Is your patients’ HAY FEVER disguising something MORE?

For people with asthma, the symptoms of hay fever can create complications.

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Partners:

Asthma Australia
Asthma and Allergic Rhinitis: An information sheet for General Practitioners

Asthma and allergic rhinitis are closely linked, both characterized by inflammation and sensitivity throughout the respiratory system. Asthma affects 2.5 million Australians. About 80% of people with asthma also have hay fever and between 15% to 30% of people with allergic rhinitis also have asthma.1

Managing allergic rhinitis and allergy is part of asthma care and improving asthma control. Better control and management of allergic rhinitis has been shown to improve asthma control in both adults and children.4,7,8,9

People with asthma and allergic rhinitis experience:
- Increased number of asthma flare-ups
- Increased number of visits to their GP and asthma-related hospitalisations
- More time off work or school
- Higher annual medical costs 2, 3, 4

Allergic rhinitis can also result in:
- Disturbed sleep
- Daytime tiredness
- Recurrent headaches
- Poor concentration
- Increased risk of ear infections in children
- Recurrent sinus infections in adults

Common symptoms of allergic rhinitis are:
- Itchy nose or eyes
- Runny nose
- Sneezing
- Blocked nose
- Throat clearing
- Snoring

If your patient has symptoms of asthma or allergic rhinitis e.g. cough, wheeze or sneeze in the pollen season, they may be susceptible to thunderstorm asthma. If this is the case, undertake an asthma and allergy diagnosis, develop a written Asthma Action Plan and/or an Allergic Rhinitis Treatment Plan and ensure your patient has the right medication.

Treatments for asthma and allergic rhinitis:
- Most patients with asthma should be taking a regular (ICS) containing preventative, to minimise their symptoms and markedly reduce their risk of flare-ups.5 Use of even a low dose of ICS, if taken regularly, reduces the risk of asthma-related death by 50–85%.6
- Intranasal corticosteroids are the most effective treatment for allergic rhinitis and can improve all symptoms, especially nasal congestion.
- Saline sprays/irrigation solutions can also be used to help clear nasal congestion and pressure, wash away dust and other irritants and soothe the lining of the nose.
- Oral antihistamines are effective against symptoms of rhinorrhea, sneezing, nasal itching and eye symptoms, but are less effective for nasal congestion.7

General Practitioners have a key role to play in supporting people with asthma and allergic rhinitis.

Recommendations for General Practitioners:
- Check for a diagnosis of allergic rhinitis when diagnosing or reviewing asthma.
- Discuss hay fever symptoms and treatment options with people with asthma.
- Recommend or prescribe intranasal corticosteroids for adults and children with persistent (≥ 4 days per week and ≥ 4 weeks)10 allergic rhinitis or moderate-to-severe intermittent allergic rhinitis - even if the person is already taking regular inhaled corticosteroids for asthma, see the Australian Asthma Guidelines for further information – www.asthmahandbook.org.au clinical-issues/allergies/allergic-rhinitis
- Demonstrate and check delivery device technique for asthma medications and/or intranasal sprays.
- Assess level of asthma control – Use the Asthma Control TestTM available at www.asthmaaustralia.org.au
- Provide a written Asthma Action Plan or Allergic Rhinitis Treatment Plan.

Visit the Australian Asthma Guidelines for further information about managing allergic rhinitis in people with asthma: www.asthmahandbook.org.au clinical-issues/allergies/allergic-rhinitis

Download Asthma Australia’s Asthma App – a patient education tool to help support and educate people with asthma from the iTunes app store.

Refer your patients with asthma to Asthma Australia’s Patient Education Referral Service – visit www.asthmaaustralia.org.au/coach

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