

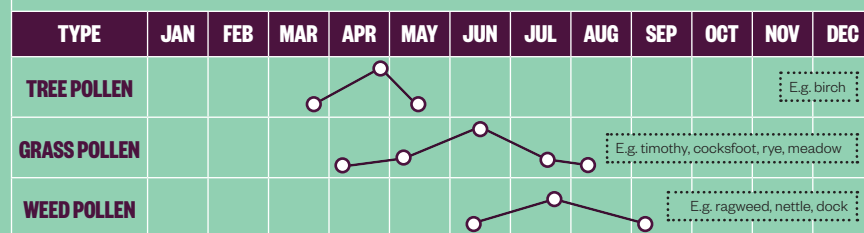
# HAY FEVER: OTC management

More patients may seek advice on hay fever in the future since NHS England has advised GPs not to routinely prescribe products that are available over the counter for this condition.

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## CAUSES

Hay fever is a common allergic reaction to pollen, with the main triggers being tree, grass and weed pollens, which are produced between March and September.



Source: Clinical Pharmacist 2016;8(8):249–255

## MANAGEMENT












The first steps in the management of hay fever should be allergy avoidance, and saline irrigation may reduce patient reported disease severity. Patients with mild hay fever symptoms (those that do not impact daily life) are typically started on an oral antihistamine, whereas patients with moderate or severe symptoms are initiated on nasal corticosteroid. If one treatment fails (e.g. oral antihistamine), the patient can try another (e.g. nasal corticosteroid).

### ORAL ANTIHISTAMINE

#### Reduces

- Sneezing;
- Rhinorrhoea;
- Itching nose, palate and eyes.

The new generation of antihistamines (e.g. cetirizine and loratadine) should be recommended as the older generation (e.g. chlorphenamine) can cause unwanted effects, including sedation and psychomotor impairment.









**Cetirizine**      
or  
**Loratadine**      
or  
**Acrivastine**    

### NASAL CORTICOSTEROID

#### Reduces

- Sneezing;
- Congestion;
- Rhinorrhoea;
- Itching nose, palate and eyes;
- Eye symptoms.

Intranasal steroids take several days to reach full effectiveness and maximal effect may not be apparent for two weeks.

**Beclomethasone dipropionate**    
or  
**Triamcinolone**    
or  
**Fluticasone**    
or  
**Budesonide**  

If symptoms persist, check concordance, use and dose

#### Consider adding:

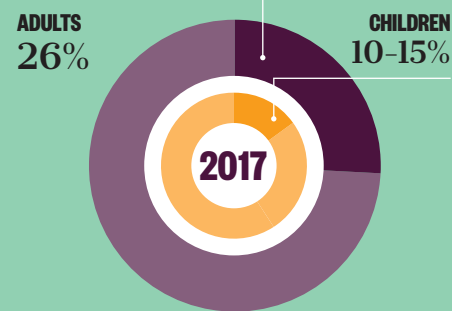
- Eye drops to manage ocular symptoms (e.g. sodium cromoglicate);
- Nasal decongestant as a short-term adjunct for up to seven days if nasal congestion is severe (e.g. xylometazoline hydrochloride).

There is no evidence that an oral antihistamine confers additional benefit to a nasal corticosteroid alone.

Symptoms persist or treatment ineffective

## PREVALENCE

### PEOPLE WITH ALLERGIC RHINITIS IN THE UK



Source: Clin Exp Allergy 2017;47(7):856–889

Seasonal allergic rhinitis caused by airborne allergens – in particular pollen – are commonly referred to as hay fever.

The number of antihistamines dispensed in England has increased by 39% from 9.8 million items in 2008 to 13.6 million items in 2018



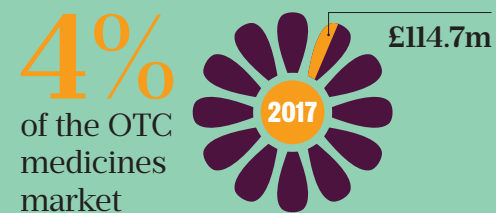
Source: NHS Digital; Prescription cost analysis in England 2008–2018

The number of nasal allergy drugs dispensed in England has increased from 5.3 million items in 2008 to 7.2 million items in 2018



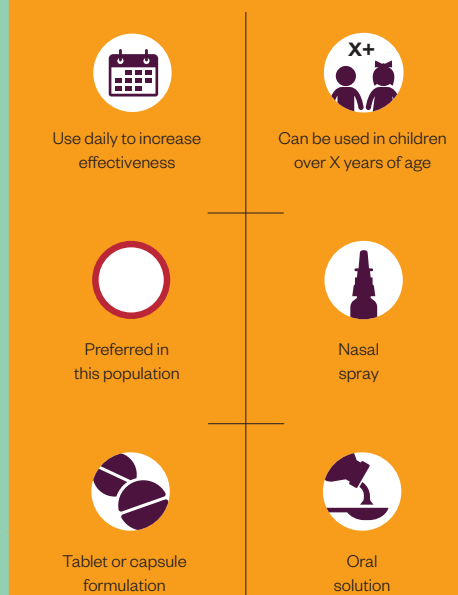
Source: NHS Digital; Prescription cost analysis in England 2008–2018

## OVER-THE-COUNTER HAY FEVER REMEDIES



This was an increase of 0.9% from 2016

### KEY



Check individual products for licence and age recommendation as this may vary between products

Sources:  
BNF  
BMJ Best Practice; Allergic rhinitis  
Clin Exp Allergy 2017;47(7):856–889  
Drug Ther Bull 2013;51(3):30–33  
eMC

## ALLERGEN AVOIDANCE ADVICE

- ✓ **Check the pollen count**  
Symptoms may be worse on days with a high pollen count.
- ✓ **Stay indoors**  
Keep windows and doors closed. Avoid being outside in the early evening and mid-morning when the pollen count tends to be the highest.
- ✓ **Wear sunglasses when outside**  
Wraparound sunglasses may be more effective than other types.
- ✓ **Wear glasses instead of contact lenses**
- ✓ **Shower and change clothes regularly**  
Pollen may be attached to clothes, skin and hair.
- ✓ **Bathe eyes in cold water**
- ✓ **Apply petroleum jelly to the nostrils to trap pollen**
- ✓ **Do not cut grass or walk on grass**
- ✓ **Do not dry clothes outside**  
Clothes can catch pollen.

Sources: <https://lookafteryoureyes.org/eye-care/hay-fever/> and <https://www.nhs.uk/conditions/hay-fever/>

## SYMPTOMS



Source: <https://www.nhs.uk/conditions/hay-fever/>