

# Asthma – and Allergic Rhinitis



The information in this booklet is not intended to replace the advice of your health care professional



*sponsored by an educational grant from*



# Dear Friend,

As a well-travelled botanist, television presenter and environmental campaigner, I have seen for myself the wonderful and varied influence that Mother Nature exerts on the lives of people all around the globe.



I am sure that you feel as strongly as I do about the need to protect natural habitats from the many threats they currently face.

With the increasing changes both in our countryside and our lifestyles, increasing numbers of people are being diagnosed with asthma and other allergies, including three members of my own family. As a result people can now find it difficult to head out into the countryside to appreciate the wonder of beautiful forests, hedgerows and wildflower-strewn summer meadows. It's no fun to experience endless runny noses, sneezing and watery eyes as soon as the first grass of the summer is cut.

I have had a fascinating series of meetings with Irish doctors and nurses to examine why as many as one in ten Irish people have hayfever and why Ireland has the fourth highest rate of asthma in the world. These conditions are up to three times more common than they were 20 years ago and, if not tackled, can make life both outdoors and at home a hostile experience.

But all is not doom and gloom. Science and medicine are hard at work with doctors unravelling the causes of these conditions and are coming up with medicines and techniques which can help us cope with these effects.

And to help people like you and me to breathe a little easier, the Asthma Society of Ireland - in association with Merck Sharp & Dohme Ireland (Human Health) Ltd. has produced this booklet. It contains useful advice on controlling allergies and asthma and will help you read your way to better comfort!

Take care and enjoy the great outdoors!



David Bellamy

# Asthma – Living with Allergic Rhinitis (Hayfever)

Every year approximately one in ten people in Ireland experience the discomfort of allergic rhinitis (hayfever). Some people only have symptoms during the summer (called seasonal allergic rhinitis). Others have symptoms all year round (called perennial rhinitis). If you have asthma, allergic rhinitis can make asthma worse. This booklet describes the symptoms and causes of both conditions. It offers practical advice on how to avoid your triggers and find the treatment that is right for you.

Between 60% and 80% of people who have asthma also have allergic rhinitis. Both asthma and allergic rhinitis are caused by an allergic reaction and the two conditions frequently overlap.

## A new way of looking at asthma and allergic rhinitis

International guidelines from the Allergic Rhinitis and its Impact on Asthma panel (ARIA) in association with the World Health Organisation (WHO) emphasise that because these related conditions are both caused by inflammation in the airways, they should be treated together.



# One airway one disease

As previously mentioned asthma and rhinitis are related conditions linked by a common airway. The air we breathe in passes through our nose (at the start of our airway), then continues down the airway into the lungs. Anything that stops the free passage of air has the potential to cause problems.

With asthma the breathlessness and wheezing is caused by narrowing of the small branched airways in the lungs (or bronchioles). Inflammation of these small airways causes increased phlegm, making the obstruction worse. The dry cough that develops is an attempt to clear the airways.

In allergic rhinitis the obstruction occurs in the nose. Blocked and runny nose occurs because the inside of the nasal membrane has become inflamed. In the same way as coughing is an attempt to clear the obstruction in the lower part of the airway, sneezing is an attempt to clear the mucus from the upper part of the airway.

## Seasonal allergic and perennial rhinitis

### What are they?

Seasonal allergic rhinitis is a seasonal condition. People with seasonal allergic rhinitis are allergic to pollen and spores. Pollen is the tiny, dust-like particles given off by certain types of trees, grasses, weeds and flowers. Spores are given off by fungi and moulds.

In some people symptoms occur all year round. This condition is called "perennial allergic rhinitis" (or perennial rhinitis). This is usually caused by an allergy to things (or allergens) present in everyday life, such as house-dust mites, furry or feathery animals, or some foods. If you have an allergy, your body reacts when you come into contact with certain allergens. As soon as you inhale them, or if they get into your eyes, they irritate the sensitive linings of your nose, throat and eyes. This causes the symptoms of seasonal or perennial rhinitis to appear.



# What causes seasonal allergic rhinitis?

There are more than 30 types of pollen and 20 types of spores that can trigger seasonal allergic rhinitis:

- Grass pollen is the most frequent cause
- Tree pollen can also cause problems: Troublesome trees include the alder, horse chestnut, hazel and most commonly birch.
- Weeds like plantains, mugwort, nettles and docks.
- Wind-pollinated flowers (e.g. the Daisy family)
- Spores are produced by fungi such as mushrooms and moulds like those in compost heaps.

Some people's symptoms are triggered by just one or two of the above, others are affected by more.

Different pollens and spores are released throughout the year. To identify which ones you are allergic to, make a note of when your symptoms occur as it is possible using a pollen calendar to work out which plants may be responsible for your symptoms. The most common allergen is grass pollen, this is most evident between April and early September.

# What causes perennial rhinitis?

The major indoor allergens that cause perennial rhinitis are the house-dust mite and furry and feathery animals. Other things that can cause problems all year round are moulds, certain chemicals and some foods.

Unfortunately it can be very difficult to identify exactly which allergens are causing your problems. It's a good idea to keep a diary card, record the times when your symptoms are worse and try to identify what might have triggered them. Discuss the results with your GP, who may help to identify your main allergens or failing that may refer you to an allergy specialist.



# Making a diagnoses

An accurate diagnosis of allergy is important so that correct treatment and the correct management plan can be implemented.

Your doctor may ask you for a detailed account of of:

- Your allergic reactions
- Past medical history
- Home and school environment
- Relevant family medical history, e.g. history of allergy

Allergy tests can be helpful in diagnosing or confirming specific allergies e.g. pollen, animal dander. Examples of these tests include:

- Skin allergy tests
- RAST (radioallergosorbent) is a blood test

Trial of treatment may also be tried. This is where your doctor commences appropriate anti-allergy treatment and observes for symptom improvement or failure of symptoms to improve.

## What are the symptoms?

Typical symptoms of seasonal and perennial rhinitis are:

- Sneezing
- Itchy, blocked or runny nose
- Red, itchy or watery eyes
- Itchy throat, inner ear or mouth
- Headaches
- A loss of concentration and generally feeling unwell.

Different people will experience different symptoms. Some people might experience all the symptoms. Others might experience only a few.

The common cold can often be confused with seasonal and perennial rhinitis because they cause similar symptoms. However, a cold normally lasts for around week. Sneezing, a streaming nose and itchy eyes, which persist for a few weeks, may well be due to either seasonal or perennial rhinitis.

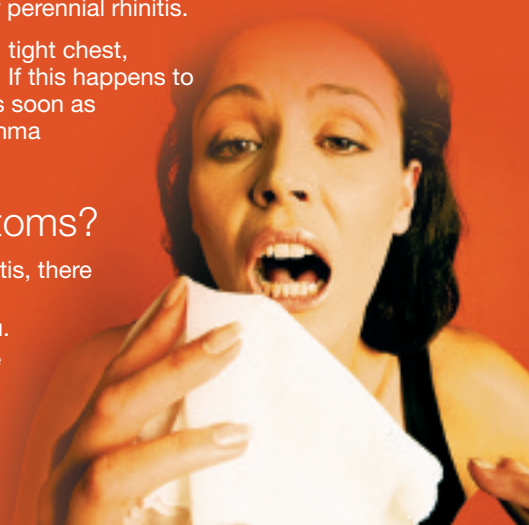
Allergens can also trigger asthma symptoms: tight chest, shortness of breath, coughing and wheezing. If this happens to you, speak to your healthcare professional as soon as possible. They may review your personal asthma management plan.

## How can I control my symptoms?

Whether you have seasonal or perennial rhinitis, there are two main courses of action

- Try to avoid those allergens that affect you.
- Take effective medication (as allergens are impossible to avoid completely).

A combination of the two is often the most successful method of controlling symptoms.



# Seasonal Rhinitis

## Avoiding the pollen and spores

Pollen are the tiny airborne particles given off by trees, weeds and grasses, for the purposes of fertilisation and reproduction. Pollen and spores are a problem in towns and cities as well as in the countryside. This is because they are small and light enough to be carried in the air over great distances during the course of the day.

Most pollen is released in the morning and rises upwards with the heat of the day. It then gets blown overland by winds and breezes. The pollen then sinks back to earth late afternoon or early evening as the temperature starts to drop.

Although it's difficult to avoid pollens and spores completely, there are several sensible and worthwhile precautions you can take.

### Indoors

- Keep doors and windows closed especially mid-morning and late afternoon to early evening. These are the times when the pollen count is usually at its highest.
- Vacuum regularly using a high-efficiency particulate air (HEPA) filter and dust with a damp cloth.
- Avoid drying your clothes outside. But if you do, shake them before bringing them back into the house. This will get rid of any pollen and spores that might have blown onto them.
- If you have been out walking or gardening, shower, wash your hair and change your clothes when you get back in.
- Splash your eyes with cold water regularly. This will help flush out any pollen and will also soothe and cool your eyes.
- Keep fresh flowers out of the house.
- Keep furry pets out of the house during the hay fever season.
- If your pet comes indoors, wash or bathe them regularly to remove any lingering pollen from their fur, and confine the pet to a designated area in the house (avoiding the bedroom) ideally one with no carpets/upholstery.
- Ask others to refrain from smoking in your home. Smoking and breathing in other people's smoke irritates the lining of your nose, eyes, throat and airways. This may make your symptoms worse.



## Outdoors

- Check the pollen forecast before venturing outside. This will give you an idea of how high or low the pollen count is in your area.
- Try to stay indoors if there is a high pollen count.
- Wear wraparound sunglasses, these will help stop pollen blowing into your eyes.
- Smear Vaseline inside your nose. It might sound horrible, but it can help to stop pollen and spores from settling on the lining of your nose.
- Try to stay out of places with lots of grass, like parks or fields.
- Keep your car windows closed. Some cars can be fitted with pollen filters. Ask at your local garage for further details.
- Try to avoid mowing the lawn or weeding. These activities can create clouds of pollen and spores. A micro-fibre facemask may be helpful.
- If you enjoy gardening, consider creating a friendly environment for yourself. For further information see our leaflet “Gardening with Asthma and Allergies and Creating an Allergy-Friendly Garden”.
- When exercising outdoors breathe through your nose.
- A cycle mask or special nose filters sold for hayfever will reduce the amount of pollen you inhale at peak pollen times.
- Avoid roadways or industrial plants, exhaust fumes and air pollution may make symptoms worse.



# Perennial rhinitis

## Avoiding indoor allergens

If you have perennial rhinitis and are allergic to the house-dust mite, the following tips may help:

- Encase mattress, pillows, duvet in allergen-proof covering.
- Hot wash (at 60°C) all bedding at least once a week.
- Vacuum frequently using a high-efficiency particulate air filter (HEPA) vacuum cleaner. Vacuum mattresses, curtains and soft furnishings.
- Dust regularly with a damp cloth.
- Reduce the number of cuddly toys and wash at 60°C
- For more information visit our website and view a video on the allergy friendly home.

### Other tips

- Think carefully before getting a pet for the home.
- If you already have a pet, keep it out of the lounge and bedroom areas and bathe it regularly.
- Cease smoking and ask visitors to refrain from smoking in your home.

## Treatments for seasonal and perennial rhinitis

There is no cure for either seasonal allergic rhinitis or perennial rhinitis. However, in most cases symptoms can be controlled effectively.

The following lists are some of the most widely used treatments for seasonal and perennial rhinitis. For some you need a prescription from your doctor, others can be bought over the counter. Talk to your healthcare professional and they will help you to find the most suitable treatment.



## Antihistamines

Antihistamines provide quick relief for symptoms such as sneezing, runny nose, itchy, watery eyes and itchy throats. They work by stopping many of the effects of histamine - one of the chemicals the body releases during an allergic reaction.

They come in oral preparations and nasal sprays. Loratadine, cetirizine and acrivastine are some examples, but there are many others.

**Side effects:** Newer antihistamines cause little if any sleepiness, but older types such as chlorpheniramine can make you drowsy. Avoid taking these older types if you are going to drive, operate machinery or sit an exam.

Terfenadine may rarely react with other medicines (for example, antibiotics and even grapefruit juice) to produce possibly dangerous side effects. Always check with your doctor or pharmacist.

## Decongestant sprays

Decongestant sprays may be used occasionally to relieve stuffy or blocked noses. However, if you use them too often the symptoms come back (or 'rebound').

## Preventer treatments

Preventer treatments are used to prevent nose and eye symptoms developing in the first place. They do this by suppressing the allergic reaction in the nose and eyes. They are very effective at controlling seasonal and perennial rhinitis symptoms if used regularly each day. For seasonal allergic rhinitis treatment should be used prophylactically and commence 2-3 weeks before the allergen is airborne.

Eye drops, nasal sprays and nose drops are available. Some contain a corticosteroid (for example, beclomethasone, fluticasone, and flunisolide). Others contain sodium cromoglycate. Ask your healthcare professional as there are many others available.

**Side effects:** Some preventer treatments contain a small amount of corticosteroid. They do not generally cause side effects. Some patients report irritation and occasionally nose bleeds. Other patients find that eye drops sting a little.

If you need to take corticosteroids long-term, discuss with your doctor, nurse or pharmacist.

**Remember: always read the label and do not exceed the stated dose.**

## Leukotriene Receptor Antagonist

Another option available for people with mild to moderate asthma and seasonal allergic rhinitis is a leukotriene receptor antagonist (LTRA). This is to be taken as an oral tablet and is available on prescription. A LTRA blocks the action of naturally occurring chemicals in the lungs called leukotrienes – an underlying cause of allergy symptoms which can lead to inflammation in both upper and lower airways.

# Saline Nasal Rinse

Saline nasal rinse may reduce the symptoms of nasal allergies and may be an important adjunct to conventional treatment.

# Immunotherapy

Allergen immunotherapy is used where the first line treatments discussed on the previous page (antihistamines, intranasal steroids, allergen avoidance measures) have been ineffective.

It involves giving repeated doses of the allergen (what you are allergic to) over a **long** period of time, in an effort to desensitise you to the allergen. At present this therapy may be offered to people with dustmite and/or grass/tree pollen allergy. **People undergoing immunotherapy should be adequately assessed and be under the care of a physician who is fully trained in the management of allergic disease.**

# How to administer your medications

For any treatment that you use read the patient information leaflet that comes with the medicine to ensure you are taking it properly.

## Nasal Spray Technique

Nasal spray is sniffed directly into the nasal cavity to stabilise the lining. The nasal spray is taken as follows:

- Standing upright
- Head tilted slightly forward (make sure spray nozzle is clear and can eject the medication)
- Breathe out
- Pinch one nostril closed
- Squirt spray and immediately sniff up through the other nostril. Do not sniff too hard the solutions may go too quickly to the back of the throat
- Repeat the procedure on the other side

## Nasal drops

There are 2 methods, use whichever is most comfortable for you. Follow the instructions and make sure you stay in the position long enough to allow the drops to take effect.

### OPTION 1:

1) Blow nose. 2) Remove cap from bottle. 3) Lie down on a bed on your back with your head back over the end of the bed, looking up to the ceiling. 4) Put the required number of drops into each nostril. 5) Stay in this position for 2 minutes.

### OPTION 2:

1) Blow nose. 2) Remove cap from bottle. 3) Kneel down. 4) Bend your neck forward as much as possible. 5) Put the crown of your head on the floor. 6) Insert drops and stay in this position for several minutes while drops reach their target.

Ask your healthcare professional to check that you are taking your medicine correctly.



# How do I know which treatments to take?

If you have seasonal allergic rhinitis, early preventative treatment is the most effective. Talk to your health care professional about which treatments to take.

If symptoms are intermittent and mild there are options. The list below includes medicines that may be used on their own, or in combination with each other, according to the level of response. The patient's response is reviewed by their health care professional:

- An oral antihistamine with or without an antihistamine nasal spray
- An antihistamine nasal spray on its own
- A nasal decongestant spray or drops
- Saline Nasal Rinse
- Eye-drops
- A Leukotriene receptor antagonist tablet

If symptoms persist, the treatment will include those listed above and the following may be added:

- Corticosteroid nasal spray

For severe persistent symptoms the following may be considered:

- Immunotherapy

Other important factors to consider are:

- Compliance with medication
- Inhaler technique
- Allergen avoidance

## Do complementary treatments work?

Some people find that complementary therapies can help relieve their seasonal or perennial rhinitis symptoms. However, there is little scientific evidence that they are effective when used on their own. If you want to try one of the many complementary treatments available, tell your doctor and do not stop taking your normal medication.



## How to cope at exam time

If you are getting ready to sit an exam, it is important that you get your symptoms under control as early as possible.

Once your seasonal allergic rhinitis is under control you will find yourself sleeping better at night. You will feel much fresher during the day and will be able to concentrate much harder on your revision.

### In the months before the exam

- See your healthcare professional well in advance to make sure you have the appropriate treatment.

### On the big day

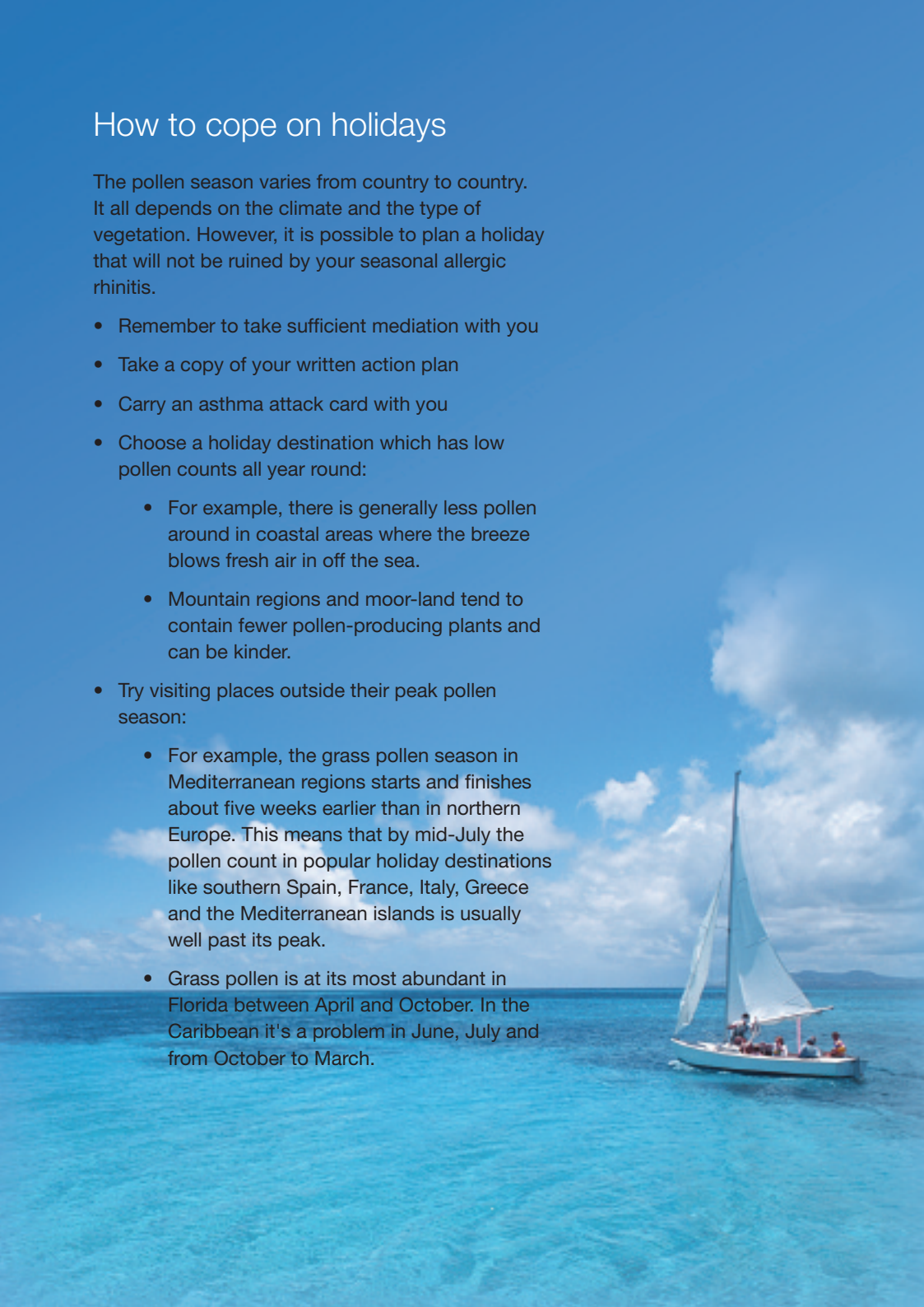
- Don't forget to take your medication!
- It may be beneficial to arrange for exam seating away from open windows.
- Splash your eyes with cold water before going into the exam room.
- Keep a supply of tissues and effective, quick-acting treatments close at hand just in case.



# How to cope on holidays

The pollen season varies from country to country. It all depends on the climate and the type of vegetation. However, it is possible to plan a holiday that will not be ruined by your seasonal allergic rhinitis.

- Remember to take sufficient medication with you
- Take a copy of your written action plan
- Carry an asthma attack card with you
- Choose a holiday destination which has low pollen counts all year round:
  - For example, there is generally less pollen around in coastal areas where the breeze blows fresh air in off the sea.
  - Mountain regions and moor-land tend to contain fewer pollen-producing plants and can be kinder.
- Try visiting places outside their peak pollen season:
  - For example, the grass pollen season in Mediterranean regions starts and finishes about five weeks earlier than in northern Europe. This means that by mid-July the pollen count in popular holiday destinations like southern Spain, France, Italy, Greece and the Mediterranean islands is usually well past its peak.
  - Grass pollen is at its most abundant in Florida between April and October. In the Caribbean it's a problem in June, July and from October to March.



# The Asthma Society

We are a national voluntary association of people with asthma, their parents, medical personnel and all those with an interest in the condition.

## Purpose and Vision

We provide information, advice and reassurance to people with asthma and to their immediate families.

We run campaigns on behalf of people with asthma to promote awareness and understanding of the condition and we represent our members' interests in policy-making forums at a national and European level. We also support a number of research programmes which we hope will ultimately lead us to achieving our goal of an Ireland free from asthma.

The Society provides the following services:

- **Advice line managed by qualified asthma nursing specialists**
- **Information literature**
- **Information days and seminars**
- **Medical Research**
- **Magazine** - distributed periodically to members

It costs just €25 to join the Society and benefits include access to the Asthma Society Magazine, free booklets and peak flow meters at a special rate.



### For more information contact

Asthma Society of Ireland,  
26 Mountjoy Square, Dublin 1.

Tel: (01) 878 8511

Fax: (01) 878 8128

Email: [office@asthmasociety.ie](mailto:office@asthmasociety.ie)

[www.asthmasociety.ie](http://www.asthmasociety.ie)

[www.facebook.com/asthmasociety](https://www.facebook.com/asthmasociety)

# Asthma Patients' Allergic Rhinitis Self-Assessment

Please fill in the questionnaire below, by placing a tick (3) in either the Yes or No boxes below for each question.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • During the last year have you experienced symptoms such as nasal congestion, itching nose, watery eyes, sneezing or runny nose during the day? | <input type="checkbox"/> | <input type="checkbox"/> |
| -----  |                          |                          |
| • During the last year have you experienced such symptoms at night, that make it difficult to fall asleep or that awaken you?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| -----  |                          |                          |
| • Do you experience these symptoms more than one day per week?   | <input type="checkbox"/> | <input type="checkbox"/> |
| -----  |                          |                          |
| • Do these symptoms affect your job, home activities, schoolwork, or family activities in a negative way?  | <input type="checkbox"/> | <input type="checkbox"/> |
| -----  |                          |                          |
| • Do you find that your asthma tends to get worse when these symptoms occur?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "Yes" to any of these questions you should discuss this with your doctor.

For more information on asthma and allergic rhinitis log on to [www.asthmasociety.ie](http://www.asthmasociety.ie)

# Becoming a member of the Asthma Society of Ireland

Don't let asthma control you – take control of your asthma

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Tel: (01) 878 8511 Fax: (01) 878 8128  
Asthma Advice Line: 1850 44 54 64  
Email: office@asthmasociety.ie  
www.asthmasociety.ie  
www.facebook.com/asthmasociety



## Membership details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	Address	<input type="text"/>
First name	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>
		Mobile	<input type="text"/>

## Membership type

Individual membership	€25 per annum	<input type="checkbox"/>	I would like to receive a copy of the bi-annual magazine Asthma News	<input type="checkbox"/>
OAP/Unwaged	€15 per annum	<input type="checkbox"/>	I would like to receive a copy of the quarterly e-news bulletin Asthma eNews	<input type="checkbox"/>

## Additional donation

In addition to my membership fee I would like to make a one-off gift to the Asthma Society of Ireland of €

In addition to my membership fee I would like to make a recurring gift to the Asthma Society of Ireland of €  per month/per quarter/per year

## I would like to become a member by setting up a standing order

Please pay the Asthma Society of Ireland the sum of:

€  on the  day of   (Please make this at least a month from today's date)

and afterwards on the same day  monthly  quarterly  annually

until further notice and please debit my account accordingly.

Office use only Instructions to bank or building society: pay to Asthma Society of Ireland A/C 37426590, sort code 90-00-17, Bank of Ireland, College Green, Dublin 2, quoting reference

Bank account number

Bank sort code

Bank name

Bank address

Signed  Date

## I would like to become a member by credit card

Please debit my credit or debit card €

Card No

Expiry date  CCV No

Signed  Date

I enclose a cheque  postal order  made payable to the Asthma Society of Ireland for €

Donations of €250 per annum (€21 per month) or more made by PAYE taxpayers could be of extra benefit to the Asthma Society of Ireland as it may be eligible for tax relief of up to €174 from the Revenue Commissioners at no extra cost to you. Contact us for more details.



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**Dr. Paul Carson, Slievemore Clinic**

For further information on asthma visit our website at:

**[www.asthmasociety.ie](http://www.asthmasociety.ie)**

**[www.facebook.com/asthmasociety](https://www.facebook.com/asthmasociety)**

Or phone our Asthma Line at **1850 44 54 64.**



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