

# BSACI

**Improving Allergy Care**  
through education, training and research

## Allergic rhinitis

Allergic rhinitis (hay fever) is caused by an allergy to common airborne allergens such as house dust mites, pollen, pets, and moulds. It affects around a quarter of UK adults and 15% of children. Tree and grass pollen can cause allergic rhinitis in the spring and summer time, whereas people who have symptoms all year round are often allergic to house dust mites, moulds, or pets. Allergic rhinitis impacts school attendance and performance at work and can also affect quality of life due to sleep disruption, low mood, and poor concentration.

The most common symptoms are sneezing, blocked or runny nose, itchy or watering eyes. Some people may also experience an itchy palate or throat, headache, or blocked sinuses. However, allergic rhinitis can also cause tiredness, post-nasal drip, chronic mouth breathing, snoring, and sometimes symptoms of seasonal asthma such as cough, wheeze, or shortness of breath.

### Medication

First line treatment is antihistamines and/or steroid nasal sprays. Antihistamines help to relieve sneezing, runny nose, and itching. It is better to use non-sedating antihistamines such as cetirizine, loratadine and fexofenadine. Steroid nasal sprays reduce inflammation in the nose and relieve congestion and should be used correctly to be effective. The treatment should be started two weeks before the pollen season. Information on the correct way to use nasal sprays can be found at: [Nasal-corticosteroid-SOP-BSACI.pdf](#)

These medications may not always suit everyone, and if they are not tolerated or effective then other treatments may be prescribed. However, it is important not to use nasal decongestants as they can increase symptoms of nasal blockage and are not recommended for children.

**Avoidance measures:**

Pollen		Pets/Animals	House dust mites/Moulds
Minimise outdoor activities on high pollen days.		Minimise exposure to the animal.	Encase mattress, pillow, and duvet in allergen-impermeable fabric.
Wash hair/change clothes once returning home, on high-pollen days.			Wash bed linen at 60C at least every two weeks.
Keep windows closed in high pollen-season.			Keep your home dry and well ventilated.
Avoid drying clothes outdoors on high pollen days.			Avoid drying clothes indoors.
Nasal allergen barrier balms or normal saline nasal rinses may be helpful.			Regularly clean surfaces with damp cloth and Hoover carpets.
			Put stuffed soft toys in the freezer for 6 hours once a month.

**Immunotherapy**

Immunotherapy is prescribed for patients with severe symptoms of allergic rhinitis, who are not improving or responding to standard medications. Immunotherapy involves the use of injections (subcutaneous) or tablets/sprays/drops (sublingual) containing small amounts of tree/grass pollen or house dust mite. It is a long-term treatment, and the effects may last for several years after the treatment is stopped. However, immunotherapy is not a

cure for allergic rhinitis and symptoms often return after a period of no treatment.

Immunotherapy is currently available only in specialist centres and may not be suitable for everybody. For more information on Immunotherapy: [Registry for Immunotherapy \(BRIT\) - BSACI](#)