



Rhinitis and hayfever

ABOUT THE CONDITION

What is rhinitis?

Rhinitis is the medical name for swelling in the lining of the nose. This lining contains cells that make mucus (snot). The mucus traps particles coming into the nose. When the lining of the nose is swollen, it makes more mucus. This can block your nose, making it harder to breathe.

Rhinitis can also affect the sinuses, eyes, ears and lungs. When it affects the nose and sinuses, this is called **rhinosinusitis**. If this lasts more than 12 weeks, it becomes **chronic rhinosinusitis (CRS)**. See the ENT UK e-leaflets on [chronic rhinosinusitis with nasal polyps](#) and [without nasal polyps](#) for more information. See also our e-leaflet on [chronic rhinosinusitis in children](#).

What symptoms can rhinitis cause?

Rhinitis symptoms can include:

- runny nose
- watery eyes
- itchy nose
- itchy ears, throat, and eyes
- sneezing
- blocked nose.

These symptoms can lead to poor sleep. This can make it hard to function properly at work or at school.

Types of rhinitis

You can have **allergic rhinitis** or **non-allergic rhinitis**. Which one you have depends on what is making your nasal lining swell.

Allergic rhinitis is caused by allergens. An allergen is any substance you are allergic to. Lots of things can be allergens, such as pollen or pet hair. Allergens are harmless unless you are allergic to them. If you are allergic to them, your immune system will react to tiny particles of that substance. As part of this reaction, your nasal lining will swell.

Some allergens are in the air we breathe all year round. Anyone allergic to these could get symptoms throughout the year. This is called **perennial allergic rhinitis**.

Hayfever is a type of allergic rhinitis. Many people are allergic to pollen from trees, grass, and flowers. Pollens are only in the air at certain times of the year. These cause **seasonal allergic rhinitis**, also known as hayfever.

Non-allergic rhinitis is not caused by your immune system. It can be caused by chemicals, smells, irritants, and changes in temperature or air pressure.

Infections, such as colds, are a type of rhinitis. They tend not to last long. Sometimes infections can affect the sinuses as well. This can cause **rhinosinusitis** symptoms. These symptoms can appear after the original infection has gone.

Covid-19 is an infection that can cause rhinitis. Your symptoms should improve as you recover. Covid-19 and ordinary rhinitis can both cause cold-like symptoms. But Covid-19 often comes with other symptoms too. These include fever, dry cough and loss of smell and taste.

Sometimes, **allergic** and **non-allergic** causes and **infections** can bring on symptoms at the same time. For example, a person with allergic rhinitis might get worse if they are around air pollution as well. Allergies may make normal colds worse.

Your GP will assess you and will be able to tell if your symptoms are likely to be caused by allergies or not. Ruling out an allergy can be as helpful as finding out what you are allergic to.

How do I know if my symptoms are caused by allergies?

If you get symptoms every year in the spring or summer, it is possible to self-diagnose a pollen allergy without needing any tests.

If you have symptoms all year round, it is helpful to know if you are allergic to something. You can then keep away from the thing that causes your symptoms. It will also help you find out what treatment will control your symptoms.

How do you test for allergies?

Allergy skin prick testing at an NHS allergy clinic is the best way to find out what you are allergic to. This will give you an instant result. Allergy testing can sometimes give false results. It cannot be used as a screening test.

In a skin prick test, a small drop of liquid is placed on the skin. The skin is pricked through the liquid.

The liquid contains an allergen. If you are allergic to the allergen, a red itchy bump will appear where the prick was.

Allergy blood tests are also reliable. But you may have to wait a few weeks for the results. Blood tests are useful when skin prick testing is not possible. For example, if you have severe eczema, very sensitive skin or must take antihistamine medication.

Specialist centres can do a test called a **nasal challenge** if needed. This might happen if test results are negative but there is a strong history of allergy. Your specialist will give you more information about this if needed.

Sometimes results don't reflect a person's symptoms and a non-allergic cause is the real problem.

ABOUT THE PROCEDURE

How do we treat perennial allergic rhinitis?

It is important to treat allergic rhinitis. Treatment can stop symptoms and make your quality of life better. It can also stop complications that could lead to more severe disease. Rhinitis is a risk for people with asthma. If untreated, it makes uncontrolled asthma more likely.

1. Reduce allergens

Reducing exposure to allergens can help symptoms. Common allergens include dust mites, mould and dander (tiny skin flakes) from animals.

Advice for patients allergic to dust mite and/or animal dander:

- Open windows to let air in the home
- Make sure your vacuum has a high-efficiency air particle filter (HEPA)
- Vacuum the floor regularly
- Wear a face mask if you know you will be around allergens.

Advice for patients allergic to house dust mite or mould:

- Replace carpets with sealed floors, such as laminated flooring
- Don't let dust build up
- Do the dusting with a damp cloth
- Wash bedding at 60°C every 2 weeks
- Cover mattress and pillows with anti-allergy (micro-porous membrane) covers
- Don't have too many soft toys or furnishings on the bed. Put in the freezer for 6 hours once a month to kill mites inside before washing
- Turn the heating down
- Don't dry clothes on the radiator
- Get rid of damp in the home.

Advice for patients allergic to animal dander:

- Don't allow pets on your bed, sofas, chairs and cushions
- Keep pets outside if you can. Always keep them out of the bedroom
- Wash pet bedding regularly on a hot wash
- If you ride a horse, remove your horse-riding clothes before entering the home. Bag and wash them and shower after riding.

2. Washing out the nose (nasal douching)

This can be done several ways. Two of the simplest are to use a squeeze bottle or a ready-mixed spray from the pharmacy. The liquid used to wash out the nose is a mix of salt, bicarbonate of soda and cooled boiled water. Ask your GP for the recipe if you wish to make this at home.

Saline (salt water) sprays and douches are good for nasal hygiene and will help reduce symptoms by washing away any trapped allergens. Nasal douching can help adults and children. It is worth doing on its own but is also a good way of cleaning your nose before other nasal treatments. It can also be useful after breathing in any allergens during activities like housework. See the ENT UK e-leaflet on nasal douching for more information.

3. Medication

You can buy hayfever medicine without a prescription in pharmacies and shops. If you have perennial rhinitis, you will need treatment all year round. Medicine for perennial rhinitis is like hayfever medication. However, patients need to be monitored by their GP. This is because some people can develop asthma and new allergies if the nasal lining swelling is not controlled.

Treatments include:

- **Steroids spray or drops** for the nose. Steroid nose sprays work best when used once or twice a day. See the ENT UK e-leaflets on using [nasal sprays](#) and [nasal drops](#)[JP2] for more information. Some people may have a blocked nose due to the shape of their nose. This can also affect their ability to use nasal sprays. This may sometimes require surgery. See the ENT UK e-leaflet on [septal surgery](#) for more information.
- If symptoms are very severe, your GP can prescribe a short course of **steroid tablets** as well as nasal treatments. These should not be used long-term.
- When symptoms in the nose or eyes are very bad, **non-drowsy antihistamine tablets** can be used as well as a nasal steroid spray and eye drops. Don't use antihistamines that make you drowsy. These can make you think and move slowly. They can cause behavioural problems in small children and increase the risk of dementia in the elderly.
- Over-the-counter **nasal decongestant sprays** can be used for up to five days at a time. You should not use them too often or for long periods of time. They make the nose swell up when the spray is stopped.
- Patients with both rhinitis and asthma can reduce nasal symptoms with **anti-leukotriene tablets**.

If you are pregnant or breastfeeding:

- Try washing your nose out with saline.
- If this does not control your symptoms, talk to your GP. You may be able to use steroid nasal sprays which are not absorbed.

Avoid antihistamine tablets.

4. Allergen-specific immunotherapy

Sprays and tablets might not work for patients with severe allergic rhinitis. Their GP may send them to an allergy specialist for this treatment. The treatment is very effective with pollen, bee and wasp allergies. It also works for allergies to house dust mites and some animals.

In **subcutaneous immunotherapy**, injections are made under the skin. In **sublingual immunotherapy**, medicine is taken under the tongue. The symptoms often go away for years, even after treatment ends.

You should talk to your GP or allergy specialist to see if you are suitable for this treatment. The treatment lasts three years. In some patients, it makes rhinitis less likely to turn into asthma.

Monitoring

Depending on a patient's symptoms, their GP may need to check them regularly, especially if the patient is a child. If the patient is a child using other long-term steroid treatments, such as for eczema and asthma, a growth assessment should be included.

Carefully treating the nose will help stop rhinitis turning into something worse. It makes it less likely that you develop asthma.

Further sources of information:

- [British Society for Allergy and Clinical Immunology](#)
 - [Allergy UK Helpline: 01322 619898](#)
 - [EUFOREA](#): Guides for dealing with allergic rhinitis in adults and children.
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Disclaimer: *This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.*

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