

Consumers

# Allergic rhinitis and your Asthma

What you should know



**NATIONAL ASTHMA COUNCIL  
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## Allergic rhinitis facts

- Allergic rhinitis is becoming more common.
- Approximately 16% of Australians have allergic rhinitis.
- It is most common among young to middle-aged adults: about a quarter of Australians aged 25 to 44 years have allergic rhinitis.
- Around 8% of Australian children and adolescents have allergic rhinitis.
- **Most people with asthma (up to 80%) have allergic rhinitis.**

**Rhinitis:** a condition in which the lining of the nose, back of the mouth and throat is inflamed. It becomes abnormally sensitive and can be irritated by cold air, fumes, strong odours, spicy foods or tobacco smoke. A person with rhinitis may experience itching or soreness, and may have a blocked or runny nose.

**Allergic rhinitis:** rhinitis that is caused by allergy. This means that the person's immune system reacts to specific substances (allergens) that do not bother most people. The most common allergens to cause allergic rhinitis when breathed into the nose are from house dust mites, pets, pollen and moulds.

## How allergic rhinitis can affect your asthma

It is important to know if you or your child has allergic rhinitis, because allergic rhinitis can make asthma harder to control. Effective treatment for allergic rhinitis can reduce the chance of severe asthma attacks, and make the lungs work better. Allergic rhinitis can also cause problems with sleep and concentration at work or school.

Runny nose, blocked nose and sneezing are caused by inflammation (swelling and irritation) of the lining of the nose and throat. The most effective treatments are corticosteroid nasal sprays: medications sprayed into the nose to prevent inflammation. The medications in these sprays are similar to inhaled preventers for asthma. People who have both asthma and allergic rhinitis should use **both a preventer nasal spray and a preventer asthma puffer** regularly.

People with asthma may not recognise that they also have allergic rhinitis, because the symptoms can be mistaken for asthma. Australian and international guidelines for doctors recommend that people with asthma should be checked for allergic rhinitis.

## What are the symptoms of allergic rhinitis?

The most obvious and easily recognised type of allergic rhinitis is “hay fever”. Hay fever causes itchy, runny nose and eyes during times of the year when people come into contact with pollens or other airborne allergens. But not everyone with allergic rhinitis has these symptoms. Symptoms of allergic rhinitis can be any combination of **itching** (in the nose, back of throat, and eyes), **sneezing, runny nose or eyes, and a blocked nose**. Allergic rhinitis can occur all year round when the allergen is dust mite or pet allergens.

### Allergic rhinitis can cause any of these symptoms:

- Frequent sore throats
- Hoarse voice
- A frequently blocked nose with no other symptoms
- A frequent throat-clearing cough, especially in children
- Breathing through the mouth, especially in children
- Snoring
- A feeling of pressure over the sinuses (on the front of the face and head)
- Frequent unexplained headaches
- Frequent middle ear infections, especially in children
- Coughing, especially in children when they lie down at night
- Bad breath
- Loss of sense of smell
- Disturbed or unsatisfying sleep, with daytime tiredness and poor concentration
- Frequent unexplained respiratory symptoms in a person whose asthma is stable and well controlled with appropriate treatment.

## What causes allergic rhinitis?

The most common allergens for people with allergic rhinitis are pollens, house dust mite, pets, moulds and cockroaches.

Seasonal allergic rhinitis (hay fever) is usually triggered by wind-borne pollen from grasses, weeds or trees. Symptoms are most common in spring and summer, but can occur at different times depending on the region and rainfall. In tropical northern regions, pollens can be in the air all year round. The amount of pollen in the air is highest:

- in the morning
- outside
- on windy days
- after thunderstorms.

Allergic rhinitis that persists throughout the year (perennial allergic rhinitis) is typically caused by allergy to house dust mite, pets or moulds. Most people with allergic rhinitis are allergic to more than one substance (typically pollen and house dust mite), so many will have symptoms all year or for weeks to months at a time.

Food allergies do not cause allergic rhinitis. When the nose becomes runny or blocked as a reaction to food (e.g. spicy foods, wine), this is not due to allergy but may indicate irritation or a chemical intolerance. Rhinitis in response to fumes (e.g. fragrances and paints) is not an allergic reaction, though it may respond to the treatments for allergic rhinitis.

## How do doctors diagnose allergic rhinitis?

Doctors assess whether a person is likely to have allergic rhinitis by considering symptoms, finding out about the person's environment, doing a physical examination, checking asthma control and investigating allergies. Usually, the doctor will check for rhinitis, then investigate whether this is caused by allergies. Most cases of rhinitis are due to allergy.

Your doctor may ask you about:

- when your symptoms started and whether they have become better or worse over time
- whether you normally have symptoms at particular times of the year
- anything that seems to trigger the symptoms or relieve them

- allergic conditions (including asthma due to allergies, skin allergies) and whether family members have allergies
- any medications you have tried (e.g. over-the-counter nasal sprays or tablets)
- your home environment, type of work and leisure activities.

Your doctor may also:

- measure how well your lungs are working using a spirometer, or arrange for you to have this test. If you normally test your own lungs using a peak flow meter at home each day, bring your results.
- offer allergy tests – either skin-prick tests or blood tests, or arrange for you to have these tests done by a specialist
- suggest that you try using a nasal spray for a few weeks
- refer you to an allergy specialist or an ear, nose and throat surgeon.

## Allergy tests

Skin prick testing and blood tests (RAST) are often done to confirm which triggers will set off your rhinitis. The results of allergy tests provide useful information when analysed together with information about your symptoms and other medical history.

Other methods that claim to test for allergy (e.g. cytotoxic food testing, kinesiology, Vega testing, pulse testing, reflexology and hair analysis) are **not** useful tests and should not be used.

## Avoid things that make your allergic rhinitis worse

People with allergic rhinitis should not smoke and should avoid other people's cigarette smoke. Smoking makes asthma and rhinitis worse, and can prevent medications working properly. Bushfires and wood smoke may worsen allergic rhinitis and asthma.

Often the same allergens will trigger both allergic rhinitis and asthma, so it is useful to identify triggers and avoid them if possible. Avoiding common allergens like pollens and house dust mite can be difficult and expensive.

## Important points

- There is no point attempting to avoid common allergens (e.g. pollens or house dust mite) unless a doctor has confirmed that you are allergic to these and that they are helping to cause your allergic rhinitis.
- Vacuum cleaners with high-efficiency particulate air (HEPA) filters may remove more allergen than other vacuum cleaners, but there is no evidence that doing this will help control allergic rhinitis or asthma.
- Sprays to kill mites, home dehumidifiers and air cleaning devices are not effective in controlling allergic symptoms and are not recommended.

## House dust mite

The house dust mite is a very common cause of allergies in humid areas of Australia. In theory, it makes sense for people who are allergic to house dust mite to try to avoid contact with mites, but there is not good evidence that this will improve symptoms.

Many ways of avoiding house dust mite have been suggested. In scientific studies, the two things most often reported to reduce the number of mites in the home are:

- Washing all bedding in hot water (must be over 55 degrees Centigrade)
- Covering mattresses and pillows with mite-proof cases. These are specially labelled and sold for preventing contact with house dust mite.

Your doctor may suggest other things you can do around your home. Some of the ways to avoid house dust mite are expensive and take up a lot of time.

## Grass pollens

The times of year when pollens are most likely to worry you depend on where you live. Use your nasal spray or antihistamine tablets before going outdoors when pollens cannot be avoided, and keep your asthma reliever and allergic rhinitis medication with you at all times. Some people avoid going outdoors on days with high pollen counts. Avoid hanging washing outside on windy days during pollen seasons.

Some overseas experts recommend sealing doors and windows, and wearing face masks or goggles outside to avoid pollens. These are usually not practical in Australia, but a mask might be useful in special situations, e.g. when driving a tractor during harvest.

## Pet allergens

If you are allergic to a pet and you must continue to live in the same household, keep it outside and never let it in the bedroom. You may not be able to control your symptoms properly if the pet remains in your house. Frequently washing pets **does not** make you less allergic to them and may harm them.

After removal of a pet from your home, clean the walls, floors and carpet thoroughly, because the particles that cause allergy stick to clothes and surfaces, and remain there long after the pet has gone. Your allergic symptoms may not improve even after you remove the pet. If you know that you are allergic to certain pets, ask friends to keep them outside when you visit, and take your medication before you go.

**Need more information?** There is detailed information about how to avoid allergens on the website of the Australasian Society of Clinical Immunology and Allergy ([www.allergy.org.au](http://www.allergy.org.au)).

## What is the best treatment for allergic rhinitis?

### Corticosteroid (anti-inflammatory) nasal sprays

Most people with allergic rhinitis will benefit from using nasal sprays containing medications that reduce inflammation in the lining of the nose (corticosteroids). These medications are available over the counter and on prescription. Your doctor can advise which is best for you.

For best results, these medications are taken regularly and long term, just like preventers for asthma. Corticosteroid nasal sprays for allergic rhinitis have a good safety record, including in children and people of all ages with asthma.

It can take up to 2 weeks to experience the full effect of treatment, so your doctor or pharmacist may suggest that you also use another medication for a short time to relieve your symptoms immediately.

For people who experience allergic rhinitis symptoms only part of the year, and can predict when symptoms will occur, it is sometimes possible to take a corticosteroid nasal spray for 6 weeks or more, then stop.

## Other medications

- **Antihistamine tablets** (available over the counter) are effective against itching and sneezing. They can be used alone (for people who only need intermittent relief) or in combination with other medications including nasal sprays. Newer antihistamines are less sedating. Your doctor or pharmacist may advise you to take antihistamines before going anywhere that usually triggers your allergy symptoms.
- **Antihistamine nasal sprays** (available over the counter) can provide quick relief of itching and sneezing. They can be used as well as a corticosteroid nasal spray.
- **Decongestant nasal sprays and tablets** are used to unblock the nose. These should never be taken for more than a few days at a time.
- **Saline irrigations:** Your doctor may recommend that you use a salt water (saline) solution daily to help clear your nose and soothe the lining of the nose. Various types are available from pharmacies.

Other medications may be prescribed by your doctor or suggested by your pharmacist.

Before taking any medication for allergic rhinitis, you should tell your doctor or pharmacist if:

- you have any other medical conditions or are pregnant
- you are taking other medications (including over-the-counter, complementary medicines or food supplements)
- you have been experiencing nose bleeds.

## Get the most out of your nasal spray

If you take any type of nasal spray, read the manufacturer's instructions carefully and follow the directions to make sure you get the most benefit. Ask your pharmacist or doctor to explain anything you don't understand.

Most nasal spray devices include these steps:

1. Clear any mucus from your nose by blowing gently.
2. Tilt head slightly forward. (This helps make sure the spray lands where it will work best, instead of running down the back of your throat.)
3. Put the nozzle into your nostril, and don't push it right up into the nose.
4. Point the nozzle towards the outside of the nostril, never towards the middle. Avoid touching the wall between the nostrils, because it can be damaged.
5. Breathe in gently while you spray, to let the mist fall onto the inside of your nose. (All spray devices are different, so follow the manufacturer's instructions.)  
Do not sniff sharply because this will make most of the spray go down your throat or windpipe instead of staying in the nose where it can work best.
6. Breathe out through your mouth.

## I'm pregnant – can I take allergic rhinitis medications?

If you have troublesome symptoms of allergic rhinitis, or if effective medication for your allergic rhinitis helps control your asthma symptoms, your doctor might recommend that you take medication while you are pregnant.

Some corticosteroid nasal sprays have a good safety rating for pregnancy. There is also good evidence for the safety of these medications from very large numbers of pregnant women who have taken these same medications in an inhaled form (puffer) for asthma.

If you discover that you are pregnant while using medications for allergic rhinitis, tell your doctor. Most allergic rhinitis medications have no particular safety concerns for pregnant or lactating women, so the risk of harm to the foetus is very low. While medications are generally avoided in pregnancy, particularly during the first trimester, some allergic rhinitis medications have been taken by pregnant women with no evidence of harm.

## How is allergic rhinitis treated in children?

Treatments for allergic rhinitis in children are generally similar to those used in adults.

- Corticosteroid nasal sprays are appropriate in children who need long-term treatment, and some can be used in children as young as 3 years.
- Newer, less sedating oral antihistamines are effective for children whose symptoms are only mild or only need intermittent treatment. Some can be taken by children as young as 12 months. The older, more sedating antihistamines should be avoided.

## What is immunotherapy (desensitising therapy)?

Specific allergen immunotherapy (desensitisation) is an effective treatment for allergic rhinitis in some people and can achieve lasting relief from symptoms. Over time, it reduces the immune system's tendency to overreact to an allergen.

Immunotherapy may be considered if your allergic rhinitis is mainly due to one allergen that you cannot avoid. To find out if this treatment option might work for you, you need to be referred to a specialist allergist.

Oral and injectable forms of immunotherapy are available in Australia. Injectable immunotherapy, which is by far the more common form, involves weekly to monthly injections over 2–3 years. Side effects can occur, including serious allergic reactions. It is not safe for people with severe or poorly controlled asthma. Oral immunotherapy involves daily treatment at home, and is expensive.

## Follow-up

After you have begun taking medication for allergic rhinitis, whether over-the-counter or prescribed by a doctor, tell your GP so that your allergic rhinitis can be checked whenever you have an asthma check-up. You may need to visit a specialist or doctor with expertise in allergy if:

- your symptoms are severe or not responding to treatment
- you think you may have to change jobs or move house to improve your allergic rhinitis
- the diagnosis is not certain.

## Key messages

- In people who have allergic rhinitis and asthma, effective treatment for allergic rhinitis is important to help keep asthma under control.
- Find out what triggers your rhinitis and asthma. It is important to avoid the allergens are a problem for you as well as using medications.
- Corticosteroid nasal sprays are the most effective available treatments for allergic rhinitis.
- Patients with allergic rhinitis severe enough to affect everyday activities or worsen asthma control will need long-term preventer nasal medication – just like asthma preventers.

## Further information

For further information about asthma, visit the National Asthma Council Australia website at:  
[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

or contact your local Asthma Foundation on 1800 645 130

For further information about allergy, visit the Australasian Society of Clinical Immunology and Allergy website at:  
[www.allergy.org.au](http://www.allergy.org.au)

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