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Nasal Allergy

Nasal allergy, commonly known as hay fever, is characterized by itchy eyes, nose and throat, persistent runny nose, watery eyes, sneezing, nasal congestion and sometimes frontal headache.

Causes

These symptoms occur when the body mistakenly identifies certain things as dangerous and reacts to them as if they were germs or viruses. Your allergy began when for some reason your body became sensitive to a particular substance called an antigen or allergen. In the process, air-borne allergens cause the immune system to produce Immunoglobulin (IgE) antibodies to fend off these “foreign intruders.” These IgE antibodies attach themselves to mast cells lining the nose, eyes and air passages. This causes the release of histamine which swells the nasal membrane and causes sneezing, nasal congestion and itchy, watery eyes. It is suspected that the tendency to develop allergies is inherited.

Common Allergens

Common allergens include dust mites, animal dander, molds, mildew and fungi, inhalants and plant pollens. Spring pollens include trees, while summer pollens suggest grasses, and fall allergies, weeds.

The nasal mucosa of people with nasal allergy seems to be more susceptible than normal to the effects of tobacco smoke, weather changes, air pollution, emotional stress, alcohol, and infections. These triggering factors add to what doctors call your “allergic load”, the amount of allergens your body can handle at any given time. If you exceed your allergic load, symptoms develop.

Treatment

Once diagnosed, your clinician may recommend medication to decrease symptoms. Allergy testing is usually not required but may be beneficial if medications are not helpful.

Tips for Allergy Sufferers

- During peak allergy season keep house and car windows closed; use air conditioning, which cleans, cools and dries air.
- Stay indoors when the pollen count or humidity is high and on windy days when dust and pollen are stirred up.
- Minimize early morning activity when pollen is most usually emitted (10 a.m. – 4 p.m.).
- Eliminate exposure to cigarette smoke.
- Vacuum frequently, particularly in the bedroom, and don’t forget the mattress.
- Use Dacron or foam pillows instead of down – wash these frequently.
- Remove dust collectors such as rugs, drapes, stuffed furniture, and stored blankets from your bedroom.
- Regularly wash damp areas of your home to prevent growth of mildew.

Medications for Nasal Allergy

Antihistamines attach to the same receptors as histamine. Thus, histamine can be released from the mast cells but fails to cause any allergy symptoms because its receptors are already blocked by the antihistamines. Some antihistamines are available without a prescription and effectively block histamine but some have unwanted side effects, like drowsiness or feeling “out of it”. In recent years, non-sedating antihistamines are available with and without a prescription and are highly effective. Always tell your clinician about any medications you are taking and take your medication exactly as prescribed.

Decongestants reduce swelling by shrinking the size of the tiny blood vessels in the nose. These medications are widely available without a prescription and are often combined with antihistamines. Decongestants may raise blood pressure and heart rate and interfere with sleep by causing restlessness. Nasal sprays containing a decongestant also work to shrink swelling and open nasal passages, but must not be used more than 2 days.

Nasal steroids are sprayed directly inside your nose. They work to prevent your nose and sinuses from becoming inflamed when exposed to an allergen such as pollen. Clinical studies have shown that they are safe and highly effective in reducing symptoms. Adverse effects are rare and usually due to irritation from the spray solution itself. Relief is not immediate! The maximum effect usually occurs within 2 weeks. Nasal steroids are best used continuously for weeks to months, depending on your symptoms.

Cromolyn Sodium nasal spray is effective in seasonal allergic rhinitis by preventing the mast cells from releasing inflammatory substances. Adverse effects are relatively rare.

Leukotriene inhibitors are newer medications once used for asthma treatment. They are anti-inflammatory medications and have been found to be effective in some individuals with nasal allergies.

Immunotherapy (allergy shots) is generally reserved for those individuals who fail to sufficiently respond to the above treatment methods.

Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

Appointments

Appointments can be made in person or by phone. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments, call: 863-0774

For more information about health care issues, visit the UHS Web site at www.sa.psu.edu/uhs

This publication is available in alternative media on request.

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