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Your quick guide to:
Frequently asked questions about Allergy Medications

Can I take antihistamines whilst pregnant or when breastfeeding?

Antihistamine use in pregnancy

Some patients who require the longterm use of antihistamines to control symptoms of allergic conditions may be concerned over the safe use of their medication during pregnancy. It is important not to start, stop or change your medication before a discussion with your GP or healthcare provider. No medicine can be considered absolutely safe in pregnancy. However, the risks to you or your baby of taking a medicine need to be balanced against the risks or consequences of not taking that medication.

Further information and medicine specific patient information leaflets can be found on the UK Teratology Information Service website https:// medicinesinpregnancy.org/.

Clinical experience on the use of cetirizine and loratadine in pregnancy has shown that they are not harmful to a baby in the womb (1,2). These nonsedating antihistamines should be first choice if an antihistamine is required during pregnancy. Other antihistamines, such as fexofenadine, do not have the same clinical experience or studies to recommend their use over cetirizine or loratadine. Therefore these should only be used when they have already been tried (3).

The sedating antihistamine chlorphenamine is also considered safe in pregnancy (3). However, when taken around the time of delivery it can cause withdrawal symptoms in the new born baby. If it cannot be avoided, close monitoring of your baby for a few days after birth is advised. Hydroxyzine should be avoided during pregnancy. In animal studies high doses resulted in toxicity and therefore the risk to humans cannot be excluded (4).

Antihistamine use when breastfeeding

As with pregnancy, the safety of antihistamines in breastfeeding is mainly gathered from clinical experience rather than published studies.

Non-sedating antihistamines are preferred over sedating antihistamines. Most experience is with cetirizine or loratadine and these should be first choice in breastfeeding mothers. Studies have shown that low levels of these antihistamines are transferred into the breast milk. The limited data available suggests the amount of fexofenadine in breast milk is also low and could be considered acceptable where loratadine and cetirizine are either ineffective or not recommended contraindicated (5).

If treatment with a sedating antihistamine is required, then chlorphenamine is preferred. However, the baby should be monitored for drowsiness and irritability. It should be used at the lowest effective dose for the shortest possible time (5).

There is no information available to provide guidance on antihistamine use when breastfeeding a premature infant (5).

What do I do with my expired or used adrenaline auto injector (AAI)?

Both expired and used adrenaline auto-injectors need to be disposed of in a sharps container (a yellow bin used for the disposal of sharp medical instruments e.g. needles).

Please take them to your community pharmacy, GP or hospital specialist who should be able to dispose of them for you.

Will using steroid creams or medication cause a long term problem to my health?

Creams, Ointments and Lotions

Topical steroids (applied directly to the skin) are used to reduce the inflammation in skin caused by conditions such eczema or dermatitis. They are used alongside emollients (moisturisers for the purpose of specific skin conditions). Topical steroids come in a variety of strengths called potency (mild, moderate, potent, very potent) and include creams, ointments and lotions.

Topical steroid preparations, when used correctly as directed by your doctor, are a safe and effective treatment. It is not

Key facts:

It is important not to start, stop or change your medication before a discussion with your GP or healthcare provider

A **pharmacist** is well placed to educate you on **how to use your allergy medication** and devices

Taking your **tablets in the morning with breakfast** can help to prevent indigestion, heartburn and sleeping difficulties

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uncommon to experience burning or stinging in the first few days of applying these preparations. If topical steroids, in particular the stronger ones, are used for long periods of time they can results in changes to the skin where it is being applied e.g. thinning, bruising, stretch marks, folliculitis, loss of skin pigment and hair growth.

Nasal Sprays

Steroid nasal sprays are used to treat the symptoms of allergic rhinitis (inflammation/swelling in the nose caused by an inhaled allergen e.g. pollen, house dust mite) and help to reduce this inflammation/swelling. These rarely cause side effects. Some people can get dryness and bleeding in the nose. If this occurs stop using the nasal spray for a few days and then restart.

Tablets

Oral steroids, e.g. prednisolone, are usually only used for a short period of time. The most common side effects are heartburn/indigestion, weight gain (if used long term) and difficulty sleeping. Taking your tablets in the morning with breakfast can help to prevent indigestion, heartburn and sleeping difficulties. Eating a healthy, balanced diet and exercising regularly can help to prevent weight gain and osteoporosis. If they are taken for longer time periods (>2-3 months) or in very high doses they can cause side effects, e.g. osteoporosis, problems with the adrenal system. Key Message: It is important not to stop taking steroids suddenly, especially if you have been taking them for a long time. You must speak to your doctor before you stop, as for some patients there is a need for the medication to be reduced gradually.

Are there any alternative medications that are safe to use for allergic conditions?

The majority of alternative medicines available offer no scientific evidence to support their use or benefit over conventional medications. Prescribed medications need to go through very strict processes and trials before being available for patient use. In some cases alternative medications can be harmful and may interfere with other medications being taken.

They can also be very expensive. It is important to discuss any medications or treatments you are considering taking with a health professional. Your GP or pharmacist should be able to advise you on the right medication for your individual signs and symptoms

Where would I go/who would I speak to if I wasn't sure how to use my allergy medications?

A pharmacist is well placed to educate you on how to use your allergy medication and devices at the time of dispensing or on request. Your GP or nurse should also be able to do this. In the unlikely event that they are not able to help they will be able to advise you on where to find the information you need.

It has been recommended that I take more than the licensed dose of antihistamines. Is this safe?

In certain conditions, for example chronic spontaneous urticaria, your allergy specialist or GP may recommend high doses of antihistamines. Although this is higher than the licensed dose, it will have been observed in clinical practice as beneficial and recommended within national and international guidelines. It is not advisable to take more than four times the licensed dose.

I am lactose intolerant, should I avoid medications that contain lactose?

Many medicines contain lactose as an inactive ingredient, also known as an excipient. The amount of lactose contained in each tablet is very small and is not usually enough to trigger symptoms of lactose intolerance in most people. However it can cause problems if you are particularly sensitive to lactose or taking several medications. There may be lactose free versions of your tablets available and liquids, where available, are good alternatives, as they tend not to contain lactose. Your pharmacist will be able to advise you on this.

Clinical contributions:

Allergy UK Clinical Team
Holly Shaw, Nurse Advisor

Allergy UK Clinical Team
Sarah Denman, Advanced Clinical Pharmacist for Immunology
Steve Tomlin, Associate Chief Pharmacist

Additional Resources / References

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2. Zuberbier T et al (2014). The EAACI/GA2 LEN/EDF/WAO Guideline for the definition, classification, diagnosis, and management of urticaria: the 2013 revision and update. Allergy; 69(7): 868-887.
3. UKMi. Medicines Q&A 29.7: Which medicines can be used to treat intermittent allergic rhinitis during pregnancy? Accessed at https:// www.sps.nhs.uk/articles/which-medicines-can-be-used-to-treatintermittent-allergic-rhinitis-during-pregnancy/ [Accessed on 15/03/2017]
4. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press <http://www. medicinescomplete.com> [Accessed on 15/03/2017]
5. UKMi. Medicines Q&A 206.2: Which oral antihistamines are safe to use whilst breastfeeding? Accessed at https://www.sps.nhs. uk/articles/which-oral-antihistamines-are-safe-to-use-whilstbreastfeeding/ [Accessed on 15/03/2017]