CONDITION

Hay fever

Hay fever is an allergic reaction to pollen that causes sneezing, a runny or blocked nose, and itchy eyes.

WHAT IT IS
Seasonal allergic inflammation of the nose and eyes

BODY SYSTEM
Nose, eyes, airways, and immune system

MAIN SYMPTOMS
Sneezing, blocked or runny nose, itchy watery eyes

WHAT CAUSES IT
Immune reaction to airborne pollen

HOW IT IS DIAGNOSED
Symptoms, examination, sometimes skin or blood allergy tests

MAIN TREATMENT
Antihistamines, steroid nasal sprays, and pollen avoidance

CAN IT BE CURED?
No - treatment controls symptoms, not the allergy

IS IT AN EMERGENCY?
Sometimes - severe breathing difficulty needs emergency care

LONG-TERM OUTLOOK
Recurring seasons, usually manageable with appropriate treatment

Overview

Hay fever is an allergy to pollen from trees, grasses, or weeds. Its medical name is seasonal allergic rhinitis. "Rhinitis" means inflammation inside the nose.

Your immune system normally protects you from harmful substances. With hay fever, it treats harmless pollen as a threat. This releases chemicals, including histamine, that cause swelling, itching, sneezing, and mucus production.

Symptoms tend to appear during the pollen season for your particular trigger. Tree pollen often causes problems earlier in the year, while grass and weed pollen usually become more important later. Exact seasons differ by location, weather, and plant type.

Hay fever is not contagious. You cannot catch it or pass it to someone else.

Although it is not usually dangerous, hay fever can disturb sleep, concentration, school, work, exercise, and outdoor activities. It can also make asthma harder to control.

Some people have similar symptoms throughout the year. These may be caused by indoor allergens such as dust mites, mould, or animals. This is usually called perennial allergic rhinitis rather than hay fever.

Symptoms

Hay fever mainly affects the nose and eyes. Common symptoms include:

The mucus is usually thin and clear. Nasal blockage may reduce your sense of smell and can lead to mouth breathing or snoring.

Symptoms may be worse on warm, dry, or windy days, when more pollen is in the air. They may improve after rain, although thunderstorms can sometimes break pollen into smaller particles and worsen asthma symptoms in susceptible people.

Hay fever can overlap with asthma. Wheezing, chest tightness, shortness of breath, or a cough that is worse at night or with exercise may suggest that the lower airways are also affected.

A cold can look similar, but it is caused by a virus. Colds are more likely to cause a sore throat, body aches, or fever and usually settle within a limited period. Hay fever tends to return with pollen exposure and commonly causes itching. Fever is not a usual feature.

- Repeated sneezing
- A runny, blocked, or itchy nose
- Itchy, red, or watery eyes
- An itchy throat, roof of the mouth, or ears
- Mucus running down the throat
- Coughing or frequent throat-clearing
- Tiredness, poor sleep, or reduced concentration

Causes and risk factors

Hay fever begins when your immune system becomes sensitised to a type of pollen. After sensitisation, later exposure can trigger an allergic reaction in the lining of your nose and eyes.

Different plants release pollen at different times. Common triggers include:

Which pollens matter most depends on where you live. Flowers pollinated mainly by insects are less likely to cause hay fever than plants that release large amounts of light, wind-carried pollen.

You are more likely to develop hay fever if you or a close family member has an allergic condition, such as asthma, eczema, or another form of allergic rhinitis. This inherited tendency is sometimes called atopy.

Air pollution and tobacco smoke do not directly create a pollen allergy in every person, but they can irritate the airways and make symptoms feel worse. Outdoor work or activities may increase pollen exposure.

Hay fever can start in childhood, the teenage years, or adulthood. Symptoms and triggers may change over time.

- Trees, such as birch, alder, hazel, oak, or cedar
- Grasses
- Weeds, including ragweed in some regions

Diagnosis

Hay fever is often diagnosed from the pattern of symptoms. A healthcare professional may ask when symptoms occur, what seems to trigger them, whether they improve away from home, and whether you have asthma, eczema, or a family history of allergy.

They may examine your nose, eyes, throat, and breathing. The inside of the nose may look pale or swollen, but this finding alone does not confirm hay fever.

Allergy testing is not always needed. It may be considered when the trigger is unclear, symptoms are difficult to control, or specialist treatment such as allergen immunotherapy is being considered.

A skin-prick test places tiny amounts of suspected allergens on the skin and lightly pricks the surface. A raised, itchy bump suggests sensitisation. A blood test can measure allergen-specific IgE, an antibody involved in allergy.

A positive test does not automatically prove that an allergen causes your symptoms. Results need to match your symptoms and exposure pattern. Unproven home allergy tests may give misleading results.

Treatment and management

Treatment aims to reduce symptoms and help you continue normal activities. The best approach depends on which symptoms you have, how severe they are, and how long the pollen season lasts.

Antihistamines like cetirizine or loratadine block the effects of histamine. They can help sneezing, itching, and a runny nose. Some are taken by mouth, while others are used as nasal sprays or eye drops. Newer oral antihistamines are less likely to cause drowsiness, but sleepiness can still occur. Check the label before driving or using machinery.

Corticosteroid nasal sprays reduce inflammation inside the nose. They are often more effective for ongoing nasal symptoms, especially blockage, than oral antihistamines alone. They work best when used regularly and with correct technique, rather than only after symptoms become severe. Full benefit may take several days.

Aim a nasal spray slightly outward, away from the middle wall of the nose. This may reduce irritation and nosebleeds. A pharmacist or healthcare professional can demonstrate the technique.

Saline sprays or rinses use a salt-water solution to clear pollen and mucus. If you prepare a rinse yourself, use sterile, distilled, or previously boiled and cooled water. Follow the device's cleaning instructions.

Decongestant nasal sprays can relieve blockage quickly, but prolonged use can cause rebound congestion, in which the nose becomes more blocked when the medicine wears off. Use them only for the short period stated in the product information. Oral decongestants are not suitable for everyone and can cause effects such as a fast heartbeat, raised blood pressure, or difficulty sleeping.

Combination treatment may be appropriate when one medicine is not enough. Children, pregnant or breastfeeding people, and anyone taking other medicines should check suitable options with a pharmacist or healthcare professional.

Allergen immunotherapy may be offered by an allergy specialist when a confirmed pollen allergy causes substantial symptoms despite usual treatment. It involves repeated, controlled exposure to the allergen by injection or tablets placed under the tongue. Treatment usually continues over several years and can provide lasting improvement, but it is not a guaranteed cure.

Antibiotics like amoxicillin or doxycycline do not treat hay fever because it is not a bacterial infection.

Complications

Poorly controlled hay fever can disrupt sleep and cause daytime tiredness, irritability, headaches, and difficulty concentrating. Children may struggle at school, while adults may find work, driving, or exercise more difficult.

Swelling inside the nose can affect drainage from the sinuses and middle ears. This may contribute to sinus or ear problems, although facial pressure or ear discomfort does not always mean there is an infection.

Hay fever can worsen asthma. If you have asthma, pollen exposure may increase coughing, wheezing, chest tightness, or the need for reliever medicine. A noticeable change in asthma control needs medical review.

Frequent rubbing and irritation can make the skin around the eyes or nose sore. Nasal sprays may sometimes cause dryness or nosebleeds, particularly if the spray is directed toward the middle of the nose.

Some people with birch or related pollen allergy develop itching or mild swelling in the mouth after eating certain raw fruits, vegetables, or nuts. This is called pollen-food syndrome. Symptoms are usually limited to the mouth, but more widespread symptoms need prompt assessment.

Prevention

There is no reliable way to prevent the immune tendency that causes hay fever. You may, however, be able to reduce pollen exposure and limit symptoms.

Check a trusted local pollen forecast and plan around days when your trigger is high. Keeping windows closed at peak times, using a pollen filter in the car, and avoiding freshly cut grass may help.

After spending time outdoors, change your clothes and shower or wash your hair to remove pollen. Sunglasses may reduce pollen reaching the eyes. Dry laundry indoors when pollen levels are high so that pollen does not settle on it.

Do not smoke, and avoid second-hand smoke where possible. Smoke can further irritate an already inflamed nose and airways.

If your symptoms follow a predictable season, a pharmacist or healthcare professional may advise starting preventive treatment shortly before that season. This controls inflammation early; it does not prevent the underlying allergy.

Living with it and what to expect

Hay fever often returns during the same part of each year. The timing and severity may change with weather, local vegetation, travel, and your level of exposure.

Some people improve as they get older, while others continue to have symptoms for many years. New triggers can appear, and a previous trigger may become less troublesome. It is not possible to predict an individual course with certainty.

Most people can keep up with work, school, exercise, and outdoor activities once they identify their likely season and find an effective treatment plan. Keeping a brief record of symptoms, location, weather, and pollen forecasts can help reveal patterns.

Review your approach if treatment is not working. Incorrect nasal spray technique, irregular use, continued exposure, or another condition may be contributing. Persistent symptoms outside the pollen season could suggest an indoor allergy or a non-allergic nasal condition.

If you also have asthma, continue your asthma treatment as directed and pay attention to changes during pollen season. Hay fever treatment may improve comfort, but it does not replace asthma medicines.

When to get medical help

Arrange a routine appointment with a pharmacist or healthcare professional if:

Seek urgent medical advice for new or worsening wheezing, chest tightness, or shortness of breath, especially if you have asthma and your usual action plan is not controlling the symptoms.

Call emergency services for severe difficulty breathing, blue or grey lips, fainting, confusion, or rapid swelling of the tongue or throat. These are not typical hay fever symptoms and may indicate a severe asthma attack or another serious allergic reaction.

- Symptoms affect sleep, school, work, exercise, or daily activities
- Pharmacy treatments have not provided enough relief
- You are unsure which treatment is suitable
- Symptoms occur throughout the year or the trigger is unclear
- You have repeated nosebleeds, facial pain, or reduced smell
- Hay fever appears to be worsening your asthma
- You may need allergy testing or specialist immunotherapy

Common questions

Is hay fever contagious?

No. Hay fever is an immune reaction to pollen, not an infection. It cannot spread through coughing, sneezing, touching, or sharing food.

Can hay fever make me feel tired?

Yes. Nasal blockage, coughing, and itching can interrupt sleep. The inflammation itself may also affect concentration, and some antihistamines cause drowsiness.

Why have I suddenly developed hay fever as an adult?

Pollen allergy can begin at any age. Changes in where you live, pollen exposure, air quality, and how your immune system responds may all play a part. New symptoms should not automatically be assumed to be hay fever because infections and other nasal conditions can look similar.

Does rain make hay fever better or worse?

Steady rain often removes pollen from the air for a while. However, conditions around thunderstorms can break pollen into very small particles, which may worsen breathing symptoms in people with pollen allergy and asthma.

Can I permanently cure hay fever?

There is no guaranteed cure. Medicines and exposure reduction can control symptoms. Specialist immunotherapy can reduce sensitivity and may provide long-lasting improvement for some people.

Can hay fever cause a fever?

Despite its name, hay fever does not usually cause a raised body temperature. A true fever may point to an infection or another cause, particularly if you also feel generally unwell.

Sources

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