Hayfever

Hayfever is often regarded as a trivial health issue but it has the potential to severely affect people’s quality of life. Thorough and effective treatment is therefore critical and it’s important that sufferers understand the treatment options available and how to use them properly.

The medical term for hayfever is seasonal allergic rhinitis. In other words, it’s an allergic condition that varies in prevalence depending on the time of year.

Hayfever develops when the body’s immune system reacts to pollen as if it were a harmful substance, like an infection. Produced by plants, including grass, trees and weeds, pollen is harmless to most people. But for people with hayfever, contact with pollen triggers the body to release a type of antibody to attack the allergen (pollen). The immune system then releases chemicals, including histamine, to prevent the spread of what it thinks is an infection.

The symptoms and the severity of hayfever can vary widely from person to person.

Common symptoms include:
- Sneezing
- Runny nose
- Nasal congestion
- Coughing
- Itchy eyes, ears, nose or mouth.

Many sufferers are often confused about whether they have a cold or hayfever. One of the key differences to look out for is how long the symptoms last for. A cold will usually clear up within two weeks, but hayfever symptoms will persist.

After studying this module, assistants will:
- Recognise the symptoms of hayfever
- Know how customers can prevent symptoms of hayfever
- Understand how to respond to customers’ different needs and advise them on the most suitable treatment choices.

This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions, treatment options and communication skills. This module has been endorsed with the NPA’s Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.
DID YOU KNOW?
Hayfever is often mistaken for a cold but its symptoms usually last longer.

Treatment choices

The number of hayfever sufferers in the UK is set to more than double to 31.8 million by 2030. This rise is being linked to air pollution and the effects of climate change, as increases in environmental temperature can lead to more pollen-bearing plants.

In a recent survey, almost a third of respondents reported that their symptoms have become more severe over recent years and now more than one in 10 stop going out altogether during peak pollen times.

The majority of hayfever sufferers seek symptom relief from pharmacies, with an average of 22 patients a week visiting pharmacies during a typical hayfever season, compared to 15.5 patients seeing their GP.

Some 85 per cent of sufferers admit that they haven’t changed their treatment approach for three years or more, despite their symptoms reportedly becoming more severe. So there is clearly a need for pharmacy teams to engage customers and advise them on the most suitable treatment options for their symptoms.

Eye drops

Itchy, red and watery eyes are common symptoms of hayfever. A type of treatment called mast cell stabilisers (e.g. sodium cromoglicate) can help to manage these symptoms.

The body’s mast cells contain histamine and play a central role in many different allergies. As the name suggests, mast cell stabilisers work by stabilising mast cells, preventing them from releasing histamine and thus stopping allergic symptoms such as itchy, red and watery eyes from occurring. Some may cause side effects, such as a stinging or burning sensation in the eyes. Examples include Opticrom Allergy and Optrex Allergy Eye Drops.

Antihistamines

Some customers will prefer to use one product to treat all of their hayfever symptoms. Antihistamine tablets and syrups work by blocking the action of histamine, which is one of the chemicals released when a susceptible person encounters pollen. These products tend to start working quickly, relieve most allergy symptoms and can be taken as and when sufferers notice symptoms or on a daily basis.

Oral antihistamines are separated into two groups:

1. **Older compounds** – the most common example is chlorphenamine (e.g. Piriton Allergy Tablets). This is a relatively non-specific antihistamine and one of its drawbacks is that it can cause drowsiness. Older antihistamines have a shorter duration of action and so need to be taken more frequently (e.g. every four to six hours). However, these products are often more affordable, which makes them appealing to some customers.

2. **Newer compounds** – examples include acrivastine (e.g. Benadryl Allergy Relief), cetirizine (e.g. Benadryl One A Day, Benadryl Allergy Children’s Oral Solution, Piriteze Allergy Syrup, Pollenshield, Zirtek) and loratadine (e.g. Claritin). Drowsiness is not usually a problem with these products, and they tend to have a longer duration of action so don’t need to be taken as frequently.
Track it!
Pollen levels (known as the pollen count) vary with the time of year and weather. In general:
- Tree pollen (e.g. birch) is released during spring. However, trees such as hazel and yew may cause symptoms as early as February, while oak pollen may persist into June
- Grass pollen is released at the end of spring and the beginning of summer and affects around 90 per cent of hayfever sufferers
- Weed pollen, such as nettle, is released from early spring through to late autumn.

DID YOU KNOW?
A third of adults with hayfever say symptoms have a considerable negative impact on their life.

Fast facts
- One in five people suffer with hayfever at some point in their lives and incidence rates are on the rise
- Hayfever is more common in boys than girls, but affects adult men and women equally
- The number of older people suffering from hayfever for the first time is rising
- Children often find that their symptoms impact on their schooling, which can delay learning and development. In fact, many teenagers will drop at least one grade in their exams because of their allergy.

Nasal sprays
In hayfever, one of the main symptoms is inflammation of the lining of the nose. There are various products that treat this symptom:

1. **Corticosteroid nasal sprays** – examples include beclometasone dipropionate (e.g. Beconase), fluticasone propionate (e.g. Pirinase Hayfever Nasal Spray) and triamcinolone acetonide (e.g. Nasacort). These are often the first choice of treatment for people who experience regular allergy symptoms over a long period of time. They are effective against all allergy symptoms. For best results, the sufferer should start to use this medication a couple of weeks before the allergy season starts. They should then be used daily.

2. **Decongestant nasal sprays** – such as oxymetazoline and xylometazoline relieve nasal congestion by shrinking the swollen lining of the nose. They should only be used by adults and for short periods of time, otherwise symptoms can reappear when their use is stopped. Examples include Vicks Sinex and Otrivine Nasal Spray.

3. **Saline nasal sprays** – these are a drug-free way of relieving nasal congestion. Products containing natural sea water (e.g. Stérimar Nasal Hygiene) work by washing away allergens and rebalancing nasal functions. Some have additional ingredients such as manganese, calcium and purified water (e.g. Stérimar Stop & Protect Allergy Response) to deactivate allergens in the nose and form a barrier to prevent allergens from irritating the lining of the nose.

Added advice
The best way to deal with allergies is to identify the source and avoid it where possible. This is quite difficult with airborne pollen, but there are things that sufferers can do to limit their exposure:
- Keep windows and doors closed, particularly in the early evening when the pollen count can be high
- Check the pollen count daily and stay indoors when it is high
- Avoid cutting the grass
- Wear wraparound sunglasses
- Apply a nasal barrier gel to prevent pollen from entering the nose.

When to refer
You should refer a customer to the pharmacist if they:
- Have not had hayfever before
- Are pregnant or breastfeeding
- Are taking other medication
- Also suffer from asthma
- Have unsuccessfully tried an OTC treatment or are suffering unacceptable side effects
- Report wheezing, breathlessness or a feeling of tightness in their chest
- Report sinus pain, headache or a yellow/green nasal discharge.

SIGNPOSTING
For more information, see:
- The Counter Intelligence Plus training guide
- Allergy UK: www.allergyuk.org or call 01322 619898
- Action Against Allergy: www.actionagainstallergy.co.uk or call 020 8892 2711
- How to administer eye drops: www.webmd.com/eye-health/how-insert-eye-drops
Questions

1) Which of the following statements about antihistamines is FALSE?
   a) They relieve most hayfever symptoms
   b) They can be taken as sufferers notice symptoms or on a daily basis
   c) Newer compound antihistamines have a short duration of action so need to be taken more frequently
   d) Older compound antihistamines are often more affordable, which can be more appealing to customers

2) Which of the following statements is TRUE?
   a) Hayfever is more common in girls than in boys
   b) Grass pollen can cause symptoms as early as February
   c) One in 10 people suffer with hayfever
   d) Hayfever develops when the body reacts to pollen as if it were an infection

3) Which of the following techniques is likely to ease or prevent symptoms?
   a) Keep windows and doors closed
   b) Avoid cutting the grass
   c) Stay indoors during high pollen counts
   d) All of the above

4) Which of the following statements is FALSE?
   a) Itchy, red and watery eyes are common symptoms of hayfever
   b) All eye drops should be kept in the fridge
   c) Eye drops prevent histamine release
   d) Sodium cromoglicate drops can cause stinging and burning as side effects

5) Which of the following statements is TRUE?
   a) Corticosteroid nasal sprays are only effective for reducing nasal symptoms
   b) For best results, corticosteroid nasal sprays should be used when symptoms appear
   c) Nasal sprays reduce inflammation of the lining of the nose
   d) Decongestants can be used for long periods of time

6) Which of these customers does NOT need to be referred to the pharmacist?
   a) A 65-year-old man with nasal congestion
   b) A pregnant woman
   c) A teenager who has tried OTC treatments but seen no improvement
   d) A middle-aged man with asthma

Scenario

Harriet, 16, suffers from hayfever every year, but this summer she’s sitting her GCSEs so needs to keep her symptoms under control more than ever. She usually suffers from itchy, watery eyes, sneezing and a blocked nose.

What would you recommend?

For each part of this scenario, think about the decision you would make and, importantly, why you would choose that option. In addition, for each decision that you make, think about how you would talk to the customer and provide the necessary advice, and discuss this with your team and pharmacist.

1. Sodium cromoglicate eye drops because Harriet’s hayfever symptoms affect her eyes.

2. Antihistamine tablets because they can be used to treat all of Harriet’s symptoms and tend to start working quickly.

What if?

Harriet tells you that she’s tried antihistamines before but they made her drowsy, which isn’t ideal when she’s revising or has an exam.

What if?

Harriet asks if there’s a product she can take before her symptoms develop to prevent them or at least keep them under control if they do appear.

Tell her that antihistamines can be taken as soon as symptoms start appearing – that’s as good as she’ll get.

Explain that a corticosteroid nasal spray will treat all of her symptoms and for best results should be started two weeks before the allergy season begins and then used daily.

Refer Harriet to the pharmacist.

Go to www.tmmagazine.co.uk to submit your answers to these questions. When you pass, you’ll be able to download a certificate to showcase your learning. You can also add this to your online, personalised learning log.

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