CONDITION

Seasonal allergies

Seasonal allergies are immune reactions to airborne pollen or mold that cause recurring nose and eye symptoms.

WHAT IT IS
Seasonal allergic inflammation of the nose and eyes

BODY SYSTEM
Nose, eyes, and airways

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

WHAT CAUSES IT
Immune reaction to airborne pollen or mold

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

MAIN TREATMENT
Allergen reduction, antihistamines, nasal steroids, sometimes immunotherapy

CAN IT BE CURED?
No - treatment controls rather than removes the allergy

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

LONG-TERM OUTLOOK
Recurring seasonal symptoms, usually manageable with treatment

Overview

Seasonal allergies happen when your immune system overreacts to substances in the outdoor air. They are often called hay fever or seasonal allergic rhinitis. "Rhinitis" means inflammation inside the nose.

Pollen from trees, grasses, and weeds is the most common trigger. Outdoor mold spores can also cause seasonal symptoms. Despite the name "hay fever," the condition is not caused only by hay and does not normally cause a fever.

When you breathe in a trigger, your immune system releases histamine and other inflammatory chemicals. These cause sneezing, itching, mucus, and swelling inside the nose. The same reaction may affect the eyes, throat, and airways.

Seasonal allergies are not contagious. However, they can affect sleep, concentration, school, work, exercise, and enjoyment of outdoor activities. They may also make asthma harder to control.

Symptoms

Symptoms tend to appear during the times of year when a particular pollen or mold is in the air. The exact season differs by location, weather, and trigger.

Common symptoms include:

The mucus is usually clear and watery. Nasal blockage may become more noticeable after several days of exposure because inflammation builds inside the nose.

Seasonal allergies do not usually cause a fever or severe body aches. These symptoms are more suggestive of an infection. Colds may cause similar nasal symptoms, but they usually last for a limited period rather than returning during the same pollen season.

Some people have both seasonal and year-round allergies. Year-round triggers may include dust mites, indoor mold, or animals.

If you have asthma, pollen exposure may also lead to wheezing, chest tightness, coughing, or shortness of breath. These symptoms need attention because they involve the lower airways, not only the nose.

- Repeated sneezing
- A runny, blocked, or itchy nose
- Red, itchy, or watery eyes
- An itchy throat, roof of the mouth, or ears
- Mucus draining down the throat
- Coughing or frequent throat-clearing
- Reduced sense of smell
- Tiredness, especially after disturbed sleep

Causes and risk factors

Seasonal allergies develop when the immune system treats a normally harmless airborne substance as a threat. The body makes allergy antibodies called immunoglobulin E, or IgE.

Later exposure can then trigger inflammation.

Common seasonal triggers include:

Pollen seasons are not the same everywhere. Temperature, rainfall, wind, plant growth, and local climate all influence when pollen appears and how much is in the air.

You are more likely to develop seasonal allergies if close family members have allergies, asthma, or eczema. Having asthma or another allergic condition also increases the likelihood. However, allergies can begin even without a known family history.

Symptoms may be worse on dry, windy days or after activities that increase pollen exposure, such as gardening or mowing. Rain may briefly reduce some airborne pollen, although certain weather conditions can also break pollen into smaller particles and worsen breathing symptoms in people with asthma.

- Tree pollen, often released earlier in the year
- Grass pollen, often more prominent in late spring or summer
- Weed pollen, which may peak later in the growing season
- Outdoor mold spores, which can rise in warm, damp, or windy conditions

Diagnosis

Seasonal allergies are often identified 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 also have asthma or eczema.

They may examine your nose, eyes, throat, ears, and breathing. Swollen nasal tissue and clear mucus can support the diagnosis, but these findings are not unique to allergies.

Allergy testing is not always necessary. It may be useful when the trigger is uncertain, symptoms are difficult to control, or allergen immunotherapy is being considered.

A skin-prick test places small amounts of possible allergens on the skin and lightly pricks the surface. A raised, itchy bump may show sensitization to that allergen. A blood test can measure allergen-specific IgE antibodies.

A positive test does not prove that an allergen causes your symptoms. The result must match your exposure and symptom pattern. Unproven home allergy tests may produce misleading results.

Other causes of nasal symptoms include infections, medication effects, smoke, strong odors, structural problems inside the nose, and non-allergic rhinitis.

Treatment and management

Treatment aims to reduce symptoms and help you sleep, work, study, and stay active. The best approach is based on which symptoms you have, how often they occur, and whether asthma is also present.

Reducing exposure can help, although completely avoiding outdoor pollen is rarely possible. You might check a local pollen forecast, close windows during high-pollen periods, and change clothes after spending time outdoors. Showering or washing your hair can remove pollen before bed. A well-fitting mask may reduce exposure during gardening or mowing.

Corticosteroid nasal sprays reduce inflammation inside the nose. They are among the most effective treatments for nasal blockage, sneezing, itching, and discharge. They usually work best when used consistently during the relevant season rather than only on the worst days. Improvement may begin within hours, but the full effect can take several days.

Spray direction matters. Aim slightly outward, away from the middle wall of the nose, and avoid sniffing hard enough to pull the medicine into your throat. Nosebleeds or irritation can occur. A pharmacist or healthcare professional can demonstrate the technique.

Antihistamines like cetirizine or loratadine block some effects of histamine. They are available as tablets, liquids, nasal sprays, and eye drops. They can be helpful for sneezing, itching, runny nose, and eye symptoms. Some oral antihistamines cause more drowsiness than others, and even products described as less sedating may affect some people.

Saline nasal sprays or rinses can wash away mucus and allergens. If you use a rinse bottle or neti pot, use sterile or distilled water, or tap water that has been boiled and cooled. Clean the device as directed.

Decongestants can temporarily reduce stuffiness, but they are not suitable for everyone. Decongestant nasal sprays can cause rebound congestion if used for too long. Oral products may cause effects such as restlessness, sleep problems, a fast heartbeat, or higher blood pressure. Check the label and ask a pharmacist if you are unsure whether they are appropriate for you.

Allergen immunotherapy may be considered when symptoms remain troublesome despite usual measures. It exposes the immune system to carefully controlled amounts of a confirmed allergen through injections or tablets placed under the tongue. Treatment usually continues over a long period and requires professional supervision. It may reduce symptoms and medication needs, but it does not help every person or every allergen.

Antibiotics like amoxicillin or doxycycline do not treat seasonal allergies because allergies are not caused by bacteria.

Complications

Seasonal allergies are usually manageable, but ongoing inflammation can interfere with sleep and lead to daytime tiredness, poor concentration, or irritability. Nasal blockage may also contribute to snoring.

Swelling and mucus can affect the sinuses or the tubes connecting the middle ears to the throat. This may cause facial pressure, ear fullness, or temporary hearing problems. These symptoms do not automatically mean there is a bacterial infection.

Allergic eye inflammation can become very uncomfortable. Rubbing the eyes may increase irritation.

For people with asthma, pollen and mold can trigger coughing, wheezing, chest tightness, or an asthma flare. Keeping both nasal allergies and asthma well managed is important.

Prevention

Seasonal allergies cannot always be prevented. Inherited tendency and environmental exposure both contribute, and there is no proven way to guarantee that an allergy will not develop.

If you already have seasonal allergies, reducing contact with your triggers may lower your symptom burden. Helpful measures can include:

Starting an established treatment shortly before your usual season may help some people, but timing should reflect your symptom pattern and the product's instructions.

- Following local pollen or mold forecasts
- Limiting prolonged outdoor activity when counts are high
- Keeping home and vehicle windows closed during peak exposure
- Using air conditioning with suitable, regularly changed filters
- Changing clothes and washing after heavy outdoor exposure
- Avoiding drying laundry outdoors during high-pollen periods
- Wearing a mask and eye protection for mowing or gardening

Living with it and what to expect

Seasonal allergies often return around the same part of the year, but the start, length, and

severity of each season can change. Weather patterns, local plants, travel, and air quality may all affect your symptoms.

Some people have symptoms for only a few weeks. Others react to several types of pollen and have a longer season. Allergies may become milder or stronger over the years, and new triggers can appear. It is not possible to promise that they will disappear with age.

Most people can continue their usual activities when symptoms are well controlled. Planning around high-pollen days, using treatment correctly, and addressing sleep problems can make a meaningful difference.

Keep track of when symptoms begin, what the pollen forecast shows, and how well treatments work. Routine follow-up is reasonable if symptoms repeatedly disturb sleep, affect daily activities, or require frequent medication. Review is also useful if a treatment no longer helps or causes side effects.

If you have asthma, follow your asthma action plan and notice whether breathing symptoms increase during pollen season.

When to get medical help

Arrange a routine appointment or speak with a pharmacist if:

Seek urgent medical advice for significant breathing symptoms, rapidly worsening asthma, or eye pain with changes in vision.

Call emergency services for severe difficulty breathing, blue or gray lips, inability to speak normally because of breathlessness, fainting, or swelling of the tongue or throat. These are not typical features of uncomplicated seasonal allergies.

- You are unsure whether your symptoms are allergies or an infection
- Symptoms disrupt sleep, school, work, exercise, or daily activities
- Non-prescription treatment is not controlling symptoms
- You have repeated nosebleeds, facial pain, or a reduced sense of smell
- Symptoms continue outside the expected season
- You develop coughing, wheezing, or worsening asthma symptoms
- You are pregnant, breastfeeding, or choosing treatment for a young child

Common questions

Are seasonal allergies the same as hay fever?

Usually, yes. Hay fever is a common name for allergic rhinitis caused by seasonal pollen. Seasonal allergies can also affect the eyes and may be triggered by outdoor mold spores.

How can I tell allergies from a cold?

Allergies often cause itching, repeated sneezing, clear mucus, and watery eyes. They may continue for weeks and return during a particular season. Colds are infections and are more likely to cause a sore throat, body aches, or a short period of feeling unwell. Fever is not typical of seasonal allergies. Testing may be needed if symptoms could be due to COVID-19 or another infection.

Can seasonal allergies start as an adult?

Yes. They often begin earlier in life, but adults can develop them after years without symptoms. Moving to a different area may also expose you to unfamiliar pollens.

Do local honey or bee pollen cure seasonal allergies?

There is not good evidence that eating local honey prevents or cures seasonal allergies. The pollens that trigger allergic rhinitis usually come from wind-pollinated plants and may not be present in meaningful amounts in honey. Bee pollen products can also cause allergic reactions in some people.

Why are my allergies worse at night?

Pollen carried on your hair, skin, clothes, or bedding may continue to cause symptoms indoors. Nasal swelling can also feel worse when you lie down. Changing clothes, showering, keeping bedroom windows closed, and using treatment correctly may help.

Can seasonal allergies cause asthma?

Seasonal allergies and asthma are separate conditions, but they often occur together. Pollen or mold can trigger asthma symptoms in someone with sensitive lower airways. Wheezing, chest tightness, and shortness of breath should not be assumed to come only from nasal allergies.

Sources

- Dykewicz MS, Wallace DV, Amrol DJ, et al. Rhinitis 2020: A practice parameter update . Journal of Allergy and Clinical Immunology. 2020;146(4):721-767.
- Seidman MD, Gurgel RK, Lin SY, et al. Clinical Practice Guideline: Allergic Rhinitis . Otolaryngology-Head and Neck Surgery. 2015;152(1 Suppl):S1-S43.

- Roberts G, Pfaar O, Akdis CA, et al. EAACI Guidelines on Allergen Immunotherapy: Allergic rhinoconjunctivitis . Allergy. 2018;73(4):765-798.
- NHS. Allergic rhinitis .
- US Food and Drug Administration. Is rinsing your sinuses with neti pots safe?