

Hay Fever (Allergic Rhinitis) Fast Facts



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for free resources about hay fever (allergic rhinitis).



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Fast Facts

Hay Fever (Allergic Rhinitis)

- 1** Allergic rhinitis (commonly known as hay fever) affects around 18% of people in Australia and New Zealand. Despite its common name, it is not caused by hay and does not result in fever. Allergic rhinitis is caused by the nose and/or eyes coming into contact with allergens in the environment, such as pollens (grasses, weeds or trees), dust mites, moulds and animal dander.
- 2** Symptoms of allergic rhinitis include a runny/itchy or congested nose, sneezing and itchy/watery eyes. Whilst some of these symptoms may be similar to those caused by infections (such as colds and flu), allergy symptoms tend to persist unless treated.
- 3** Allergic rhinitis symptoms range from mild/moderate to severe, which affect day to day function. Symptoms may occur in spring/summer (usually due to pollen), or all year round (usually due to dust mites, moulds or animal dander). Complications of untreated allergic rhinitis include sleep disturbance, daytime tiredness, headaches, poor concentration, and recurrent ear or sinus infections. It can also make asthma more difficult to control.
- 4** Your pharmacist and/or doctor can recommend treatments for allergic rhinitis. These include non-sedating antihistamines (tablets, syrups, nasal sprays, eye drops), intranasal corticosteroid (INCS) sprays, sprays containing a combination of INCS and antihistamine, salt water nasal sprays and rinses.
- 5** For severe allergic rhinitis a referral to a clinical immunology/allergy specialist may be required for further assessment, including allergy testing. If it is possible to confirm the allergen/s causing allergic rhinitis, then minimising exposure to the allergen/s may reduce symptoms.
- 6** Allergen immunotherapy (also known as desensitisation) reduces the severity of symptoms and/or the need for regular medications. It involves taking regular, gradually increasing amounts of allergen extracts by injections or sublingual (under the tongue) tablets, sprays or drops. This is a long term treatment (three to five years) which should only be initiated after allergy testing, usually by a clinical immunology/allergy specialist.

More information: www.allergy.org.au/allergic-rhinitis

Other Fast Facts: www.allergy.org.au/patients/fast-facts

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