

<http://www.psa.org.au/selfcare>

Hay fever – not really a condition to be sneezed at

It's pretty well accepted that, in Australia, August is the windy month. And that means all those airborne pollutants and newly sprung pollens are blown into our nasal passages.

Traditionally, spring is said to be the start of the peak season for hay fever; however, hay fever is so common in Australia all year round that the terms seasonal and perennial have been superseded by a new classification: intermittent and persistent.

It seems we Australians are a sensitive bunch. About 20% of us suffer with some kind of allergic condition – asthma, eczema and allergic rhinitis – but allergic rhinitis (that is, hay fever) is the most common (this despite the fact that fever is not one of the symptoms and hay is only rarely implicated in the allergic reaction). Of course, many people suffer from all these conditions. Indeed, asthma and hay fever so frequently occur together that they are often considered just different forms of the one condition.

The symptoms of hay fever develop as the result of a super active immune system. That is: substances which in most people would cause no reaction, actually cause a severe allergic reaction in the really sensitive ones amongst us. Most people inherit the tendency to be a hay fever sufferer. If one parent has allergic rhinitis the child has around a 30% chance of having it also. If both parents are sufferers the risk increases to about 70%.

Certainly at this time of year the most likely trigger factors (or allergens as they're called) will be the windblown variety. Nevertheless, another common trigger factor is exposure to dust mite – these microscopic animals live with us in their millions in our pillows, blankets, bedspreads, doonas, cushions, curtains and carpets. Rather hard to avoid! And perhaps not such a pleasant thing to think about, but it's probably no surprise that so many of us get sneezy and wheezy when we breathe in the little creatures – whether they're dead or alive.

Similar year-round symptoms can be caused by animal dander – the dead skin cells from our pets, especially cats. Mould and mould spores can cause the same sort of problems.

Exposure to cigarette smoke – your own or someone else's – may increase sensitivity to allergies; and so-called occupational exposure may lead to a greater likelihood of developing hay fever. For instance, if you work with wood dust, seed dust, textile dust, rubber latex, some chemicals and certain foods and spices, then you may also have to work with hay fever.

The good news is that hay fever can usually be very well managed with medicines now available without prescription.

Of course avoiding trigger factors altogether is the best option. Clearly, that's not always possible. When medication is required, the one to choose will depend largely on the severity and frequency of symptoms. Mild symptoms occurring less than four days a week or less than four weeks at a time respond well to the new oral antihistamines.

If symptoms adversely affect sleep or work, school or leisure activities; or the symptoms persist for more than four days a week or more than four weeks at a time, then the so-called intranasal corticosteroid sprays (Beconase, Rhinocort or Telnase) will probably be most helpful. If extremely itchy eyes are a major concern the anti-allergy eye drops (Eyezep, Livostin or Zaditen) should be considered; and maybe Azep or Atrovent spray when the nose resembles a constantly dripping tap.

Your pharmacist can assist your selection of the most appropriate product ; and you can get even more detailed information on how best to manage hay fever from the "fact card" available from pharmacies providing the Pharmaceutical Society's Self Care health information. Log on to www.psa.org.au and click on *Self Care Pharmacy Finder* for the nearest location.