uk/health/hay-fever)