

ALLERGIC RHINITIS

Quick Guide

A step-by-step guide on everyday allergic rhinitis (hay fever) management including allergic conjunctivitis (eye allergy).

For information and
advice call us on



1300 728 000

allergyfacts.org.au



**Allergy & Anaphylaxis
Australia**

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Allergic rhinitis (hay fever) is a common condition that can range from being quite minor to something that can have a negative impact on quality of life. The good news is that by having a management plan in place, symptoms and discomfort can be significantly reduced.

We hope you find this resource helpful in understanding allergic rhinitis and how to manage it.



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What is Allergic Rhinitis?

Allergic rhinitis (hay fever) is one of the most common allergic conditions, affecting one in five people in Australia.

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 (flakes of skin in animal fur, hair or feathers).

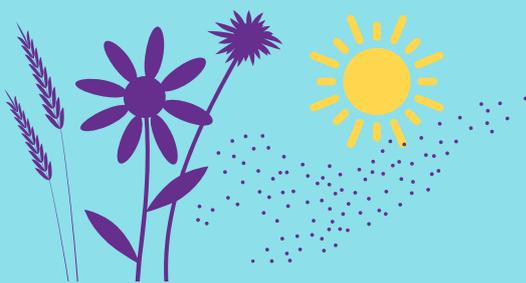
The body's immune system reacts to these common allergens - which for most people are harmless - and causes symptoms.

Common symptoms include runny nose, itchy nose, sneezing, itchy and watery eyes, blocked nose and snoring. Some people need to clear their throat often because mucus can run from their sinuses to the back of the throat.

Poorly treated or untreated allergic rhinitis can lead to trouble sleeping, daytime tiredness, headaches, poor concentration, frequent ear or sinus infections, and even asthma which can be more difficult to control.

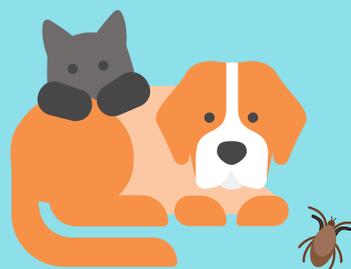


Common causes of allergic rhinitis depend on when you get the symptoms



Spring and summer: Seasonal Allergic Rhinitis

If symptoms occur only in spring and summer, this is called seasonal allergic rhinitis, and the cause is usually pollen. There are many different types of pollen such as grasses, weeds and flowering plants like wattle. Your doctor can often work out which pollen causes your allergic rhinitis.



All year round: Perennial Allergic Rhinitis

If symptoms occur all year round, this is called perennial allergic rhinitis, which is caused by allergens that are continually present such as dust mites, mould or animal dander.

What is Allergic Conjunctivitis?

Allergic conjunctivitis is inflammation of the thin membrane that covers the inside of the eyelids and the eyes, known as the 'conjunctiva'.

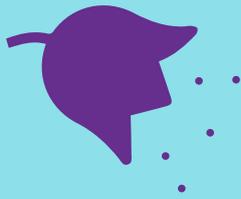
People with allergic conjunctivitis can experience:

- Redness in both eyes
- Itching and burning of the eye and the surrounding area
- Watery eyes
- Painful eyes in direct sunlight
- Swollen eyelids

Most people with allergic conjunctivitis also have allergic rhinitis.



Allergic conjunctivitis is triggered by the same allergens that trigger allergic rhinitis



Seasonal Allergic Conjunctivitis

Caused by pollen exposure, this type of allergic conjunctivitis can be very noticeable and cause severe symptoms.



Perennial Allergic Conjunctivitis

Occurs all year round and is usually a milder form of conjunctivitis caused by ongoing exposure to allergens such as dust mites, mould or animal dander.

Diagnosis of allergic rhinitis and conjunctivitis



If you have tried over-the-counter treatments from your pharmacy for your allergic rhinitis/conjunctivitis, but you still have symptoms that affect your quality of life, you should see your GP.

Your general practitioner (GP) will ask questions about your symptoms and check your nose and eyes for signs of allergy.

Some GPs will do skin prick or blood tests to help find the specific allergen triggers that cause your symptoms. Sometimes these tests are only done by an allergy specialist.

Our [Understanding Allergy Care Hub](#) has more information about seeing a GP.

Allergic Rhinitis Treatment

Medications

Although medications do not cure allergies, they can improve symptoms and have very few side effects. It is important to use them correctly.

See your doctor for diagnosis and advice about treatment. Most treatments for allergic rhinitis are available without a prescription.

Treatments include:



Non-drowsy antihistamines.
Tablets, syrups, nasal sprays and eye drops



Intranasal corticosteroid sprays (INCS).



Sprays containing a combination of INCS and antihistamine.



Salt water/saline nasal sprays and rinses.

Some people need more than one medication to manage allergic rhinitis. As with asthma management, medications for allergic rhinitis can be preventer treatments (such as INCS) and reliever treatments (such as antihistamines), while some can contain both a preventer and a reliever treatment.

Seasonal management and intranasal corticosteroid sprays (INCS)

If you have allergic rhinitis symptoms only during pollen season, you should take your daily INCS in the weeks before pollen season and then during the pollen season – usually from September through to December in Australia. If you have symptoms all year round, your doctor or pharmacist will probably advise you to use your INCS every day of the year. Many people control their symptoms with a daily INCS and add antihistamine treatment when symptoms get worse. INCS help with both nasal symptoms and eye symptoms.

Options include:

- Mild, occasional symptoms such as itching, sneezing and watery eyes may settle with **non-drowsy antihistamines** used when needed. Antihistamines provide temporary relief from mild symptoms only.
- Daily or moderate/severe symptoms require preventative treatment, using an **INCS**. These sprays must be used daily, and used in the right way, so the medication reaches the right places in the nose and sinuses.
- **Combination nasal spray medicines** contain both an INCS (preventer) and an antihistamine spray (reliever). These can be more effective and convenient than using an INCS and antihistamine separately.
- **Saline (salt water) nasal sprays or nasal/sinus rinses** can also be effective in relieving symptoms, as they wash some of the pollen breathed in, out of the nose and the sinuses.
- **Decongestant sprays** reduce congestion by unblocking and drying the lining inside the nose. **DO NOT** use for more than a few days at a time as they can cause long term problems in the nose.
- **Allergen immunotherapy**, also known as desensitisation, can be prescribed by allergy specialists. For more information, see [page 10](#).

Allergic Conjunctivitis Treatment

Management of allergic conjunctivitis begins with avoiding the allergen/trigger where possible. However, even if the allergen can be avoided, many people will still need medication.

Allergic conjunctivitis can be treated with antihistamine eye drops. Antihistamine eye drops work better than antihistamine tablets or syrup for allergic conjunctivitis.

Rinsing the eyes with salt water (saline) drops can also help. Other types of eye drops are also used to treat allergic conjunctivitis, such as anti-inflammatory eye drops and drops to decrease the swelling of blood vessels in the eyes. Some eye drops are a combination of two different types of medicines. Speak with your pharmacist or doctor about the best treatment for you. Treating allergic rhinitis also helps treat allergic conjunctivitis.

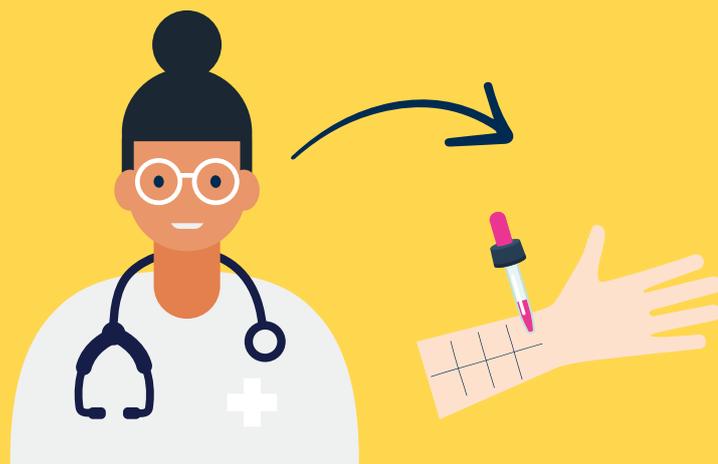
More serious forms of allergic eye disease must be managed by specialist eye doctors and allergy specialists.

Tips for managing allergic conjunctivitis

- Avoid rubbing your eyes as this can make symptoms worse
- Rinse your eyes with artificial tears or saline eye drops, available over-the-counter at pharmacies
- Apply a cool face cloth to relieve inflammation and discomfort
- Wear a hat and sunglasses for some protection from pollen
- Shower after coming in from outside, if pollen is a trigger
- Wash your hands before touching your eyes



Your GP may refer you to an allergy specialist



If your symptoms continue, even after treatment, your GP may refer you to an allergy specialist.

Before referring you, your GP will check you are using nasal sprays the right way. They will also talk with you about ways to reduce exposure to the allergens that trigger your allergic rhinitis/conjunctivitis.

An allergy specialist may do skin prick or blood tests, if this hasn't been done by your GP.

They may suggest allergen immunotherapy, which can make you less sensitive to the allergen that causes your allergic rhinitis/conjunctivitis.

Further information about allergy testing is available [on our website](#).

How to reduce exposure to allergens that cause allergic rhinitis

The way you manage your allergic rhinitis will depend on what causes it. It's important to try reducing exposure to anything that triggers your allergic rhinitis, and you should take medication as recommended by your doctor or pharmacist.



Reducing pollen exposure

- Stay indoors whenever possible, particularly in the pollen season and on windy days
- Avoid going out just before, during or just after a thunderstorm, particularly in spring and summer
- When outside, wear sunglasses
- Shower (including washing hair) when you arrive home after being exposed to high pollen outside
- Rinse your eyes with water when needed
- Do not mow grass and stay inside when it is being mown. If mowing is unavoidable, wear a mask and consider taking a non-drowsy antihistamine
- Keep windows closed at home and in the car. Use recirculating air conditioning in the car
- Do not picnic during the pollen season
- Try to plan holidays out of the pollen season, or holiday at the seaside
- If landscaping at home, research which plants are less likely to trigger allergic rhinitis. If you are sensitive to plants in your garden, consider replacing them with others that don't trigger allergic symptoms
- Dry bedding and clothing indoors, or in a tumble dryer

Reducing pet dander exposure

- If pet dander is causing only mild symptoms, consider keeping the pet outside
- For severe symptoms not controlled by treatment, consider removing the pet from the home. It may take around 20 weeks for allergen levels to decrease after removal

Check the pollen count each day at the [AusPollen website](https://www.auspollen.com.au)



Reducing dust mite exposure

- Both the dust mites themselves - as well as their droppings - can cause allergic reactions. You must reduce the number of dust mites in your home, and remove the allergen they produce
- Wash sheets, pillowcases and other bedding weekly in hot water (more than 60°C). This will kill dust mites and wash away the allergen they produce. If you cannot wash in hot water, use a commercial product containing tea tree or eucalyptus oils, formulated to kill dust mites in cold water
- If washing normally, hot tumble drying items for ten minutes after they are dry will kill dust mites. Dry cleaning is not as effective - it will kill dust mites but won't remove the allergen they produce
- Use dust mite resistant covers on mattresses, pillows and quilts. Wash these in hot water as recommended by the manufacturer
- Remove sheepskins and woollen underlays from the bedroom
- Remove soft toys from the bedroom if possible. Any soft toys that remain should be washed weekly using the same method used for sheets. (Freezing soft toys overnight kills dust mites, but it doesn't remove the allergen)
- Dust weekly with a damp cloth
- Vacuum carpets weekly. Note that vacuuming increases the amount of dust mite allergen in the air for up to 20 minutes. Where possible, ask someone else to do the vacuuming and wait 20 minutes before re-entering the room. High efficiency particulate air (HEPA) filter

vacuum cleaners may remove more allergen than other vacuum cleaners, however, they still temporarily increase the amount of dust mite allergen in the air

- Remove curtains from windows and replace with blinds or shutters that can be wiped clean
- Consider replacing carpets with hard floors such as floorboards or tiles
- Consider leather or vinyl lounges instead of cloth

Reducing mould exposure

- Remove visible mould (with diluted bleach or diluted vinegar)
- Ensure adequate ventilation (open windows to allow air flow)
- Dry or remove wet carpet
- Fix any water leaks
- Consider using a dehumidifier to reduce moisture in the air
- Remove indoor pot plants as they can promote mould growth
- Do not mow lawns or work with garden compost or mulch



Thunderstorm asthma



Thunderstorm asthma is triggered by a combination of high rye grass pollen levels and a certain type of thunderstorm, causing pollen grains from rye grasses to be swept up in the wind and carried long distances. Pollen can burst open and release tiny particles that are concentrated in the wind just before the thunderstorm. These small particles get deep into the airways and can trigger serious asthma symptoms.

Thunderstorm asthma is most likely to happen in October and November in areas where rye grass pollen is present in large numbers, such as the south-eastern part of Australia.

Checklist for avoiding thunderstorm asthma

If you have asthma or allergic rhinitis caused by rye grass pollen, you could be at risk of sudden severe asthma caused by a thunderstorm. This can occur even if you have not had asthma before.

People with poorly controlled asthma have more severe thunderstorm asthma. If you have asthma or allergic rhinitis, see your doctor to discuss how to protect yourself during the thunderstorm season (from September to December in Australia).

- Always carry an asthma reliever puffer with you if you have allergic asthma or allergic rhinitis caused by rye grass pollen - even if you have not had asthma before
- Always use a spacer when taking your asthma puffer medications
- Use your INCS daily to control your allergic rhinitis symptoms if you are allergic to rye grass pollen
- If your doctor has prescribed an asthma preventer, use it as advised
- Monitor the pollen levels** in your area and be aware of any forecast storms
- Make sure you have an up-to-date **ASCIA Allergic Rhinitis Treatment Plan** and an **Asthma Action Plan**
- Avoid being outdoors before, during and just after thunderstorms. Get inside a building or car with the windows shut and the air conditioner switched to recirculate/recycled. Wait until the storm has passed and it is no longer windy before opening doors or windows, or going outside

Allergic asthma and allergic rhinitis link



About 75% of people with asthma also have allergic rhinitis, and about 25% of people with allergic rhinitis also have allergic asthma. Allergens such as pollen can trigger asthma as well as allergic rhinitis symptoms. Many people with allergic rhinitis due to grass pollen allergy can get allergic asthma in spring and summer when they also have allergic rhinitis.

Better control of allergic rhinitis has been shown to result in better asthma control in both adults and children. Untreated allergic rhinitis may also increase the risk of developing allergic asthma. If a person has both asthma and allergic rhinitis they should make sure that both their asthma and allergic rhinitis are well managed.

Immunotherapy

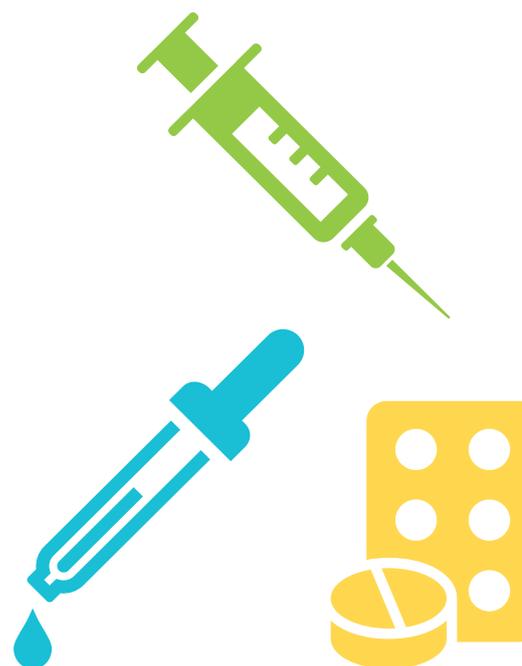
Allergen Immunotherapy (AIT), also known as desensitisation, is available to treat allergic rhinitis that has not responded well to INCS treatment.

AIT has been used for more than 100 years and is a proven treatment providing long-term relief for allergic rhinitis. The aim of AIT is to help people react less to their trigger allergens that cause symptoms (such as grass pollen or dust mites). This means having less symptoms or no symptoms and a better quality of life.

AIT can only be prescribed by an allergy specialist so you will need a referral from your GP. Some AIT is registered for use in Australia, and some is not. Speak with your allergy specialist and see the [ASCIA website](#). This treatment usually starts to work within a few months, but must continue for three to five years. It is available as injections given weekly to monthly, or daily as drops, or as a tablet placed under the tongue.

After having a full course of treatment, many people are less reactive to the trigger allergen with fewer or no symptoms. Studies have shown the benefit of this treatment lasts several years after completing the course.

AIT may also benefit people with persistent, severe allergic conjunctivitis. However, relief of eye symptoms takes longer than nasal symptoms.



ASCIA Allergic Rhinitis Treatment Plan



australasian society of clinical immunology and allergy
www.allergy.org.au

TREATMENT PLAN FOR Allergic Rhinitis (Hay Fever)



Patient name: _____ Date: DD / MM / YYYY
Plan prepared by: _____ Signed: _____

ALLERGEN MINIMISATION

- Minimising exposure to confirmed allergen/s may assist to reduce symptoms in some people.
For information go to www.allergy.org.au/patients/allergy-treatments/allergen-minimisation

THUNDERSTORM ASTHMA

- Try to stay indoors just before, during and just after thunderstorms in pollen seasons if allergic to pollen.
Use preventer treatments such as intranasal corticosteroid sprays or combined intranasal corticosteroid/antihistamine sprays. Consider allergen immunotherapy (see below). If you also have asthma, use asthma preventers regularly.
For information go to www.allergy.org.au/patients/asthma-and-allergy/thunderstorm-asthma

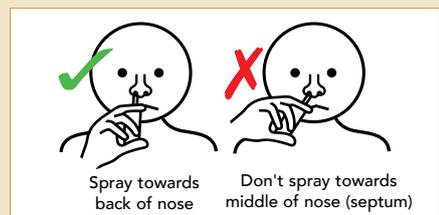
MEDICATIONS

- Intranasal corticosteroid spray: _____
 1 or 2 times/day/nostril for _____ weeks or _____ months or continuous
 Additional instructions: _____
or
 Combined intranasal corticosteroid/antihistamine spray:
 1 or 2 times/day/nostril for _____ weeks or _____ months or continuous
 Additional instructions: _____

Note:

- It is important to use these sprays correctly. See instructions below and directions for use.
- Onset of benefit may take days, so these sprays must be used regularly and should not be stopped every few weeks.
- If significant pain or bleeding occurs contact your doctor.
- Some treatments mentioned above require a prescription.

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 each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril.
5. Aim the nozzle away from the middle of the nose (septum) and direct nozzle into the nasal passage (not towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.



- Oral non-sedating antihistamine tablet: _____ Dose _____ mL/mg 1 or 2 times/day
 Additional instructions: _____
- Intranasal antihistamine sprays: _____ 1 or 2 times/day
 Additional instructions: _____
- Saline nasal spray or irrigation _____ _____ times/day or as needed
 Use 10 minutes prior if used with intranasal corticosteroid spray
- Decongestant: _____ nasal spray _____ times/day or tablet
Dose _____ tablets _____ times/day for up to three days (not more than one course/month)
- Eye drops or ointments: _____
- Other medications: _____

For information and links to animation videos go to www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis

ALLERGEN IMMUNOTHERAPY

If allergen immunotherapy has been initiated by a clinical immunology/allergy specialist or other doctor, it is important to follow the treatment as prescribed. Contact your doctor if you have any questions or concerns.
For information go to www.allergy.org.au/patients/allergy-treatments/immunotherapy

© ASCIA 2024 This plan was developed as a medical document to be completed and signed by the patient's doctor, nurse practitioner or pharmacist.

For more information on allergic rhinitis or allergic conjunctivitis, visit the links below:

Allergy & Anaphylaxis Australia

[Allergic Rhinitis Information](#)

[Allergic Rhinitis Management and Treatment](#)

[Allergic Conjunctivitis Information](#)

[Allergen Immunotherapy \(AIT\) for allergic rhinitis](#)

[Allergic Rhinitis and Allergen Immunotherapy Webinar](#)

[How to use a nasal spray correctly](#)

Australasian Society of Clinical Immunology and Allergy (ASCIA)

[Allergic Rhinitis Information](#)

[Allergic Conjunctivitis Information](#)

[Allergy Testing Information](#)

[ASCIA Treatment Plan for Allergic Rhinitis](#)



For more information about allergy management contact Allergy & Anaphylaxis Australia on 1300 728 000 or visit allergyfacts.org.au

The information contained in this resource is not medical advice. Those concerned about allergy management should always consult a doctor.

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