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HAY FEVER

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- Hay fever is an allergic reaction, when an allergen comes into contact with your mouth, nose, eyes and throat.



HOW DOES IT HAPPEN

- When a person has hay fever, his/her **immune system** identifies a harmless airborne substance as harmful. The immune system then produces antibodies to this harmless substance. The next time body comes in contact with the substance, these antibodies signal the immune system to release chemicals such as histamine into bloodstream, which cause a reaction that leads to the signs and symptoms of hay fever.
- In case of hay fever its an airborne allergen and the sensitive parts of body are nose and its connected parts i.e mouth eyes and throat.



- **Hay fever vs commom cold.**

It looks just like cold but its a very sudden response with a normal substance not virus or bacteria . There is clear watery discharge frm nose with no fever. Unlike cold, it lasts for weeks and months as long as The person is exposed to that substance.

- **Hay fever vs asthma.**

In asthma, sensitivity is in bronchioles instead of nose lining. So cough is common in asthma without sneezing. However a study shows 80 % of people who have asthma also have hay fever.



RISK FACTORS

- Allergic conditions
- Family history

People who have other allergies or asthma, and those with a blood relative (such as a parent or sibling) affected with allergies or asthma, have high risk of having hay fever.



TRIGGERS

- **Outdoor allergens**

pollens, animal fur or feathers

- **Indoor allergens**

mold, dust mites, pets

- **Irritants**

smoke, gases, air fresheners, perfume, diesel exhaust,
cleaning solutions sometimes

- **Nose problems**

Polyps

Deviated nasal septum

Most common Trigger is pollen. Tree pollen, in early spring and grass pollen in late spring summer while Ragweed pollen is in fall, especially when it's warm, humid and windy. . Pollen is released in the morning and carried higher into the air by mid-day. It descends a to 'nose-level' in the late afternoon. Rain washes pollen out of the air.

SYMPTOMS



Sneezing and
coughing



A runny or
blocked nose



Itchy, red or
watery eyes



Itchy throat, mouth,
nose and ears



Loss of
smell



Pain around the
temples and forehead



Headache



Earache



Feeling tired



Complications

- Reduced quality of life with poor sleep.
- Further worsening of existing asthma.
- Ear infection
- In children,
 - Decreased concentration
 - Memory problems
 - Decreased decision-making capacity
 - Impaired hand-eye coordination
 - Irritability
 - Sleep disorders



DIAGNOSIS

- History
- Skin test
- Blood tests

Physician asks about how you developed the symptoms, associated conditions and current medications. He also asks about the Environment you live in and if any family member has the similar condition.

Skin tests are done to check the sensitivity of immune system and blood tests may be done to check sensitive antibodies.



TREATMENT

- Reduce exposure
- Medications

TO REDUCE EXPOSURE

DO

- Stay indoors whenever possible
- Keep windows and doors shut as much as possible
- Cleaning, vacuum often dust with a damp cloth. Take frequent showers and rinse nose regularly to prevent allergens from accumulating in sensitive areas.
- Check TV, radio and newspapers for the next day's pollen count and plan your schedule accordingly
Put used tea bags in the fridge. They make great soothing compresses to relieve swollen or puffy eyes.
Use "mite-proof" bedding covers to limit exposure to dust mites and a dehumidifier to control mold. (If you smell mildew, you are likely to have mold).



Precautions for going outside

- Buy a pollen filter for the air vents in your car.
Use Vaseline around your nostrils to trap pollen and use mask.
Wear wraparound sunglasses to stop pollen getting into your eye.
Shower and change your clothes after you've been outside to wash the pollen off.
Take allergy medications before you're exposed to allergens, as directed by your doctor.
Choose seaside breaks for holidays as off shore breezes blow pollen away.



AVOID

- Cutting grass or walking on grass or spending too much time outside. Keep fresh flowers in the house.

Avoid drying clothes outside – they can catch pollen.

Don't let pets into the house if possible – they can carry pollen indoors.

Avoid smoking and areas that may have smoke, it makes your symptoms worse.





MEDICATIONS

- Steroids
- Antihistamines
- Decongestants
- Allergy shots
- Immunotherapy

Your GP may recommend Steroids and decongestants to reduce congestion, blocking and discharge.

Antihistamines reduce the abnormal immune response. They work best when taken before going outside and must be taken timely. These strategies are to reduce or prevent symptoms but they can't actually cure the disease. However they are 1st line of tx but there have been recent advances in this aspect. That is immunotherapy.



IMMUNOTHERAPY

Patient is given very small amount of allergen that don't cause symptoms but make the body adapt to it over a period of time. This reduces sensitivity. Previously there were allergy shots or injections but now there are sublingual oral tablets available. These are given 2 to 4 months before allergy season and continued for 3 years. They can actually get rid of this disease and are very effective in controlling symptoms. Always take advice from your doctor as other allergic conditions may need to be managed before starting this treatment.

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