



Pharmacy Self Care Health Facts Column

By John Bell - 8 October 2008

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Horsing around with hay fever

Equine influenza has hit the headlines once again.

A few weeks ago a horse recently arrived from overseas and resident at the Eastern Creek Quarantine Station in NSW had shown signs of the potentially deadly virus. Fortunately, this year, the infection was contained and spread prevented.

Up until 2007 Australia had been completely free of this infection which makes healthy horses a little hoarse, and puts somewhat less healthy horses at risk of serious complications. Horse flu cannot be acquired by humans, although humans may have unintentionally spread the infection among the horses – race horses, riding school horses, show horses and club ponies.

Given their environment, it might be thought that horses might be more susceptible to hay fever. However, while horses may well suffer allergies, and despite their rather prominent noses, it seems allergic rhinitis is not such a common ailment in the stables – except perhaps among the stable hand.

So while the horses are safe from flu this spring, it's a sure bet, that with spring well and truly in the air, hay fever will be a significant problem in the human population.

If you suffer from hay fever and are forced to endure the sniffles and sneezes, the running nose and watery eyes, the frequently blocked nose and occasional sinus headache, you'll know that it's anything but a trivial complaint.

The symptoms of hay fever develop as the result of a super active immune system. That is: substances which in most people would cause no reaction, actually cause a severe allergic reaction in the really sensitive ones among us. These substances, generally called allergens or trigger factors, include wind borne pollen from grasses, weeds and trees – more likely to be troublesome around this time of year, spring and summertime.

But hay fever can occur all year round. When it does, the most common trigger factor is exposure to dust mite – these microscopic animals live with us in their millions in our pillows, blankets, bedspreads, doonas, cushions, curtains and carpets. Rather hard to avoid!

Exposure to cigarette smoke – your own or someone else's – may increase sensitivity to allergens; and occupational exposure may lead to a greater likelihood of developing hay fever. For instance, if you work with wood dust, seed dust, textile dust, rubber latex, some chemicals and certain foods and spices, you may also have to work with hay fever.

Among all this doom and gloom there is some good news. Hay fever symptoms can often be prevented and almost always well controlled.

Of course, avoiding trigger factors altogether is the best option. But, when that is not possible, appropriate use of medication can work very well.

Which medication we choose will depend largely on the severity and frequency of symptoms. Mild symptoms occurring less than four days a week or less than four weeks at a time respond well to oral antihistamines. The new non-sedating antihistamines, such as *Claratyne*, *Telfast* or *Xergic*, will be the best choice.

If your symptoms adversely affect your sleep or your work, school or leisure activities; or the symptoms persist for more than four days a week or more than four weeks at a time, then the so-called intranasal corticosteroid sprays (*Rhinocort* or *Beconase*) will be the most appropriate treatment. When symptoms are severe a combination of antihistamine and nasal spray might be required.

There are other options too; depending on which symptoms are causing the most trouble. For watery, itchy eyes *Zaditen* eye drops, now available without prescription, will give fast relief.

You can get some really good advice on how to manage even the toughest forms of allergic rhinitis on the *Hay Fever* fact card. It's available from pharmacies around Australia providing the Self Care health information. Phone the Pharmaceutical Society on 1300 369 772 for the nearest location.