

## Nasal Allergy

*Nasal allergy, commonly known as hay fever, is characterized by itchy eyes, nose and throat, persistent runny nose, watery eyes, sneezing, nasal congestion and sometimes frontal headache.*

### Causes

These symptoms occur when the body mistakenly identifies certain things as dangerous and reacts to them as if they were germs or viruses. Your allergy began when for some reason your body became sensitive to a particular substance called an antigen or allergen. In the process, air-borne allergens cause the immune system to produce Immunoglobulin (IgE) antibodies to fend off these "foreign intruders." These IgE antibodies attach themselves to mast cells lining the nose, eyes and air passages. This causes the release of histamine which swells the nasal membrane and causes sneezing, nasal congestion and itchy, watery eyes. It is suspected that the tendency to develop allergies is inherited.

### Common Allergens

Common allergens include dust mites, animal dander, molds, mildew and fungi, inhalants and plant pollens. Spring pollens include trees, while summer pollens suggest grasses, and fall allergies, weeds.

The nasal mucosa of people with nasal allergy seems to be more susceptible than normal to the effects of tobacco smoke, weather changes, air pollution, emotional stress, alcohol, and infections. These triggering factors add to what doctors call your "allergic load", the amount of allergens your body can handle at any given time. If you exceed your allergic load, symptoms develop.

### Treatment

Once diagnosed, your clinician may recommend medication to decrease symptoms. Allergy testing is usually not required but may be beneficial if medications are not helpful.

### Tips for Allergy Sufferers

- During peak allergy season keep house and car windows closed; use air conditioning, which cleans, cools and dries air.
- Stay indoors when the pollen count or humidity is high and on windy days when dust and pollen are stirred up.
- Minimize morning activity when pollen is most usually emitted (10 a.m. – 4 p.m.).
- Eliminate exposure to cigarette smoke.
- Vacuum frequently, particularly in the bedroom, and don't forget the mattress.
- Use Dacron or foam pillows instead of down – wash these frequently.
- Remove dust collectors such as rugs, drapes, stuffed furniture, and stored blankets from your bedroom.
- Regularly wash damp areas of your home to prevent growth of mildew.

### Medications for Nasal Allergy

**Antihistamines** - for runny nose, sneezing and cough try an antihistamine. The most effective antihistamines are first generation, although they tend to cause drowsiness. Examples of first generation antihistamines are brompheniramine (generic for DimeTapp), \*chlorpheniramine (generic for Chlor-Trimeton and Singlet), \*diphenhydramine (generic for Benadryl), and \*doxylamine (generic for NyQuil and Alka-Seltzer Plus Night-Time Cold Medicine).

The newer (non-sedating) antihistamines **do not** appear to have the same degree of effectiveness. Examples are \*Loratadine (Claritin), Fexofenadine (Allegra – prescription required), and \*Cetirizine (Zyrtec).

**Decongestants** - for stuffy nose and congestion use a decongestant. The only effective oral decongestant currently available is \*pseudoephedrine. You must ask the pharmacist for this medication (regulated because of illegal use to make methamphetamine), although no prescription is required. Decongestants purchased off the shelf contain phenylephrine and are much less effective. Oral decongestants may produce rapid heart rate, blood pressure elevation, nervous stimulation, and restlessness which may interfere with sleep.

An alternative to the oral medication is a decongestant nose spray oxymetazoline hydrochloride (generic Afrin). This can rapidly relieve nasal obstruction. When the decongestant effect of the drug wears off, nasal obstruction rapidly returns. Therefore, this can be very effective, but limit use to 3 days (if used twice daily) or 5 – 6 nights (if only used at bedtime). Overuse by just a few days can result in "rebound" obstruction and mucosal damage.

\* Available over-the-counter at the UHS Pharmacy.

**Nasal steroids** are sprayed directly inside your nose. They work to prevent your nose and sinuses from becoming inflamed when exposed to an allergen such as pollen. Clinical studies have shown that they are safe and highly effective in reducing symptoms. Adverse effects are rare and usually due to irritation from the spray solution itself. Relief is not immediate! The maximum effect usually occurs within 2 weeks. Nasal steroids are best used continuously for weeks to months, depending on your symptoms.

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**Cromolyn Sodium** nasal spray is effective in seasonal allergic rhinitis by preventing the mast cells from releasing inflammatory substances. Adverse effects are relatively rare.

**Leukotriene inhibitors** are newer medications once used for asthma treatment. They are anti-inflammatory medications and have been found to be effective in some individuals with nasal allergies.

**Immunotherapy** (allergy shots) is generally reserved for those individuals who fail to sufficiently respond to the above treatment methods.

### Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

### Appointments

Appointments can be made online via the UHS website, by phone or in person. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments call 863-0774 or schedule your appointment online through the UHS website

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