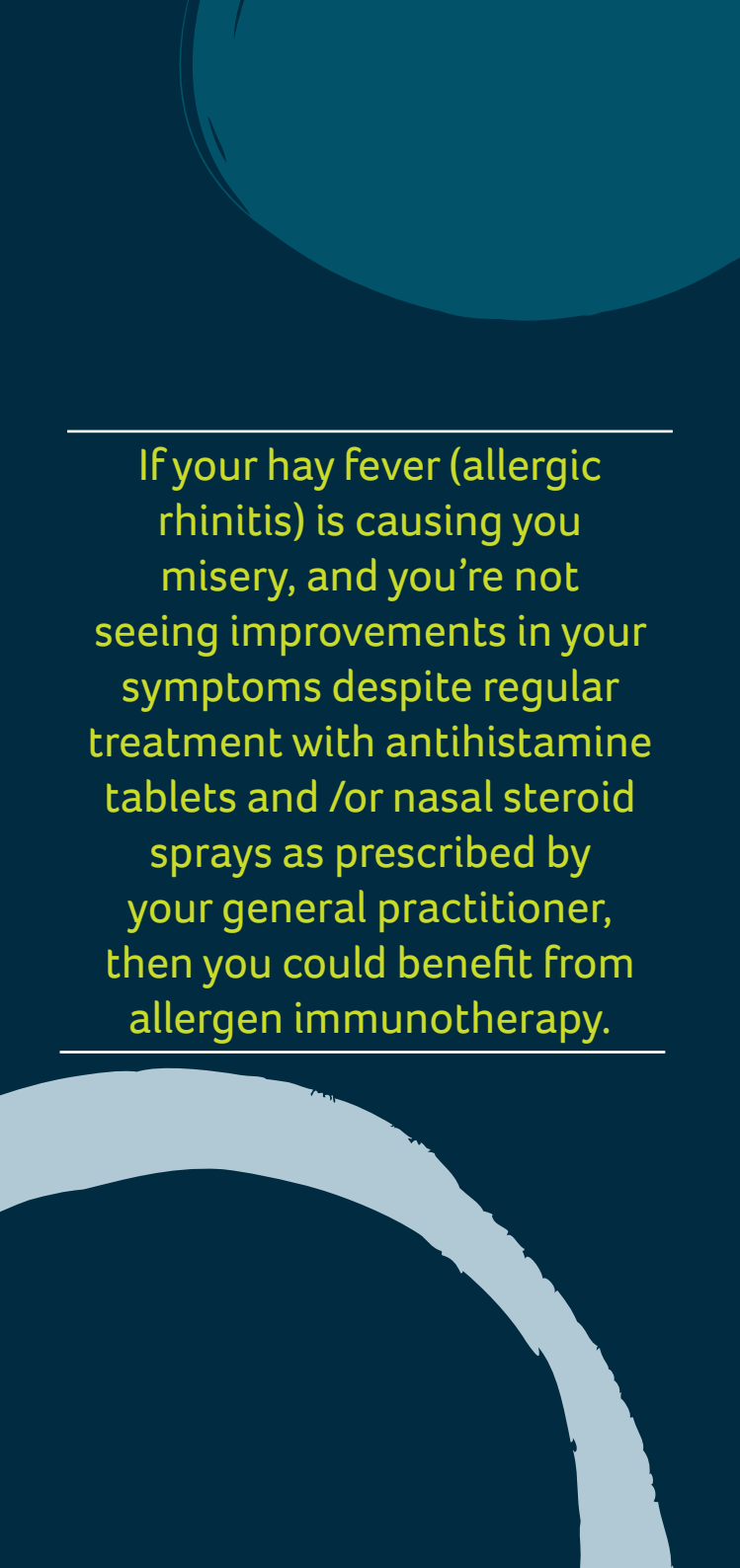


# Does hay fever affect your quality of life?

Allergen immunotherapy may be the answer





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If your hay fever (allergic rhinitis) is causing you misery, and you're not seeing improvements in your symptoms despite regular treatment with antihistamine tablets and /or nasal steroid sprays as prescribed by your general practitioner, then you could benefit from allergen immunotherapy.

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# Severe hay fever

Allergic rhinitis affects approximately 20% of the UK population and can be seasonal ('hay fever') or occur throughout the year.

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The condition affects approximately 20% of the UK population.



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- Many people perceive allergic rhinitis as a relatively trivial condition, but it can have a serious impact on quality of life.
  - Allergic rhinitis occurs when the body's immune response overreacts to allergen sources such as pollen, house dust mite, mould or animal dander (hair, saliva, skin flakes).
  - These are known as airborne allergens, as they are carried in the air we breathe and affect the nose, and sometimes the bronchial tubes in the lungs as well.
  - Rhinitis is inflammation of the nasal lining.
  - Symptoms can include sneezing, runny/blocked nose, itching and mucous dripping down the back of the throat. It can also affect the eyes and sinuses.
  - If you find that your symptoms are only affecting you during the summer months, it may be that you are reacting to pollens from trees, grasses or weeds. This is known as seasonal allergic rhinitis.
  - If you have symptoms all year round, this is known as perennial rhinitis, which can be caused by allergens such as house dust mite, mould or animal dander.

Symptoms vary from person to person. It could be that you experience a mild snuffle during the summer months or you may have more severe symptoms, such as an extremely runny nose, constant sneezing, sore inflamed, itching eyes and chronic nasal congestion. It is important to treat your symptoms, as those who suffer from allergic rhinitis are at an increased risk of developing asthma. In those who already have asthma, this will also need treatment from your GP.

# Allergy testing

Allergy testing by your general practitioner or an allergy specialist may be necessary in order to get a proper diagnosis, particularly if your symptoms are troublesome and an allergen-specific treatment such as allergen avoidance or allergen immunotherapy is being considered.

Immunotherapy (also known as desensitisation) can only be carried out once your allergy has been accurately diagnosed. To get a diagnosis, you will have to undergo allergy testing. Your GP may suggest a referral to an allergy specialist who carries out specific allergy testing. Only validated tests such as skin prick testing or a blood test called Specific IgE should be used. Alternative practitioners may offer other tests but these are not recommended.

A person  
undergoing a  
skin prick test



# What is immunotherapy?

Immunotherapy is a well-established treatment for severe allergy where symptoms cannot be controlled. It is most commonly used to treat severe hay fever, but is also available for other allergic conditions, such as life-threatening (anaphylactic) wasp and bee venom allergy. Immunotherapy is a way of reprogramming your immune system to stop adversely reacting to an allergen. It has been shown to reduce severe symptoms and improve quality of life.

Hay fever can be treated very effectively with antihistamines, nasal steroid sprays, anti-allergy eye drops and other 'add on' medication available from your doctor. Some people have severe symptoms that these treatments do not control. Your GP should ask whether you have been taking the treatments regularly as prescribed and using the nasal spray correctly, before immunotherapy may be considered.

Immunotherapy for hay fever can be given through an injection of allergen extract into the skin (usually in the upper arm), or it can be given orally (in the mouth, also known as sublingual) either in drops or tablet form placed under the tongue. Injections can only be carried out in specialist centres within hospitals by highly experienced staff, so that any side effects can be monitored and promptly treated. However, with oral immunotherapy only the first dose needs to be given in hospital and the rest of the treatment can be self-administered at home.

There are short course injection regimes, which involve four to six injections starting before the hay fever season. These pre-seasonal treatments (given before hay fever season) and pre-coseasonal treatments (given before and continuing throughout hay fever season) are effective during the hay fever season. For long-term benefits, immunotherapy is best given over three consecutive years. It is essential that the entire course is completed. Individual responses may vary, so the treatment will be tailored to each person. Other treatment options exist where as the immunotherapy treatment progresses, the dose of allergen is gradually increased, generally weekly over 12-16 weeks, followed by monthly injections until the allergic individual is able to tolerate exposure to the allergen without developing major symptoms. This is a continuous course of treatment for three years.

# Severe allergic rhinitis questionnaire

This questionnaire has been designed by Allergy UK to indicate whether your allergic rhinitis is adequately controlled by medication and, if not, whether you should seek further advice from your GP regarding referral for immunotherapy. Simply answer YES or NO and see what your answers may indicate at the end of the questionnaire.

1 Do you have a family history of allergy?

2 Do you suffer from a blocked nose/runny nose/sore throat/catarrh/sneezing when you don't have a cold?

3 Would you say that itchy/inflamed eyes, itchy ears or itchy throat/mouth is a problem for you?

4 If you suffer with any of the above symptoms, have you had treatment from a doctor/nurse or pharmacist?

5 Have you experienced the above symptoms despite taking your medications regularly? i.e. antihistamines/nasal sprays/combination nasal sprays (antihistamine and steroid/eye drops).

6 At certain times of the year do your symptoms seem worse?

7 Do you find that your symptoms affect your quality of life e.g. sleeping/school/work/driving/social life/exercise?

8 Has your allergy been confirmed with an allergy test by your GP or a Consultant?

*Find out what your answers mean overleaf*

# What do your answers mean?

## Mostly 'Yes'

Your symptoms may not be as well controlled as they could be. If you have not yet been medically diagnosed, you should see your GP to discuss the options available for allergy testing and effective management. If you are already being treated by your doctor, and your symptoms are not being well controlled, you can ask to be referred to an allergy clinic for an assessment to find out if you are a suitable candidate for immunotherapy. We suggest you take this questionnaire with you so your doctor is aware of your answers.

## Mostly 'No'

Your symptoms seem to be currently under control. However, if they get worse, make an appointment to see your doctor, nurse or pharmacist for advice.

For more information please contact Allergy UK on **01322 619898** or visit our website: **[www.allergyuk.org](http://www.allergyuk.org)**

Our Helpline Advisors can signpost you to your nearest allergy clinic where immunotherapy is available. You can discuss with your GP whether you need a referral.

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**Allergy Therapeutics is a British-based specialty pharmaceutical company focused on the treatment and prevention of allergy. Allergy Therapeutics has a long-term commitment to the research and development of innovative therapies for allergy-related conditions.**

**Allergy UK is the leading national patient charity for people living with allergic disease. Its mission is to improve the lives of people living with allergy. Through its Helpline and a wide range of free information and factsheets available on the website, it provides help and advice about all kinds of allergy.**



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The content of this leaflet was written and developed by Allergy UK and clinically reviewed by Professor Stephen Durham as a member of Allergy UK's Health Advisory Board.

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