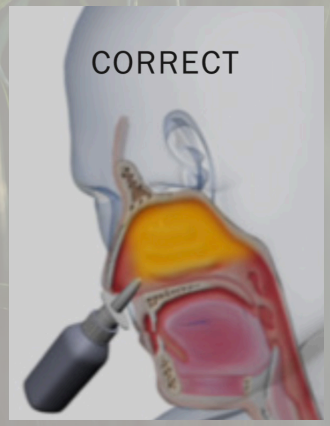
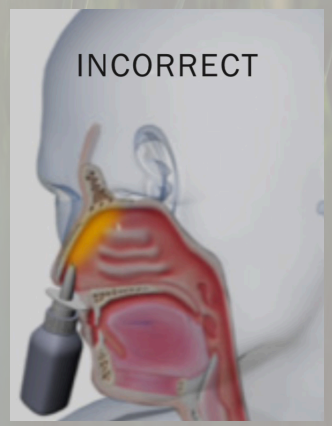
How to spray an Intranasal Corticosteroid Spray (INCS)

1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril. Use right hand for left nostril (and left hand for right nostril).
5. Aim the nozzle towards the outer side of the nasal passage (away from the central septum of the nose) and direct nozzle backwards in line with the roof of the mouth (not upwards in the direction of the eyes).
6. Avoid sniffing hard during or after spraying.





For more information on allergy management contact Allergy & Anaphylaxis Australia

Call: 1300 728 000

Visit: www.allergyfacts.org.au

You can also visit the peak medical organisation, the Australasian Society of Clinical Immunology and Allergy (ASCIA)

www.allergy.org.au

Always follow the treatment plan prescribed by your doctor. Contact your doctor if you have any questions or concerns. The information contained in this brochure is not medical advice.

Allergy & Anaphylaxis Australia®
Your trusted charity for allergy support

ABN: 70 693 242 620

Managing Allergic Rhinitis (Hay Fever)

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Allergic Rhinitis (Hay Fever)

Allergic rhinitis (hay fever) is a common allergic condition affecting 1 in 5 people in Australia. It is caused by the body's immune system reacting to common allergens in the environment such as pollen, house dust mite, moulds and animal dander (skin cells and fur). Common symptoms include runny nose, itchy nose, sneezing, itchy and watery eyes, blocked nose and snoring.

Types of allergic rhinitis

Allergic rhinitis may be classified by how long the symptoms last for (duration) and how severe the symptoms are (severity). Understanding the duration and severity of your symptoms will help guide the best treatment for you.

	Intermittent <4 days/week or <4 weeks	Persistent >4 days/week and >4 weeks
Mild • Normal Sleep • No Impairment of daily activities, sport or leisure • Normal work and school performance • No troublesome symptoms		
Moderate to Severe Has one or more of: • Abnormal Sleep • Impairment of daily activities, sport or leisure • Abnormal work and school performance • Troublesome symptoms		

Symptoms may occur in spring/summer (usually due to pollen) or all year round (usually due to dust mites, moulds or animal dander). Complications can include trouble sleeping, daytime tiredness, headaches, poor concentration, frequent ear or sinus infections and asthma which can be difficult to control.

About 75% of people with asthma also have allergic rhinitis, and about 25% of people with allergic rhinitis also have asthma. Allergens like pollen can trigger asthma and allergic rhinitis. People with allergic rhinitis due to grass pollen allergy can get allergic asthma in spring and summer.

Better control of allergic rhinitis can result in better asthma control. Untreated allergic rhinitis may also increase the risk of developing asthma.

Correct Diagnosis

Your doctor will confirm the diagnosis of allergic rhinitis based on your symptoms, test results and examination findings. Skin prick tests and/or blood test results will help to identify specific allergen triggers that affect you. Correct advice on possible allergen avoidance/reduction can then be discussed.

A referral to an allergy specialist may be required if your symptoms are persistent or difficult to control.

Further information about allergy testing is available on the ASCIA website: www.allergy.org.au/patients/allergy-testing

Reduce exposure to triggers

If the allergen(s) causing the allergic rhinitis is confirmed, minimising exposure to the allergen(s) may help to reduce symptoms. Further information: www.allergyfacts.org.au/how-to-reduce-allergens-hay-fever

Medications

You should see your doctor for diagnosis and treatment advice. Most treatments for allergic rhinitis are available without a prescription. Treatments include:

- Non-drowsy antihistamines (tablets, syrups, sprays, eye drops)
- Intranasal corticosteroid (INCS) sprays
- Sprays containing a combination of INCS and antihistamine (may require a prescription)
- Salt water nasal sprays and rinses

It is important that you are taking the right medication/s. You may need multiple medications to manage allergic rhinitis.

Like asthma treatment, allergic rhinitis treatment may be considered in terms of preventer (such as INCS sprays) and reliever (such as antihistamines) treatment.

- Mild, intermittent symptoms such as itching, sneezing and watery eyes may settle with antihistamines as reqired.
- Persistent or moderate/severe symptoms require a preventative approach using a daily INCS spray. If you have symptoms only during pollen season, this is when you will take your daily INCS spray. If symptoms are all year round, use your INCS spray every day. Many people use a daily INCS spray and add antihistamines if required.
- Combination nasal sprays include an INCS spray (preventer) and an antihistamine spray (reliever) and may require a prescription. This may be more effective and convenient than using an INCS spray and antihistamine separately.
- Decongestant sprays unblock and dry the nose but should not be used for more than a few days as they can cause long term problems.

Ensure your doctor completes an ASCIA Allergic Rhinitis Treatment Plan for you.

www.allergy.org.au/patients/allergicrhinitis-hay-fever-and-sinusitis/allergic-rhinitis-treatment-plan

Immunotherapy

If symptoms remain, an allergy specialist may advise immunotherapy. It usually works within months but must continue for three to five years. It is available as injections given weekly to monthly or as daily drops/wafer/tablet to be placed under the tongue.

Further information: www.allergyfacts.org.au/allergen-immunotherapy-ait