

### Chapter 1 : Rhinitis - Wikipedia

*Allergic rhinitis, also known as hay fever, is a type of inflammation in the nose which occurs when the immune system overreacts to allergens in the air. Signs and symptoms include a runny or stuffy nose, sneezing, red, itchy, and watery eyes, and swelling around the eyes.*

Missed days of work or school More motor vehicle accidents More school or work injuries Many parents of children with allergic rhinitis have said that their children are more moody and irritable during allergy season. Since children cannot always express their symptoms verbally, they may express their discomfort by acting up at school and at home. In addition, some children feel that having an allergy is a stigma that separates them from others. It is important that the irritability or other symptoms caused by ear, nose or throat trouble are not mistaken for attention deficit disorder. Symptoms of allergic rhinitis have other causes as well, the most customary being the common cold – an example of infectious rhinitis. Most infections are relatively short-lived, with symptoms improving in three to seven days. Many people have recurrent or chronic nasal congestion, excess mucus production, itching and other nasal symptoms similar to those of allergic rhinitis. In those cases, an allergy may not be the cause. An allergist is the most effective way to treat allergic rhinitis symptoms and help you find relief. Your allergist may start by taking a detailed history, looking for clues in your lifestyle that will help pinpoint the cause of your symptoms. Sometimes allergic rhinitis can be complicated by several medical conditions, such as a deviated septum curvature of the bone and cartilage that separate the nostrils or nasal polyps abnormal growths inside the nose and sinuses. Any of these conditions will be made worse by catching a cold. Nasal symptoms caused by more than one problem can be difficult to treat, often requiring the cooperation of an allergist and another specialist, such as an otolaryngologist ear, nose and throat specialist. Your allergist may recommend a skin test , in which small amounts of suspected allergens are introduced into your skin. Skin testing is the easiest, most sensitive and generally least expensive way of identifying allergens. Types of skin tests Prick or scratch test: In this test, a tiny drop of a possible allergen is pricked or scratched into the skin. Also known as a percutaneous test, this is the most common type of skin test. The results are known within 10 to 20 minutes. A small amount of a possible allergen is injected under the skin using a thin needle. The site is checked for a reaction after about 20 minutes. This test is typically more sensitive than the prick or scratch test. Management and Treatment Avoidance The first approach in managing seasonal or perennial forms of hay fever should be to avoid the allergens that trigger symptoms. Outdoor exposure Stay indoors as much as possible when pollen counts are at their peak, usually during the midmorning and early evening this may vary according to plant pollen , and when wind is blowing pollens around. Avoid using window fans that can draw pollens and molds into the house. Wear glasses or sunglasses when outdoors to minimize the amount of pollen getting into your eyes. Wear a pollen mask such as a NIOSH-rated 95 filter mask when mowing the lawn, raking leaves or gardening, and take appropriate medication beforehand. Try not to rub your eyes; doing so will irritate them and could make your symptoms worse. Indoor exposure Keep windows closed, and use air conditioning in your car and home. Make sure to keep your air conditioning unit clean. Reduce exposure to dust mites, especially in the bedroom. Wash your bedding frequently, using hot water at least degrees Fahrenheit. To limit exposure to mold, keep the humidity in your home low between 30 and 50 percent and clean your bathrooms, kitchen and basement regularly. Use a dehumidifier, especially in the basement and in other damp, humid places, and empty and clean it often. If mold is visible, clean it with mild detergent and a 5 percent bleach solution as directed by an allergist. Clean floors with a damp rag or mop, rather than dry-dusting or sweeping. Exposure to pets Wash your hands immediately after petting any animals; wash your clothes after visiting friends with pets. If you are allergic to a household pet , keep the animal out of your home as much as possible. If the pet must be inside, keep it out of the bedroom so you are not exposed to animal allergens while you sleep. Close the air ducts to your bedroom if you have forced-air or central heating or cooling. Replace carpeting with hardwood, tile or linoleum, all of which are easier to keep dander-free. They are available in many forms – oral tablets, liquid medication, nasal sprays and eyedrops. Some medications may have side effects, so discuss these treatments

with your allergist so they can help you live the life you want. Intranasal corticosteroids Intranasal corticosteroids are the single most effective drug class for treating allergic rhinitis. They can significantly reduce nasal congestion as well as sneezing, itching and a runny nose. Ask your allergist about whether these medications are appropriate and safe for you. These sprays are designed to avoid the side effects that may occur from steroids that are taken by mouth or injection. Take care not to spray the medication against the center portion of the nose the nasal septum. The most common side effects are local irritation and nasal bleeding. Antihistamines Antihistamines are commonly used to treat allergic rhinitis. These medications counter the effects of histamine, the irritating chemical released within your body when an allergic reaction takes place. Although other chemicals are involved, histamine is primarily responsible for causing the symptoms. Antihistamines are found in eyedrops, nasal sprays and, most commonly, oral tablets and syrup. Antihistamines help to relieve nasal allergy symptoms such as: Sneezing and an itchy, runny nose Eye itching, burning, tearing and redness Itchy skin, hives and eczema There are dozens of antihistamines; some are available over the counter, while others require a prescription. Patients respond to them in a wide variety of ways. Generally, the newer second-generation products work well and produce only minor side effects. Some people find that an antihistamine becomes less effective as the allergy season worsens or as their allergies change over time. If you find that an antihistamine is becoming less effective, tell your allergist, who may recommend a different type or strength of antihistamine. If you have excessive nasal dryness or thick nasal mucus, consult an allergist before taking antihistamines. Contact your allergist for advice if an antihistamine causes drowsiness or other side effects. Short-acting antihistamines can be taken every four to six hours, while timed-release antihistamines are taken every 12 to 24 hours. The short-acting antihistamines are often most helpful if taken 30 minutes before an anticipated exposure to an allergen such as at a picnic during ragweed season. Timed-release antihistamines are better suited to long-term use for those who need daily medications. Proper use of these drugs is just as important as their selection. The most effective way to use them is before symptoms develop. A dose taken early can eliminate the need for many later doses to reduce established symptoms. Older first-generation antihistamines may cause drowsiness or performance impairment, which can lead to accidents and personal injury. Even when these medications are taken only at bedtime, they can still cause considerable impairment the following day, even in people who do not feel drowsy. For this reason, it is important that you do not drive a car or work with dangerous machinery when you take a potentially sedating antihistamine. Some of the newer antihistamines do not cause drowsiness. A frequent side effect is excessive dryness of the mouth, nose and eyes. Less common side effects include restlessness, nervousness, overexcitability, insomnia, dizziness, headaches, euphoria, fainting, visual disturbances, decreased appetite, nausea, vomiting, abdominal distress, constipation, diarrhea, increased or decreased urination, urinary retention, high or low blood pressure, nightmares especially in children , sore throat, unusual bleeding or bruising, chest tightness or palpitations. Men with prostate enlargement may encounter urinary problems while on antihistamines. Consult your allergist if these reactions occur. Alcohol and tranquilizers increase the sedation side effects of antihistamines. Do not use more than one antihistamine at a time, unless prescribed. Keep these medications out of the reach of children. Know how the medication affects you before working with heavy machinery, driving or doing other performance-intensive tasks; some products can slow your reaction time. Some antihistamines appear to be safe to take during pregnancy, but there have not been enough studies to determine the absolute safety of antihistamines in pregnancy. Again, consult your allergist or your obstetrician if you must take antihistamines. Decongestants Decongestants help relieve the stuffiness and pressure caused by swollen nasal tissue. They do not contain antihistamines, so they do not cause antihistaminic side effects. They do not relieve other symptoms of allergic rhinitis. Oral decongestants are available as prescription and nonprescription medications and are often found in combination with antihistamines or other medications. It is not uncommon for patients using decongestants to experience insomnia if they take the medication in the afternoon or evening. If this occurs, a dose reduction may be needed. At times, men with prostate enlargement may encounter urinary problems while on decongestants. Patients using medications to manage emotional or behavioral problems should discuss this with their allergist before using decongestants. Patients with high blood pressure or heart disease should check with their allergist

before using. Pregnant patients should also check with their allergist before starting decongestants. Nonprescription decongestant nasal sprays work within minutes and last for hours, but you should not use them for more than a few days at a time unless instructed by your allergist. Prolonged use can cause rhinitis medicamentosa, or rebound swelling of the nasal tissue. Stopping the use of the decongestant nasal spray will cure that swelling, provided that there is no underlying disorder. Oral decongestants are found in many over-the-counter OTC and prescription medications, and may be the treatment of choice for nasal congestion. If you have high blood pressure or heart problems, check with your allergist before using them. Nasal sprays

Nonprescription saline nasal sprays will help counteract symptoms such as dry nasal passages or thick nasal mucus. Unlike decongestant nasal sprays, a saline nasal spray can be used as often as it is needed. Sometimes an allergist may recommend washing douching the nasal passage.

*Allergic rhinitis, or hay fever, is an allergic response to specific allergens. Pollen is the most common allergen in seasonal allergic rhinitis. These are allergy symptoms that occur with the.*

Some changes you may need to make include: Installing furnace filters or other air filters Removing furniture and carpets from your floors Using a dehumidifier to dry the air in your house Changing where your pets sleep and eat Avoiding certain outdoor tasks Changing how you clean your house The amount of pollen in the air can affect whether hay fever symptoms develop. More pollen is in the air on hot, dry, windy days. On cool, damp, rainy days, most pollen is washed to the ground. Medicines for Allergic Rhinitis Nasal corticosteroid sprays are the most effective treatment. Many brands are available. You can buy some brands without a prescription. For other brands, you need a prescription. They work best when you use them every day. It may take 2 or more weeks of steady use for your symptoms to improve. They are safe for children and adults. Antihistamines are medicines that work well for treating allergy symptoms. They are often used when symptoms do not occur very often or do not last very long. Many can be bought as a pill, capsule, or liquid without a prescription. Older antihistamines can cause sleepiness. Newer antihistamines cause little or no sleepiness or learning problems. Antihistamine nasal sprays work well for treating allergic rhinitis. They are only available with a prescription. Decongestants are medicines that help dry up a runny or stuffy nose. They come as pills, liquids, capsules, or nasal sprays. You can buy them over-the-counter OTC , without a prescription. You can use them along with antihistamine pills or liquids. DO NOT use nasal spray decongestants for more than 3 days in a row. Nasal Wash For mild allergic rhinitis, a nasal wash can help remove mucus from your nose. You can buy a saline spray at a drugstore or make one at home. When to Call the Doctor Make an appointment with your provider if: You have severe allergy or hay fever symptoms. Your symptoms do not get better when you treat them. You are wheezing or coughing more. Allergic and nonallergic rhinitis. Otolaryngol Head Neck Surg. Wright LS, Phipatanakul W. Environmental remediation in the treatment of allergy and asthma: Curr Allergy Asthma Rep. Related MedlinePlus Health Topics.

*Allergic rhinitis is a diagnosis associated with a group of symptoms affecting the nose. These symptoms occur when you breathe in something you are allergic to, such as dust, animal dander, or pollen.*

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## DOWNLOAD PDF 3. ALLERGIC RHINITIS

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### Chapter 4 : Asthma and Allergic Rhinitis May Be Risk Factors for Migraine in Adolescents

*The presence of allergic rhinitis (seasonal or perennial) significantly increases the probability of asthma: up to 40% of people with allergic rhinitis have or will have asthma. 9,10 Atopic eczema frequently precedes allergic rhinitis. 11 Patients with allergic rhinitis usually have allergic conjunctivitis as well. 12 The factors determining.*

Nonallergic rhinitis Nonallergic rhinitis refers to rhinitis that is not due to an allergy. The category was formerly referred to as vasomotor rhinitis, as the first cause discovered was vasodilation due to an overactive parasympathetic nerve response. As additional causes were identified, additional types of nonallergic rhinitis were recognized. Vasomotor rhinitis is now included among these under the more general classification of nonallergic rhinitis. Non-allergic rhinitis can co-exist with allergic rhinitis, and is referred to as "mixed rhinitis". The role of transient receptor potential ion channels on the non-neuronal nasal epithelial cells has also been suggested. Overexpression of these receptors have influence the nasal airway hyper-responsiveness to non-allergic irritant environmental stimuli e. In general, age of onset occurs after 20 years of age, in contrast to allergic rhinitis which can be developed at any age. Individuals with vasomotor rhinitis typically experience symptoms year-round, though symptoms may be exacerbated in the spring and autumn when rapid weather changes are more common. In certain populations, particularly those of East Asian countries such as Japan, these reactions have a nonallergic basis. It is suggested that this variant metabolizes ethanol to acetaldehyde too quickly for further processing by ALDH2 and thereby leads to the accumulation of acetaldehyde and rhinitis symptoms. The antihistamine cyproheptadine is also effective, probably due to its antiserotonergic effects. A systematic review on non-allergic rhinitis reports improvement of overall function after treatment with capsaicin the active component of chili peppers. The quality of evidence is low, however. Allergic rhinitis Allergic rhinitis or hay fever may follow when an allergen such as pollen , dust, or Balsam of Peru [32] is inhaled by an individual with a sensitized immune system, triggering antibody production. These antibodies mostly bind to mast cells , which contain histamine. When the mast cells are stimulated by an allergen, histamine and other chemicals are released. This causes itching, swelling, and mucus production. Symptoms vary in severity between individuals. Very sensitive individuals can experience hives or other rashes. Particulate matter in polluted air and chemicals such as chlorine and detergents, which can normally be tolerated, can greatly aggravate the condition. This is called local allergic rhinitis. Rhinitis medicamentosa Rhinitis medicamentosa is a form of drug-induced nonallergic rhinitis which is associated with nasal congestion brought on by the use of certain oral medications primarily sympathomimetic amine and 2-imidazoline derivatives and topical decongestants e.

**Chapter 5 : Treatment of Allergic Rhinitis - - American Family Physician**

*About Allergic Rhinitis: A collection of symptoms, predominantly in the nose and eyes, that occur after exposure to airborne particles of dust or dander or to pollens of certain seasonal plants in people that are allergic to these substances (see also allergies; asthma; allergy to mold, dander, dust).*

Skin testing is the most common method of allergy testing. This may include a patch test to determine if a particular substance is causing the rhinitis, or an intradermal, scratch, or other test. Less commonly, the suspected allergen is dissolved and dropped onto the lower eyelid as a means of testing for allergies. This test should be done only by a physician, since it can be harmful if done improperly. In some individuals not able to undergo skin testing as determined by the doctor, the RAST blood test may be helpful in determining specific allergen sensitivity. Peripheral eosinophilia can be seen in differential leukocyte count. Allergy testing can either show allergies that are not actually causing symptoms or miss allergies that do cause symptoms. The intradermal allergy test is more sensitive than the skin prick test but is more often positive in people that do not have symptoms to that allergen. This is called local allergic rhinitis. Seasonal allergic rhinitis occurs in particular during pollen seasons. It does not usually develop until after 6 years of age. Perennial allergic rhinitis occurs throughout the year. This type of allergic rhinitis is commonly seen in younger children. The symptoms are considered mild with normal sleep, no impairment of daily activities, no impairment of work or school, and if symptoms are not troublesome. Severe symptoms result in sleep disturbance, impairment of daily activities, and impairment of school or work. So skin-prick and blood tests for allergy are negative, but there are IgE antibodies produced in the nose that react to a specific allergen. Intradermal skin testing may also be negative. Just as with allergic rhinitis, people can have either seasonal or perennial local allergic rhinitis. The symptoms of local allergic rhinitis can be mild, moderate, or severe. Local allergic rhinitis is associated with conjunctivitis and asthma. Examples of how to prevent or lessen the effects of allergic rhinitis. You can help by adding to it. September One way to prevent allergic rhinitis is to wear a respirator or mask when near potential allergens. Growing up on a farm and having many older brothers and sisters decreases the risk. Measures that are effective include avoiding the allergen. It is best to take oral antihistamine medication before exposure, especially for seasonal allergic rhinitis. There is not enough evidence of antihistamine efficacy as an add-on therapy with nasal steroids in the management of intermittent or persistent allergic rhinitis in children, so its adverse effects and additional costs must be considered. First-generation antihistamine drugs such as diphenhydramine cause drowsiness, while second- and third-generation antihistamines such as cetirizine and loratadine are less likely to. It is used only when nasal congestion is present and can be used with antihistamines. In the United States, oral decongestants containing pseudoephedrine must be purchased behind the pharmacy counter in an effort to prevent the manufacturing of methamphetamine. Steroid nasal sprays are effective and safe, and may be effective without oral antihistamines. They take several days to act and so must be taken continually for several weeks, as their therapeutic effect builds up with time. In , a study compared the efficacy of mometasone furoate nasal spray to betamethasone oral tablets for the treatment of people with seasonal allergic rhinitis and found that the two have virtually equivalent effects on nasal symptoms in people. For nocturnal symptoms, intranasal corticosteroids can be combined with nightly oxymetazoline, an adrenergic alpha-agonist, or an antihistamine nasal spray without risk of rhinitis medicamentosa. Alternative medicine[ edit ] Therapeutic efficacy of alternative treatments such as acupuncture and homeopathy is not supported by available evidence. However, the overall quality of evidence is poor.

**Chapter 6 : Allergic rhinitis: MedlinePlus Medical Encyclopedia**

*Nonallergic rhinitis is a medical term that describes a set of symptoms that resemble nasal allergies and hayfever but that occurs without a known cause. It produces symptoms such as: Postnasal.*

Treatments are listed in approximate order of preference. Generic price listed first; brand price listed in parentheses. Treatment of allergic rhinitis. They act by decreasing the influx of inflammatory cells and inhibiting the release of cytokines, thereby reducing inflammation of the nasal mucosa. However, many of the products have different age indications from the U. The most common adverse effects of intranasal corticosteroids are throat irritation, epistaxis, stinging, burning, and nasal dryness. It causes smooth muscle constriction, mucus secretion, vascular permeability, and sensory nerve stimulation, resulting in the symptoms of allergic rhinitis. First-generation antihistamines, including brompheniramine, chlorpheniramine, clemastine, and diphenhydramine Benadryl , may cause sedation, fatigue, and impaired mental status. These adverse effects occur because the older antihistamines are more lipid soluble and more readily cross the blood-brain barrier than second-generation antihistamines. The use of first-generation sedating antihistamines has been associated with poor school performance, impaired driving, and increased automobile collisions and work injuries. Second-generation antihistamines have more complex chemical structures that decrease their movement across the blood-brain barrier, reducing central nervous system adverse effects such as sedation. Although cetirizine is generally classified as a second-generation antihistamine and a more potent histamine antagonist, it does not have the benefit of decreased sedation. In general, oral antihistamines have been shown to effectively relieve the histamine-mediated symptoms associated with allergic rhinitis e. Because their onset of action is typically within 15 to 30 minutes and they are considered safe for children older than two years, second-generation antihistamines are useful for many patients with mild symptoms requiring as-needed treatment. They have been shown to be similar or superior to oral antihistamines in treating symptoms of conjunctivitis and rhinitis, and may improve congestion. Although intranasal antihistamines are an option if symptoms do not improve with nonsedating oral antihistamines, their use as first- or second-line therapy is limited by adverse effects, twice daily dosing, cost, and decreased effectiveness compared with intranasal corticosteroids. The abuse potential for pseudoephedrine should be weighed against its benefits. Common adverse effects of intranasal decongestants are sneezing and nasal dryness. Use for more than three to five days is usually not recommended because patients may develop rhinitis medicamentosa, or may have rebound or recurring congestion. Many studies have looked at the combination of an intranasal corticosteroid and an oral antihistamine or leukotriene receptor antagonist, but most have concluded that combination therapy is no more effective than an intranasal corticosteroid alone. The optimal length of therapy has not been determined, but three to five years is thought to be the best duration.

### Chapter 7 : Allergic Rhinitis - The Clinical Advisor

*Allergic rhinitis prevention is somewhat possible, but it is difficult to prevent it allergic rhinitis completely. That being said, the following tips can help reduce the number of causes of hay fever and also reduce the amount of time you have to deal with symptoms.*

Allergic rhinitis is an allergic reaction of the upper respiratory system to a substance called an allergen, which is anything that causes an allergy. These reactions will occur either seasonally during certain seasons of the year or perennially throughout the year. Seasonal rhinitis comes and goes with the reproductive cycles of plants and fungi mold. At certain times of the year depending on their species and where they are located, plants release pollen into the air, and fungi release spores. People who are allergic to one or more kinds of these allergens will develop allergic rhinitis. Tree pollen tends to be the cause of symptoms in the spring, grass pollen in the summer, and ragweed and other weeds in the fall. Fungi are suspect over a much longer period because they release their spores from late March until November. Weather influences how severe allergy symptoms will be because it affects the daily pollen count. Pollen counts tend to be at their highest on warm, dry, and breezy mornings, and at their lowest on rainy, cool days. Generally, your allergic reaction will be severe or mild, depending on the rise and fall of the pollen count. As the name suggests, perennial rhinitis occurs all year round. It is caused by allergens whose production is not tied to any seasonal cycle. Common examples are dust mites, animal dander, and molds. Dust mite allergens can be found in pillows, down-filled clothing and bedding, draperies, upholstery, and thick carpeting. Symptoms will be steady if you come into contact with the allergen every day, but they can come and go if you only have occasional contact. It also is possible that if you have a constant reaction to a perennial allergen that you may actually have a seasonal allergy. How common is allergic rhinitis hay fever? No one knows why some people suffer from allergies and others do not. Some evidence suggests that allergies could be a hereditary inherited trait. Other evidence links allergic rhinitis to asthma and eczema. People who suffer from these diseases are more likely to develop allergic rhinitis, too. What causes the symptoms of allergic rhinitis hay fever? The symptoms of allergic rhinitis are caused by your immune system protecting itself from what it identifies as an invading substance. Most evidence suggests that genetics heredity determine whether your body will mount this kind of defense. This allergic response begins with the production of allergic IgE antibodies special type of proteins produced by the body. As the mast cells destroy the allergens, a chemical called histamine is released into the bloodstream and certain mucous membranes specifically, the lining of the nose or eyes. Histamine makes the sinuses and eyelids red and swollen. It also triggers the sneezing reflex. The swelling is designed to block more of the allergens from entering the body, and sneezing is a method of getting rid of them. Histamine also causes itching and allows fluids to enter the nasal tissue, which results in congestion stuffiness and a runny nose.

### Chapter 8 : Allergic Rhinitis (Hay Fever) | Cleveland Clinic

*If you suffer from allergic rhinitis, then you may know that the cause of all this is a germ that you're allergic to. As a consequence of inhaling pollen or a speck of dust, your body reacts by defending itself with a number of symptoms that usually last for days or weeks.*

Eye drops and nasal sprays Eye drops and nasal sprays can help relieve itchiness and other allergy-related symptoms for a short time. However, depending on the product, you may need to avoid long-term use. Like decongestants, overusing certain eye drops and nose drops can also cause a rebound effect. Corticosteroids can help with inflammation and immune responses. These do not cause a rebound effect. Steroid nasal sprays are commonly recommended as a long-term, useful way to manage allergy symptoms. They are available both over the counter and by prescription. Talk to your doctor before starting a regimen of any allergy treatment to make sure you are taking the best medications for your symptoms. Your doctor can also help you determine which products are made for short-term use and which are designed for long-term management.

Immunotherapy Your doctor may recommend immunotherapy, or allergy shots, if you have severe allergies. You can use this treatment plan in conjunction with medications to control your symptoms. These shots decrease your immune response to particular allergens over time. They do require a long-term commitment to a treatment plan. An allergy shot regimen begins with a buildup phase. During the maintenance phase, you will likely need to see your allergist for shots every two to four weeks over the course of three to five years. You may not notice a change until over a year after the maintenance phase begins. Some people can experience severe allergic reactions to an allergen in their shot. It works similarly to allergy shots but without an injection. Currently, it is effective for treating rhinitis and asthma allergies caused by grass, tree pollen, cat dander, dust mites, and ragweed. You can take SLIT treatments, such as Oralair for certain grass allergies, at home after an initial consultation with your doctor. Like allergy shots, the medication is taken frequently over a period of time determined by your doctor. Possible side effects include itching in the mouth or ear and throat irritation. In rare cases, SLIT treatments can cause anaphylaxis. Talk to your doctor about SLIT to see if your allergies will respond to this treatment. Your doctor will need to direct your treatment with this method.

Home remedies Home remedies will depend on your allergens. If you have seasonal or pollen allergies, you can try using an air conditioner instead of opening your windows. If possible, add a filter designed for allergies. Using a dehumidifier or a high-efficiency particulate air HEPA filter can help you control your allergies while indoors. Adding a HEPA filter to your vacuum and vacuuming weekly may also help. Limiting carpet in your home can also be useful. Aside from home remedies, options can also include alternative and complimentary medicine. The correct dosing may also be difficult to determine or achieve. According to the National Center for Complementary and Integrative Health NCCIH , some of the treatments below may be helpful in managing seasonal allergies, but more research is still needed. Talk to your doctor before trying any of the following.

### Chapter 9 : Allergic rhinitis - Wikipedia

*History, physical examination and allergy testing are the cornerstones of diagnosis of allergic rhinitis. The utility of imaging for allergic rhinitis is unproven.*

Symptoms that may develop later include: Stuffy nose nasal congestion Clogged ears and decreased sense of smell Sore throat Dark circles under the eyes Puffiness under the eyes Headache Exams and Tests The health care provider will perform a physical exam and ask about your symptoms. You will be asked whether your symptoms vary by time of day or season, and exposure to pets or other allergens. Allergy testing may reveal the pollen or other substances that trigger your symptoms. Skin testing is the most common method of allergy testing. If your doctor determines you cannot have skin testing, special blood tests may help with the diagnosis. A complete blood count CBC test, called the eosinophil count, may also help diagnose allergies. It may be impossible to avoid all pollen. But you can often take steps to reduce your exposure. You may be prescribed medicine to treat allergic rhinitis. The medicine your doctor prescribes depends on your symptoms and how severe they are. Your age and whether you have other medical conditions, such as asthma, will also be considered. For mild allergic rhinitis, a nasal wash can help remove mucus from the nose. You can buy a saline solution at a drug store or make one at home using 1 cup milliliters of warm water, half a teaspoon 3 grams of salt, and pinch of baking soda. Treatments for allergic rhinitis include: They may be used when symptoms do not happen often or do not last long. Be aware of the following: Many antihistamines taken by mouth can be bought without a prescription. Some can cause sleepiness. You should not drive or operate machines after taking this type of medicine. Others cause little or no sleepiness. Antihistamine nasal sprays work well for treating allergic rhinitis. Ask your doctor if you should try these medicines first. They work best when used nonstop, but they can also be helpful when used for shorter periods of time. Corticosteroid sprays are generally safe for children and adults. Many brands are available. You can buy four brands without a prescription. For all other brands, you will need a prescription from your doctor. Do not use nasal spray decongestants for more than 3 days. These are the chemicals the body releases in response to an allergen that also trigger symptoms. This includes regular shots of the pollen you are allergic to. Each dose is slightly larger than the dose before it, until you reach the dose that helps control your symptoms. Allergy shots may help your body adjust to the pollen that is causing the reaction. Outlook Prognosis Most symptoms of allergic rhinitis can be treated. More severe cases need allergy shots. Some people, especially children, may outgrow an allergy as the immune system becomes less sensitive to the trigger. When to Contact a Medical Professional Call for an appointment with your provider if: You have severe hay fever symptoms Treatment that once worked for you no longer works Your symptoms do not respond to treatment Prevention You can sometimes prevent symptoms by avoiding the pollen you are allergic to. During pollen season, you should stay indoors where it is air-conditioned, if possible. Sleep with the windows closed, and drive with the windows rolled up.