

# Allergies and Your Nose

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Allergic rhinitis is a condition of affecting a very large number of people. (1 in 6 Australians) When it occurs as the result of an allergic reaction to pollen, it's usually called Hay Fever.

## What symptoms do people experience?

- Nasal blockage and congestion
- A snotty, runny nose
- An itchy, sneezy nose.
- You may have itchy eyes, an itchy throat or possibly itchy skin.
- People with allergic rhinitis are more likely to have other allergies, such as asthma, eczema or food allergies.

## How is this condition diagnosed?

Allergic rhinitis is usually diagnosed by a combination of questions and your doctor's findings when they examine you, rather than on relying on imaging or blood tests. Your doctor may organize allergy tests (skin prick or blood tests) and possibly a CT Sinuses if they think there may be other disease present.

## How can Allergic Rhinitis be treated?

### Behavioural changes

Reduction in exposure to triggers for your allergy: please see our other information sheet about 'Minimising Exposure to Allergens'.

**The Melbourne Pollen Count app:** this free app helps people with Hay Fever predict days in November – March with high pollen counts, so you can change your behavior or medication to reduce your symptoms: [www.melbournepollen.com.au/index.php/melbourne-pollen-count-app](http://www.melbournepollen.com.au/index.php/melbourne-pollen-count-app)

### Saline rinsing

Washing the nose with salty water can, in itself, help with your symptoms. It washes out snot, and any particles trapped in the nose that cause ongoing allergy symptoms (e.g. the pollen grain itself). It also provides a 'clean canvas' for any nasal sprays that your doctor recommends. Saline rinsing comes in two main kinds: large volume 'douches' or small volume sprays. The former tends to be more effective at improving symptoms, but at the cost of more inconvenience

### Medications

Most medications for allergic rhinitis can be bought over the counter at your chemist.

- For mild, intermittent symptoms, over the counter **anti-histamine tablets** (either 'sedating', such as Phenergan, or 'non-sedating', (such as Claratyne, Zyrtec or Telfast etc.) are usually very effective. They have the benefit of also treating eye and throat symptoms of mild hay-fever. They are safe for children.
- **Anti-histamine nasal sprays** can be very effective for mild nasal symptoms of hay-fever, as an alternative to oral medications. There is some limited evidence that they may be more effective for nasal congestion than anti-histamine tablets, but this can vary a great deal from one patient to another. They are safe for children.
- For more persistent, frequent or severe symptoms, the most effective medication is a **nasal steroid spray**. These work best when used every day, and therefore are probably more suitable for people who get their hay-fever symptoms most days of pollen season. There are multiple brands on the market, all of which are pretty much as effective as each other. Some people find they prefer one brand to another, and it is usually

fine to swap from one to another until you find one that suits you. Note that more expensive sprays have **not** been shown to be more effective than cheaper ones, and generic versions are just as effective as branded ones. **Also, adding an oral antihistamine tablet on top of regular nasal steroid sprays does NOT give you any additional symptom control, at least not for nasal symptoms.**

- **Combination sprays:** using a combination of antihistamine and steroid sprays is about 10-15% more effective than steroid sprays alone. This can be either by using two different sprays or a single 'all in one' spray. The only current available combination spray in Australia is Dymista, and it needs a doctor's script to be purchased.
- **Decongestant tablets or nasal sprays** can be effective if your symptoms have a bad flare (e.g. you mowed the lawn today), but both can have significant side effects and should only be used for a few days at most. If your symptoms usually last longer than this, speak with your doctor about more effective – and safer – alternatives.
- There are a wide variety of **other** sprays and tablet medications that can be effective for some of your symptoms. Most of these are considered once the medications outlined above have been given a good try and have not been effective.

### Medications and children with Allergic Rhinitis

Oral and nasal spray antihistamines, and some nasal steroid sprays, can be used safely in children at appropriate doses.

### Other Options

#### Allergy treatment (desensitization)

For some people, having a series of injections (subcutaneous immunotherapy – SCIT) to 'turn off' their allergy is very effective. These are usually done by an allergist or a General Practitioner trained in allergy treatment. The first step is a consultation and skin prick testing to confirm what you are allergic to; how severe these allergies are and whether desensitization is suitable for your allergies. Desensitization works best for people with "goldilocks allergies" – symptoms caused by one or a limited number of triggers, which are severe enough to be worth the trouble and expense of treatment, but not so severe, or not caused by so many different triggers, that treatment is likely to be ineffective. Your treating doctor can advise you about whether desensitization is likely to be effective for you.

An oral form of desensitization treatment (Sublingual immunotherapy, or SLIT) is increasingly available in Australia, and research suggests that in the right patient, it is equally effective to SCIT.

### Surgery

Surgery is reserved for symptoms that fail to respond to the above treatments, or where medications have unacceptable side effects for a person. The exact operation that would be considered depends on what symptoms you have, and how your anatomy is contributing to them. Surgery tends to work best for blockage/congestion symptoms, less so for snottiness. It has no benefit at all for itching or sneezing, except indirectly by allowing any nasal sprays that you use after your operation to penetrate further into the nose and therefore reach more of the surfaces in your nasal passages. It obviously also carries higher risk than medications, including costs and time off work/study, that need to be considered.