



## **Moss Grove Surgery-Kingswinford**

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# **Did you know . . .**

### **Your Monthly Guide to Health Related Issues**

#### **Hay Fever**

The season for many of us has started therefore we thought it might be useful to learn some facts about hay fever.

Who gets it? Potentially anybody can get hay fever, but it's more common in families with a so-called atopic tendency. This means a family history for asthma, eczema, urticaria (nettle rash), hay fever and food intolerances. It usually starts in children and teenagers, but can start at any time in life.

What is it? It's a hypersensitivity reaction to pollen. The term is used quite loosely for all sorts of allergy reactions that can cause a runny nose and itchy eyes, but strictly only applies to an allergy reaction towards grass pollen. Often patients would like 'tests' for this, but the diagnosis is made by symptoms and the timing of these symptoms in relation to the season or the month we are in. People affected between March and May have likely a tree pollen allergy. If you are mainly affected from April towards July are likely to have a grass pollen allergy. Some of us have symptoms all year and this raises the possibility of a dust allergy (dust mite droppings).

Symptoms are a runny and itchy nose with lots of sneezing - called an allergic rhinitis. Itchy, swollen and red eyes - called an allergic conjunctivitis. Many of us get an itchy palate (in the mouth) and feel generally drained and lethargic. In fact there is evidence that children who don't have their pollen allergies treated underperform in school!

There is no such thing as a cure, but treatment is quite simple without problematic side-effects. Homeopathic remedies have consistently shown not to work. Newer forms of therapy include immunotherapy (injection or tablets) which need to be taken regularly over 3 years. This treatment is reserved for severe cases and usually started by a specialist, but has been quite disappointing so far with regards to the results - certainly no cure.

Standard treatments include eye drops, steroid nasal sprays and antihistamine tablets. They can be used individually or in combination - it depends on symptoms and what suits you. There is not much difference between various steroid nasal sprays and different antihistamine tablets however the pharmaceutical industry often advertises certain preparations in being better, more effective etc. than others. Once independent reviews happen these claims are rarely held up. Therefore you'll find us prescribing the cheapest preparation on the market and that doesn't mean it's not working - usually the opposite: the cheaper preparations are the ones longest on the market and have been intensely researched. Because of the length of time they have been around, they have lost their license, therefore anybody can produce them and that pushes the price down.

Cetirizine and Loratidine (both non-sedating) and Chlorphenamine (sedating) are standard antihistamines - the others are far more pricey, without extra benefits other than more money for the pharmaceutical industry and less for the NHS. The important part is knowing how to take these tablets. Antihistamine cannot muscle onto the receptor where histamine sits - it needs to wait until it drops off to hop on. So when you are in the middle of the season and many of the receptors are blocked by histamine the antihistamines aren't effective immediately but require a loading phase of one week or so. The best way to deal with this is start taking them one month before the season starts! Sometimes you get used to one antihistamine and it doesn't show the initial good effect anymore - this is called 'tachyphylaxis' in pharmacological terms, and you need to simply switch to another antihistamine for a bit before returning to your old one.

We have a similar scenario with steroid nasal sprays - Beconase is the standard spray, but as it has run out of its license anybody can produce it, therefore the price has dropped. The pharmaceutical industry has responded and has come out with various sprays claiming they are better tolerated, less side-effects or even treat eye symptoms as well - yet again not much evidence for this. Important thing is that when you take one of these sprays - that you don't sniff it up as the steroid goes straight into your lungs rather than treating your nose.

And that's all there is. Patient UK has some fantastic leaflets which you can access via the internet.