Nasal decongestant sprays can be used for up to five days, only occasionally, but never regularly, because they cause rebound congestion which causes swelling inside the nose when the spray is no longer used.

Steroid nasal spray treatment works best when:
• started before symptoms usually start, early in the hayfever season
• when used regularly

If you are pregnant or breastfeeding, steroid nasal sprays is the usual treatment of choice. It is advisable to avoid antihistamine tablets and treatment should always be discussed with your doctor.

Antihistamine medication will reduce symptoms of irritation but are not good at reducing a blocked nose. They can be taken as a tablet or spray for children and also as nasal sprays and eye drops. You can usually work within an hour and therefore if symptoms are mild or come and go, can be taken ‘as required’. If your symptoms are continuous you can also take this medication daily.

There are several brands of antihistamines. Non-sedating antihistamines such as Loratidine or Cetirizine, which are taken ‘as required’. If your symptoms are continuous you may need to take this medication daily.

An annual review before the pollen season begins and be continued for 3 years. Most patients will have some reduction in allergy symptoms from the first year onwards. There is evidence that immunotherapy also reduces the progression of rhinitis to asthma in some patients.

Monitoring the hayfever sufferer

A yearly review by your GP is advisable particularly in children, who should include growth assessment where steroid treatments are used regularly. An annual review before the pollen season starts allows your GP to provide early and therefore more effective prescriptions, before the airborne pollen causes troublesome symptoms.

3. Disease altering immunotherapy

For patients with severe hay fever symptoms that cannot be controlled by medications, your GP may refer you to an Allergy Specialist for allergen-specific immunotherapy. This may also be relevant for allergies to pets, insect stings and house dust mites.

Immunotherapy or ‘desensitization’ can reduce allergy to pollen and therefore a reduction in hayfever symptoms. It is done by a series of injections (subcutaneous immunotherapy), or by daily medication under the tongue (sublingual immunotherapy). The relief of symptoms continues for some years even after cessation of treatment.

Immunotherapy is mainly used for patients whose symptoms are severe and not helped by other treatments. You should discuss with your GP or allergy specialist whether you are suitable for this treatment. It should start well before the pollen season begins and be continued for 3 years. Most patients will have some reduction in allergy symptoms from the first year onwards. There is evidence that immunotherapy also reduces the progression of rhinitis to asthma in some patients.

Uncertainties
• Why not everyone with a positive allergy test to pollen has symptoms
• Why some hayfever sufferers grow out of their disease, whilst others progress to more persistent problems.

Grass pollen
silver birch pollen

as seen under a light microscope
as seen under a light microscope

Hayfever

ENT UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about hayfever. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment.

This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.

What is Hayfever?

Hayfever is the common name given to cold-like symptoms caused by inhaling plant pollen of certain trees or grasses.

Hayfever and COVID-19

The coronavirus pandemic is continuing into the hayfever season. Much (44%) transmission of this virus occurs when people are pre- or asymptomatic. Sneezing and coughing are likely to spread the virus widely so it is vital for hayfever sufferers, who may have COVID-19 without knowing, to control their symptoms well. Wearing a face covering is important when it is not possible to maintain social distancing, for example on public transport or in supermarkets.

All the medications mentioned in our ENT UK Hayfever leaflet are permitted, with the exception of oral or injected corticosteroids, these can be immunosuppressive and should be avoided at present in the management of hayfever.

Asthma sufferers should ensure that they continue to take regular preventer inhalers. There may be confusion between coronavirus symptoms and those of hayfever- both can cause cold-like symptoms. COVID-19 symptoms often include fever, dry cough and possible sudden complete loss of smell. In contrast hayfever symptoms are in part nature caused sneezing which often includes eye symptoms but without a temperature.

If in doubt, self- isolate and report your symptoms.

Disclaimer: This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

This leaflet has been authored by Janette Bartle, Glevis Scadding and Matthew Yung. ENT UK would like to thank the authors and reviewers for their contributions.

Last updated: March 2016
09/022

Grass pollen
silver birch pollen

as seen under a light microscope
as seen under a light microscope

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Please insert local department routine and emergency contact details here

If you would like to know more, visit our website at www.entuk.org

If you have any problems or questions, please contact:

Website disclaimer
Some sufferers have poor quality sleep, reduced ability to concentrate and function effectively at work or at school. Highly sensitive individuals can suffer hay fever symptoms even when the pollen count is low. When the pollen count is high, most people sensitised to the pollen are likely to have symptoms.

**Symptoms of hay fever include:**
- Itchy nose, with or without itchy ears, throat and eyes
- Sneezing
- Watery discharge from the nose and sometimes eyes
- Blocked nose
- Some people who are allergic to tree pollen also experience irriation in the throat when eating certain raw fruit and vegetables, such as apples and celery. This is due to a cross-reaction with pollen and is referred to as oral allergy syndrome.
- Some sufferers have poor quality sleep, reduced concentration and function effectively at work or at school. Examination performance is reduced especially if the sufferers are on sedating antihistamine medication.
- Some sufferers are so severely affected that they cannot go outdoors during the pollen season.

**Treatment of hay fever**

1. **Avoid exposing to pollen in the air**
   - Be aware of the pollen count
   - Avoid the countryside when the pollen count is high
   - Keep your windows shut when travelling in a car and ensure your car has a pollen filter
   - Avoid being outdoors at times when the pollen count is high, for example, when the air is warming in the mornings and cooling in the evenings
   - Keep the bedroom windows closed early morning and evening when the pollen concentration is high
   - Hide your pillow under the bed covers during the day to prevent pollen from settling on it when the windows are open
   - Wear glasses to protect your eyes from pollen when outside
   - Wash your face and hair and change your clothes when coming indoors on days when the pollen count is high

2. **Medication**

   For many people hay fever symptoms can be controlled with the counter medication; steroid nose sprays, antihistamine tablets/syrups/nose sprays and eye drops. Ask a pharmacist to guide you if you have never bought this type of medication before.

Saline sprays/douches are not medicated but will support nasal hygiene, wash away dry trapped allergens such as pollen and therefore help reduce symptoms. Adults and children will benefit from nasal douching as preparation to clean the nose before using a steroid nasal spray. This is also useful after being exposed to airborne allergens in everyday activities.

**Over the Counter Medications**

Which medication is most effective for which symptom?

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>MEDICATION</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blocked nose</td>
<td>Steroidal nasal spray and the most effective treatment for all nasal symptoms may also help reduce eye symptoms. They can be used together with eye drops and antihistamine medication.</td>
<td><a href="http://www.sterimarnasal.co.uk">www.sterimarnasal.co.uk</a></td>
</tr>
<tr>
<td>Itchy eyes</td>
<td>Eye drops</td>
<td>e.g. Flunisolide or Beclometasone</td>
</tr>
<tr>
<td>Watery eyes</td>
<td>Eye drops</td>
<td>e.g. sodium cromoglycate</td>
</tr>
<tr>
<td>Washy nose</td>
<td>Antihistamine tablets / syrups or nasal sprays</td>
<td>Oral tablets / syrups e.g. Loratidine or Cetirizine</td>
</tr>
<tr>
<td>Runny nose</td>
<td>Antihistamine tablets / syrups or nasal sprays</td>
<td>Oral tablets or syrups e.g. Loratidine or Cetirizine</td>
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