Education

Hay Fever

What is hay fever?

Hay fever is usually an allergic reaction to pollens of trees, grasses, and weeds. Sometimes it is an allergy to mold spores. Hay fever may occur any time of the year. It generally occurs in the spring, summer, or fall. Hay fever is also called seasonal allergic rhinitis.

How does it occur?

Allergic symptoms result from reactions of your body to substances that it sees as foreign. Substances that cause an allergic reaction are called allergens.

The allergens that cause hay fever are pollen and mold. They float in the air and are spread by the wind. The type of pollen in the air depends on the growing season and area of the country. Tree pollens cause most spring hay fever. In the summer, grass and some weed pollens are usually the cause. From late summer to the first frost, other weed pollens cause hay fever.

The parts of the body that may be affected by hay fever are the eyes; the lining tissue of the nose, sinuses, and eustachian tube (which connects the middle ear with the back of the throat); and, less often, the lungs. When the pollen or molds come into contact with these tissues in an allergic person, cells in the tissues release a chemical called histamine. Histamine causes the tissues to itch, swell, and produce more mucus or tears than is normal.

As many as 1 in 10 people suffer from hay fever at some time in their lives. Hay fever is more common in people with other allergic conditions such as asthma or eczema. Hay fever tends to run in families.

What are the symptoms?

Common symptoms of hay fever are:

- sneezing
- stuffy or runny nose
- itchy nose, throat, or ear canals
- ear congestion
- itchy, watery eyes
- postnasal drainage.

Other symptoms are:

- shortness of breath, especially with exercise or exertion
- coughing
- wheezing.

How is it diagnosed?

Your health care provider will ask about your history of symptoms. If your symptoms occur just in certain seasons, your health care provider will suspect that you have hay fever. A check of your ears, nose, throat, and lungs may confirm the diagnosis.

Because the treatment for most cases of hay fever is the same, regardless of what you are allergic to, allergy testing is usually not necessary unless you need allergy shots.

How is it treated?

If you know what you are allergic to—pollens, for example—you can try to avoid the allergens. For example, using an air conditioner rather than an attic or window fan lessens the amount of pollen that gets into your home.
Many hay fever symptoms are so mild that they need no treatment. Or you may just need to take a nonprescription medicine once in a while. If you need further treatment, a variety of medicines are available, such as decongestants, antihistamines, and steroid nasal sprays.

**Decongestants** shrink the swollen lining tissues of the ear, nose, and sinuses. Possible side effects of decongestants are trouble sleeping, rapid heart rate, and elevated blood pressure.

**Antihistamines** fight the effects of histamine on your tissues. You may need to take these medicines only when your symptoms are bothering you. In more severe cases, you might take them daily during your allergy season(s) to prevent symptoms.

There are different types of antihistamines. Drowsiness is a common side effect of many antihistamines. This may not be a problem if a dose at bedtime is all you need. Or you might try the medicine for several days despite the drowsiness. Often the drowsiness goes away after you have taken the drug for 3 to 5 days. Some non-sedating antihistamines are available that usually don’t cause drowsiness. They work well for most people, but they tend to cost more than other antihistamines.

It is safe to take antihistamines and decongestants together unless you have had a bad reaction from taking either type of medicine.

If antihistamines do not help eye symptoms caused by your allergy, your health care provider may prescribe eye drops.

Prescription **nose sprays** containing steroid medicine are very effective in preventing or minimizing nasal and sinus congestion, runny nose, and postnasal drainage. A nonprescription nose spray containing cromolyn is also very effective. These nose sprays work best to relieve symptoms if you use them on a regular basis during the allergy season.

Other nonprescription nose sprays with the active ingredient oxymetazoline, such as Afrin, may actually make nasal congestion worse after several days of use. This type of spray is not recommended.

Symptoms that affect your breathing are treated with medicines used to treat asthma, such as:

- quick-acting, inhaled bronchodilators to treat symptoms
- other types of inhaled medicines to prevent symptoms.

If your symptoms bother you a lot despite the medicines you are taking to treat the hay fever, or if you often have complications, such as ear or sinus infections or asthma attacks, your health care provider may suggest allergy shots. You will need tests for specific allergies. For most people, the best tests are skin scratch or prick tests. For these tests, a health care provider places tiny amounts of suspected allergens under your skin and looks for reactions. These allergy tests may find which allergens are causing your symptoms.

For your allergy shots, a mixture is prepared that contains the allergens identified in your allergy tests. The mixture is injected into your skin in tiny but increasing amounts over the course of many months. Over time, the shots make you less sensitive to the allergens. Usually after 4 to 6 months of allergy shots you will begin to have relief from your allergies. However, you will probably need to continue the shots for 2 to 3 years or longer.

**How long will the effects last?**

Allergies last different amounts of time for each person. Allergies can develop at any age. Children with hay fever may continue to have seasonal allergies as they grow older, or the allergies may go away over time. If you start having allergies as an adult, you will probably continue to have them. However, the allergies may stop if you move to an area where the substances causing your allergies are not present.

**How can I help myself?**

- Follow your health care provider's advice for controlling your hay fever.
- If you usually get symptoms during housecleaning or yard work, wear a mask (available in drugstores) over your nose and mouth during these chores. Don't stay in the house when someone else is cleaning your house.
- Vacuum your carpets, curtains, and soft furniture often. Clean your hard floors with a damp mop or cloth.
- Remove any mold you find in your home. Use paint rather than wallpaper on your walls. Don't put carpet in damp areas.
- Stay away from trees and grasses as much as you can in the pollen season.
- Keep doors and windows shut in the pollen season. Use an air conditioner, if you have one, in your house and car.
- Shower or bathe at night to remove pollens or other allergens from your hair and skin.

**What can be done to help prevent hay fever?**

There is no known way to prevent allergies. However, some research has shown that breast-fed babies may be less likely to develop allergies and asthma. Also, if your family has a very strong history of allergies, you might try to avoid your family's
most common allergens. For example, you might need to stay away from cats. This might help stop you from developing severe symptoms.

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