



## Spring

PHARMACY ASSISTANT INFORMATION

## Hay fever



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**Note: Allergy Sinus is the 2<sup>nd</sup> or 3<sup>rd</sup> biggest FOS department in most pharmacies and hay fever season means 'busy, busy!'**

## Hay fever

What is hay fever:

An allergy is a reaction or increased sensitivity to particular substances in the environment - known as allergens. Rhinitis is 'inflammation of the lining of the nose'. Rhinitis can have one or more of the following symptoms: *nasal congestion, runny nose, sneezing, itching etc.* The symptoms of hay fever (also called allergic rhinitis) occur after your body releases histamine in response to an allergen. This response usually starts by allergens being deposited within the nasal passage.

Hay fever affects around 15-20% of the population in Australia.

### Symptoms:

Persistent sneezing; itchy runny nose (rhinorrhoea); nasal congestion (stuffy nose); puffy, watery, itchy eyes; itchy or lumpy skin; headache; sinus pain and difficulty breathing (asthma) are all possible symptoms of hay fever.

Because hay fever is due to an allergy, patients often suffer from other allergic conditions such as asthma, eczema or hives. The symptoms of these conditions may worsen when hay fever hits.

**Sinus pain:** Blocked nose and sinuses. Pain, pressure and aching across the sinuses, around the cheeks, eyes and forehead, especially when bending forward.

**Chronic vs acute:** During the hay-fever season, allergy symptoms may last weeks or even months in some people. If symptoms do not go away after the usual hay fever season, the patient may be suffering from perennial (year-round) allergic rhinitis.

Note - People who have "cold" symptoms all the time, may have an allergy.

**Prognosis:** With lifestyle adjustments, appropriate medication and advice, hay fever and allergy/sinus sufferers can control their symptoms and lead a normal, happy and healthy life.

### Causes:

Hay fever is the common name for 'allergic rhinitis', an allergic reaction that occurs when the body is exposed to air-borne irritants (allergens) such as pollen, pet hair, grass or house dust mites. Allergens stimulate the body to release a chemical called histamine which attempts to rid the body of allergens, such as pollen. Histamine is responsible for the symptoms of hay fever.

Hay fever can occur anytime during the year, but it is more common in spring when the pollen count is higher. Reactions differ depending on the irritants in the air. Hay fever may persist all year round and this may require symptom management on a continual, regular basis.

Histamine is released from the mast cells in response to allergens.

Other causes of rhinitis may include infection, aspirin sensitivity, abnormal nasal anatomy, foreign body (e.g. sultana up your nose), or a more chronic condition.

### Triggers (allergens):

Allergens responsible for seasonal hay fever include grass pollens, tree pollens and fungal mould spores. High pollen levels tend to occur in the months of spring and early summer.

*Perennial allergic rhinitis* occurs when symptoms are present all year round and is commonly caused by the house-dust mite, animal dander (skin cells), feathers etc.

Sinus problems occur when the sinuses (the air space in the bones behind the nose) become inflamed & blocked. Many people's sinus problems begin with an allergy, although sinus problems may be caused by a viral or bacterial infection.

## Lifestyle adjustments

- *Keep house and car windows closed*
- *Use air conditioning &/or filtering systems in both home & car during the pollen season*
- *Wear sunglasses & face masks*
- *Remove plants that trigger your hay fever from your garden*
- *Remove mould from walls, curtains etc.*
- *Keep air conditioners & filters clean If you suffer year-round symptoms*
- *Keep pets outdoors*
- *Remove carpets or place plastic covers over carpeted areas*
- *Replace carpet areas with a hard surface e.g. Lino, cork, tiles, wood or slate*
- *Enclose mattress, quilts & pillows in special zippered plastic covers or use low allergy bedding products*
- *Wash bed linen in hot water & leave blankets in the sun for at least 4 hours to kill dust mites*
- *Remove sheepskins, hides, feather pillows and quilts from your bedroom*
- *Make your whole house or some special parts, smoke free*
- *Dust with a damp cloth, avoid sweeping*
- *Repair plumbing leaks to help stop mould growing*
- *Remove dust collectors such as books, dried flowers, curtains, upholstered furniture from your bedroom*
- *Reduce the use of home deodorisers, mothballs & insect sprays or use low irritant formulas*
- *Avoid wood burning fires and kerosene/oil heaters in the home*
- *Exercise to help clear the nose – swim in an indoor pool or work out in an air-conditioned gym if pollens etc. trigger your hay fever*

## What you need to know:

- **The patient's age:** symptoms of hay fever may start at any age, although they start more commonly in children (particularly young boys) and young adults. There is often a family history of hay fever. The age of the patient must be considered before suitable medication can be recommended.
- **Symptoms: What are the symptoms and how long have you had them?**
  - Rhinorrhoea: a runny nose is a commonly experienced symptom of hay fever. Ensure that the discharge is of a thin, clear and watery consistency, as thicker, coloured, more purulent discharge can indicate a viral or bacterial infection.
  - Nasal congestion: the inflammatory response caused by the allergen produces vasodilatation of the nasal blood vessels and so may result in nasal congestion. Severe congestion may result in headache and occasionally earache.
  - Nasal itching: this is a very common occurrence in hay fever.

- Eye symptoms: itchy, watery eyes may result from tear duct congestion and as a direct result of pollen grains being caught in the eye, setting off a local inflammatory response. Some sufferers may find they are hypersensitive to bright light (photophobic).
  - Sneezing: often the first allergic symptom of hay fever is sneezing, shortly followed by runny nose, then progressing to nasal congestion.
- ***Duration of symptoms:*** determining whether the patient is suffering from seasonal or perennial (all the time) rhinitis can also give us direction as to the most appropriate choice of medication.  
e.g. sufferers that present for the first time around September when the pollen count is higher than usual are likely to be suffering from seasonal hay fever. Perennial allergic rhinitis can usually be distinguished from seasonal hay fever by questioning about the timing and the occurrence of symptoms.
- ***Previous medications tried by patient:*** It is useful to find out what the patient has tried before. This will save you and the customer time and effort discussing options that have not previously worked well. It can also reduce the likelihood of giving the patient a medication that will interact with other current medications etc. If over the counter (OTC) medications are failing to control symptoms, the patient may need to be referred to their doctor.
- ***Symptoms / conditions that need to be referred to the pharmacist:***
- **Pregnant or breast feeding:** The pharmacist will need to assess whether or not the benefits of treating the condition outweigh the risks.
  - **Wheezing, tightness of chest, shortness of breath, or excessive coughing:** These symptoms may indicate the onset of an asthma attack. Some people may only experience asthmatic attacks during hay fever season.
  - **Earache and/or facial pain:** like colds and flu, hay fever can be complicated by secondary bacterial infection in the middle ear or sinuses. If the patient complains of persistent, severe pain, refer them to the pharmacist.
  - **Coloured discharge:** if the irritated, watery eyes become increasingly painful and exude a coloured, sticky discharge, a secondary infection may exist. Refer these patients to the pharmacist.
  - **Failed medication:** a patient may need to be referred to the pharmacist and possibly to their GP if a number of OTC products have been unsuccessful.
- ***Other Medications or Medical Conditions***
- If the patient is taking any other medications or is suffering from other medical conditions, then you need to refer to the pharmacist.

## General notes on product knowledge

- *Medicines can't stop you being allergic, but they can relieve or prevent symptoms*
- *For sneezing & an itchy, runny nose, an antihistamine tablet or mixture may help*
- *Non-drowsy antihistamines are preferable if you are driving or doing other activities where you need to be alert*
- *For stuffy or runny nose, decongestant tablets, nose drops, or sprays can be used alone or with an antihistamine. Some combination preparations exist*
- *For itchy, red, watery eyes (no pus) antihistamine/decongestant eye drops may help*
- *To prevent rebound congestion, decongestant nose drops/sprays or eye drops should not be used for more than 4-5 days*
- *A saline nose spray can also help clear sinuses*
- *To prevent hay fever & possible sinus problems, a preventative medicine (e.g. a steroid nasal spray) may be used. This can be started before the allergy season begins to stop you getting your allergy and sinus symptoms as often.*
- *Sinus pain may be relieved by pain relievers such as paracetamol or ibuprofen.*

## Pharmacy options

These will depend upon the range and preferences in your pharmacy, please discuss with your pharmacists.

**Antihistamines** block the action of histamine and can help reduce the symptoms of allergy such as sneezing, itchy and runny nose or red, itchy, puffy, watery eyes. They are available as tablets, liquids or capsules; nasal sprays; and eye drops. To manage mild, intermittent hay fever symptoms use a non-drowsy antihistamine.

Antihistamine eye drops can quickly reduce symptoms of red, itchy, puffy, watery eyes. Some products also contain a decongestant to reduce redness.

**Decongestant** nasal drops, or sprays, can relieve a congested or runny nose but should only be used for a maximum of 5 days in a row to avoid rebound congestion.

Oral antihistamines are sometimes combined with a decongestant medicine such as phenylephrine to help clear a blocked nose.

**Corticosteroid nasal sprays** help to reduce nasal inflammation and congestion. They are recommended for moderate to severe hay fever and should be used every day during the hay fever season. They are most effective with consistent use.

If your patient experiences hay fever all-year around, you can suggest they use corticosteroid nasal sprays which can be used long term. If using continuously for more than 6 months, then they should consult your pharmacist or their doctor. Corticosteroid nasal sprays provide some relief within in a few hours but can take several days to reach full effect.

**Nasal saline** spray or drops can help to wash away pollen and other irritants in the nose. They are suitable to use in conjunction with other treatments however, should be used about 10 minutes before other medicated nasal sprays. **Should be offered every time!**

**Pain** in the sinus areas may require treatment with an analgesic such as paracetamol or anti-inflammatory medicine like ibuprofen. You can suggest your patient takes paracetamol and/or ibuprofen with antihistamine medication.

## Scenario:

Mr Georgiadis comes into the pharmacy and requests something for his runny nose.

## What you need to find out...

- What is the nature of the nasal discharge → watery, clear, coloured, thick, ???
- How severe is the nasal discharge → running like a tap, not too bad, ???
- When did it start, and does he know what could have caused it?
- Any other symptoms?
- Has he had this problem before?
- Has he taken any medications for it yet?
- Is he on any other medications for anything else?

## Upon questioning you find out...

The nasal discharge is clear, watery and profuse. The symptoms began just after he started work in the garden this morning. His eyes are red, itchy and watery. He had been sneezing very regularly. It seems to happen at the same time each year, and last year the pharmacist gave him some tablets to take, which seemed to do the trick. He is not on any other meds.

**Treatment Option A:** Clearly Mr Georgiadis is suffering from hay fever i.e. an allergic response. A combination eye drop, combined with an oral non-sedating antihistamine should help with the immediate symptoms. He may wish to start a nasal corticosteroid as he has mentioned that he is allergy prone.

**Treatment Option B:** A combination product containing an antihistamine and a decongestant may help relieve the man's symptoms. A combination eye drop will give him more rapid relief from eye related symptoms.

## Marketing ideas

- Enable all pharmacy assistants access this information pack and discuss at a staff meeting.
- Role plays of scenarios is an excellent way for team members to become confident and proficient in providing customer service to a level that ensures best patient outcomes.
- Obtain posters and other display material from supplier representatives - create a display
- Make sure the allergy section is well stocked, ticketed and laid out
- Many pharmacies have Colds and Flu next to Sinus Allergy so consider reducing the C&F space and increasing the Sinus Allergy shelf space as the season changes.
- Ensure the Health Information Brochures for hay fever are well stocked and correctly positioned on shelf

