ONE AIRWAY, ONE DISEASE

An expert report into the true impact of hay fever and asthma

Developed by MEDA in partnership with Allergy UK
INTRODUCING THE EXPERTS

This report has been developed by MEDA Pharmaceuticals in partnership and consultation with Allergy UK, the leading national charity dedicated to supporting the estimated 21 million allergy sufferers in the UK, and committed to helping educate healthcare professionals who work with patients with allergic conditions. Key contributors and reviewers of the report are credited below.

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DIRECTOR OF CLINICAL SERVICES, ALLERGY UK
BSc (Hons); RN; NP; Asthma Dip.

Maureen was appointed Allergy UK’s Director of Clinical Services in 2012 and has three allergic children, one of whom is also anaphylactic. For 14 years, Maureen ran a Primary Care allergy service in Sussex, also doing immunotherapy in Portsmouth. She previously worked in Intensive Care for many years, then in a Community Hospital, prior to running a Primary Care walk-in clinic and asthma service for nine years in West Sussex.

In 1997, she became a Trustee of The British Allergy Foundation (BAF), now Allergy UK, which lobbied for government funding to train primary care clinicians. Maureen became the BAF/Allergy UK Nurse Advisor and Training Manager in 2000, establishing the Department of Health funded graduate level Allergy Diploma course, training days for clinical and educational staff and various allergy master classes. Maureen has represented Allergy UK at international meetings and interdisciplinary groups, including House of Commons Select Committee and House of Lords inquiries into allergy services, National Institute for Health and Care Excellence (NICE) and the Food Standards Agency (FSA).

DR ADAM FOX
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Awarded Paediatric Allergist of the Year (2007) by Allergy UK, Dr Fox is one of the UK’s leading experts in paediatric allergy. He is consultant Paediatric Allergist at a leading London teaching hospital. He is also an expert advisor to NICE. He has extensive experience in the management of food allergy, eczema, asthma, rhinitis and conjunctivitis. Dr Fox is a trustee and chair of the Allergy UK Health Advisory Board.

DR JEAN EMBERLIN
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Dr. Jean Emberlin BSc (Hons) PhD FRSM, has an international reputation as an expert in aerobiology, aeroallergens and hay fever. In 1988 she founded what is now known as the National Pollen and Aerobiology Research Unit in London and developed it as Director and Professor until 2010. She was a founder member of the British Aerobiology Federation in 1992 and later was president for a double term of 8 years. Her work includes being a director of Pollen UK. In this capacity, Jean had responsibility for the co-ordination and development of the national pollen monitoring network and provision of the pollen forecasts to the UK media from 1990 until 2011. Pollen UK then transferred this work to the Met Office to become part of their well established Weather and Health area although Jean maintains a consultancy role. She also had a central role as a director of European Pollen Information Ltd, a consortium of European pollen monitoring networks. Her special interests include the impacts of climate change on vegetation and hay fever, and thunderstorm asthma.

Currently, Jean Emberlin conducts research and consultancy on topics related to aerobiology and allergy, with a focus on environmental factors. She is also the Scientific Director of Allergy UK Research Ltd.

Jean has worked in collaboration with many public and private institutions both in the UK and abroad and has had a leading role in numerous international studies, such as EU funded research topics on allergy. She has over 150 peer reviewed publications and presents her work frequently at national and international congresses as an invited or keynote speaker.

DR DERMOtt RYAN
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Dermot Ryan is a GP in Loughborough with a long-standing interest in respiratory disease and allergy as managed within primary care. He was chairman of the Primary Care Respiratory Society during which he oversaw the establishment of an academic unit of Primary Care Respiratory Medicine at the University of Aberdeen.

He has been a member of various guideline groups including the British Asthma Guidelines Group (British Thoracic Society & Scottish Intercollegiate Guidelines Network), The British Society of Allergy and Clinical Immunology Rhinitis Guidelines Group and the World Allergy Organisation Immunotherapy Guidelines Group. He has performed research in both asthma and rhinitis (hay fever) and also in 2014 was appointed as chair of the primary care interest group of the European Academy of Asthma and Clinical Immunology. He holds an honorary appointment at the University of Edinburgh.
FOREWORD

Many people think of hay fever as little more than irritated eyes and a blocked nose. For those without the condition it can be viewed as nothing but a minor nuisance and in no way serious. But for a great deal of people with seasonal allergic rhinitis, commonly known as hay fever, it has a huge impact on their quality of life for weeks or months every year – and can lead to significant health complications for those with asthma and can also affect atopic eczema.

Even though one in four people have hay fever and effective treatments exist, it is usually poorly managed both by patients who are not able to successfully self-treat their symptoms and also by the multidisciplinary healthcare team whose immediate priorities may lie elsewhere.

For those with mild symptoms, it is perhaps understandable that symptom resolution is not diligently sought. The vast majority of sufferers experience moderate-to-severe symptoms, which affect health as well as social and family commitments, productivity at work and school and overall quality of life.

In many cases, patients become apathetic, yet still spend hundreds of pounds on treatments that simply do not work for them. Meanwhile, they continue to suffer symptoms, and the connection with asthma is never made.

Asthma is rarely addressed in the management of hay fever, even though allergic rhinitis can impact hugely on this chronic life-long disease, resulting in asthma attacks and in the most extreme cases, hospitalisation and even death. In an age of ever greater healthcare advances, it is simply unacceptable that hay fever is not more appropriately treated. As the number of people suffering from hay fever continues to rise, the overwhelming evidence demonstrates that more should and could be done to address this. The time has come to take action.

MAUREEN JENKINS, DIRECTOR OF CLINICAL SERVICES, ALLERGY UK
What Causes Hay Fever?

Hay fever is caused when plant pollen triggers an immune response to make allergic antibodies to a perceived – but not real – threat. In other words, plant pollen is not directly harming the body; it is the body’s response to plant pollen that causes “defensive” chemicals to be released in the nasal passages, eyes and airways, as the immune system attempts to prevent the spread of what it perceives to be a harmful organism.

Hay fever affects most people during the late spring and summer, from April onwards, although allergens are different from person to person:

- Grass pollen is the most common trigger of hay fever, affecting sufferers around early May to late July, particularly during dry, warm weather
- Tree pollen can affect people from as early as February and last until June. Trees that cause the greatest problems include Alder, Birch, Oak and Plane trees
- Weed pollen affects people from around June to September
- Peak times for mould and fungus spores are typically in September, October and mild winters

Hay fever symptoms are often attributed to pollen from flowers, although this is very uncommon. However, perfume, tobacco smoke, dust and cleaning products can all aggravate hay fever symptoms.

While sufferers are most likely to experience hay fever symptoms when outdoors, pollen can attach to clothing, hair and pets’ fur, which means that it is hard to avoid.

What is Hay Fever?

Hay fever is the common name for seasonal allergic rhinitis, a condition characterised by an allergic reaction to plant pollen, causing inflammation of the sinuses, affecting the nose, eyes, and airways often at the same time. Symptoms include sneezing, a blocked or runny nose, itchy, swollen eyes, and irritation of the roof of the mouth, throat and deep in the ears. Hay fever can even result in breathing difficulties, which can have serious consequences for large numbers of people (up to 40%) who also suffer from asthma.

As well as aggravating people who already have asthma, hay fever can also triple the likelihood of people developing asthma.

1 in 4 people (26%) in the UK have hay fever, equating to over 16 million people.

84% of sufferers consider their hay fever to be ‘serious’, as defined by moderate-to-severe symptoms.

57% of doctors consider sufferers’ hay fever to be ‘serious’.
HOW DOES HAY FEVER AFFECT YOUR QUALITY OF LIFE?

Hay fever can not only ruin an important weekend, but for many people, it can disrupt an entire summer, with symptoms lasting for weeks at a time, occurring throughout the ‘hay fever season’. Hay fever can impact quality of life by causing fatigue, hearing and learning impairment, sleep disruption and serious respiratory conditions such as sleep apnoea.

Furthermore, hay fever sufferers are up to four times more likely to suffer from other conditions including asthma, ear infections, sinusitis, eczema, food and insect bite allergies, as well as migraines and depression.

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Several areas of research have demonstrated the profound impact hay fever can have on quality of life:

- **SLEEPING:** When surveyed, 50% of sufferers reported that their hay fever had some impact on their sleep patterns in the previous month.

- **SOCIAL LIFE:** Many sufferers find that their everyday activities are negatively affected by hay fever. For example, 37% reported that their social lives are affected due to having to stay indoors. Other activities, such as exercise (30%) and spending quality time with family (22%) are also negatively affected by hay fever symptoms.

- **EMOTIONAL WELLBEING:** Hay fever can impact people’s emotions, as over half of sufferers reported that they feel frustrated and irritable and 51% said that they feel sluggish and slow.

- **SELF-ESTEEM:** Hay fever can damage people’s self-esteem, particularly women, with 52% stating that it makes them feel unattractive compared to 14% of men. People aged 16–24 were particularly affected, with 41% saying hay fever makes them feel unattractive.

- **ACTIVITIES:** Sufferers reported that they feel frustrated and irritable and 51% said that they feel sluggish and slow.

- **EXERCISE:** 30% of sufferers reported that their hay fever had some impact on their sleep patterns in the previous month.

50% of sufferers reported that their hay fever had some impact on their sleep patterns in the past month.

ACTIVITIES IMPACTED BY HAY FEVER

- 37% of hay fever sufferers that have experienced an impact on these activities
- 30%: Social life, e.g., staying indoors
- 22%: Exercise/keeping fit
- 21%: Stress levels at work
- 17%: Having sex
- 10%: My ability at work is affected, e.g., I have had to leave a meeting
- 4%: Performance at school

HOW CAN HAY FEVER IMPACT YOUR EDUCATION OR CAREER?

Research has shown that as a result of ‘serious’ moderate-to-severe hay fever symptoms, sufferers reported four days off work per year and a noticeable impact on productivity thirty-eight days per year. Furthermore, impaired quality of work has been directly associated with high grass-pollen counts.

The impact on examination performance is also significant. GCSE students with hay fever symptoms are 40% more likely to drop a grade than those without. They are also 70% more likely to drop a grade if they take sedating antihistamines at the time of their examinations, demonstrating the importance of patients receiving a treatment that suits their specific needs and lifestyle.

New research has supported these findings, with as many as 40% of sufferers reporting that they struggle to concentrate properly when experiencing hay fever symptoms.

**EXPERT INSIGHT: WHY IS HAY FEVER ON THE INCREASE?**

**DR JEAN EMBERLIN**

While we are unable to put an exact figure on it, the evidence available indicates that the overall prevalence of hay fever in the UK has at least doubled over the last 30 years. Reasons for this may include increased awareness among hay fever sufferers and healthcare professionals, leading to improved identification and recording of cases. Also a hygiene hypothesis has been put forward. This theory suggests that as a result of cleaner living, the population is less exposed to allergens. However, the increased tendency for allergies to develop.

Also, some plants with allergenic pollen are extending their ranges, so there are more types of allergens in the air. Other reasons for the rise in hay fever cases include the use of antibiotics in children that can disrupt the immune system, and higher levels of air pollution that enhance and increase hay fever symptoms. Furthermore, we are experiencing longer and more severe pollen seasons due to climate change. Grass and weed pollen seasons are tending to get longer and more intense, and tree pollen seasons are tending to start earlier. Summer air pollution episodes are becoming more frequent due to increased incidence of hot dry weather. Some air pollutants increase the allergenicity of pollen and make hay fever symptoms worse. Also some plants with allergenic pollen are extending their ranges, so that there are more types of allergens in the air.

GCSE students with hay fever symptoms are 40% more likely to drop a grade than those without.

40%

40%

10%

21%

17%

10%

4%

8%
THE INEFFECTIVE TREATMENT OF HAY FEVER

HOW WELL IS HAY FEVER MANAGED?

On average, hay fever sufferers experience as many as eight episodes of ‘serious’ hay fever (characterised by moderate-to-severe symptoms) a year, with each lasting approximately 12 days.9 For some people, this means experiencing almost 16 weeks of ‘serious’ hay fever every year.9 Despite taking treatments, as many as 96% of sufferers remain symptomatic.10 Furthermore, in a bid to alleviate these symptoms, as many as 70% of people with ‘serious’ hay fever use more than one treatment, even though there is no evidence to support this practice.11 As well as the individual sufferer being affected, the ineffective management of hay fever has been associated with substantial disease.8,15

WHY IS HAY FEVER NOT WELL MANAGED?

A significant factor in the ineffective management of hay fever is non-adherence to treatment, with half of all sufferers failing to complete a course of treatment as prescribed.12 While the reasons for non-adherence have been related to personality and psychological traits, it is often simplified by sufferers as ‘forgetting’ to take a treatment.13 However, research suggests that treatment choice may be an area that requires attention. When surveyed, one in four people said they suffer hay fever symptoms over long periods, despite taking their treatment regularly.5 This is also supported further by the official guidelines for the management of allergic and non-allergic rhinitis, published by the British Society of Allergy and Clinical Immunology (BSACI). The guidelines state that topical nasal corticosteroids are the treatment of choice for moderate-to-severe disease.14 However, the majority of people with hay fever take oral antihistamines, which are only recommended in the guidelines as a stand-alone treatment for those with the mildest intermittent symptoms.15

“REASONS FOR TREATMENT FAILURE INCLUDE ONLY TAKING TREATMENT ON DAYS WHEN THERE IS A HIGH POLLEN COUNT - RATHER THAN EVERY DAY - AND POOR INHALATION TECHNIQUE FOR TOPICAL NASAL STEROIDS. A SIGNIFICANT NUMBER OF PEOPLE STILL BUY FIRST-GENERATION ANTIHISTAMINES OVER THE COUNTER AND SUFFER THE PREDICTABLE SIDE EFFECTS SUCH AS DROWSINESS.”

DR DERmot Ryan

Research found that one in five people surveyed (20%) said that their treatment makes them feel drowsy and can actually make them feel worse, indicating a need for greater expert involvement in treatment decisions.5

WHY IS SELF-TREATING HAY FEVER NOT ALWAYS THE BEST APPROACH?

New research demonstrates that the majority of sufferers seek relief from their symptoms in pharmacies, with pharmacies seeing an average of 22 patients a week during a typical hay fever season, compared to GPs seeing only 15.11 Furthermore, research says that only 18% of people with allergic rhinitis had visited their GP in the last two years.2 While pharmacies are convenient for patients with busy lifestyles and an increasing number of pharmacists are able to provide excellent advice, most treatments recommended for people with moderate-to-severe symptoms are not available without a prescription. This significantly limits the options available for pharmacists to recommend to buy over the counter.

As a result, research shows that hay fever sufferers are trialling different treatment regimens without the guidance or supervision of an expert. One in five people surveyed (21%) try two or more treatments, often trying different combinations, despite nearly a third of sufferers saying that they don’t like having to use multiple treatments to get their symptoms under control.1 The research showed that women are more likely to try different over the counter treatments and combinations (24%) compared to men (16%).

WHY SHOULD SUFFERERS SEEK EXPERT ADVICE?

Despite the lack of symptom relief and despite dissatisfaction with treatment, 85% of sufferers admit that they haven’t changed their approach to treatment for three years or more.5 Research demonstrates that sufferers have resorted to other ways of relieving or managing their symptoms, often taking unconventional measures including using cold and flu remedies (25%), putting Vaseline in and around their nostrils (23%), trying not to breathe in through the nose (15%) and using salt water nasal wash (10%).1

“GPs AND PHARMACISTS CAN HELP PATIENTS BY CHECKING THAT MEDICATION IS BEING TAKEN AS IT SHOULD BE, E.G. ON A DAILY BASIS, DEMONSTRATING NASAL INHALATION TECHNIQUE AND IF AppROPRIATE, SUGGESTING AN ALTERNATIVE TREATMENT OPTION.”

DR DERmot Ryan

“GPS AND PHARMACISTS HAD VISITED THEIR GP IN THE LAST TWO YEARS.”

Percentage of hay fever sufferers that have tried this method

NEW REASON TO TREAT HAY FEVER

TAKING COLD AND FLU REMEDIES

PUTTING VASELINE IN AND AROUND THE NOSTRILS

EATING LOCAL HONEY

WEARING SUNGLASSES (EVEN WHEN IT'S NOT SUNNY)

BUYING AN AIR PURIFIER

PUTTING HEAD IN A BOWL OF STEAM

TRYING NOT TO BREATHE IN THROUGH THE NOSE

TAKING SEVERAL SHOWERS A DAY

NEW REASON TO TREAT HAY FEVER

25%

23%

20%

16%

16%

15%

11%
The survey findings highlight that there is a significant role for pharmacists in managing hay fever, and an opportunity to manage patients with hay fever more closely. The survey found that 93% of GPs and 97% of pharmacists believed that the increasing role of pharmacists in the management of hay fever would benefit NHS resources. However, only 23% of pharmacists reported holding consultations with patients presenting with hay fever symptoms.

Furthermore, only 18% of GPs and pharmacists provide information about hay fever when requested by a patient. This demonstrates an opportunity for patients to take a more active role in their treatment decisions, as well as for healthcare professionals to hold more frequent, detailed consultations.

The cost of ‘going it alone’

On average, hay fever sufferers spend an average of £13.42 on hay fever treatments whenever they visit the pharmacy. Almost half of people surveyed (43%) said they visit the pharmacy over three times a year, meaning they could be spending at least £40 per year on seeking treatments to relieve their hay fever symptoms that may not even achieve this. The research also found that 49% of 25 to 34 year olds admit that they go to the pharmacist over four times a year, therefore spending a minimum of £53 a year on seeking symptom relief.

Asthma and hay fever: a clear and present danger

How dangerous is asthma and hay fever?

Like hay fever, asthma is a common long-term inflammatory condition. Asthma affects at least 5.4 million people in the UK, which equates to 1 in every 12 adults and 1 in every 11 children. Hay fever is almost a certainty for people with asthma, with studies showing that up to 80% of people with asthma also have hay fever, and a 100% certainty for those with allergic asthma. In addition, up to 40% of patients with hay fever have or will develop asthma, representing approximately 6.4 million people in the UK.

Put simply, hay fever could be the root cause of thousands of asthma-related hospitalisations and hundreds of asthma-related deaths every year. Yet the majority of hay fever cases remain uncontrolled and many patients inadequately self-treat their hay fever, even when suffering moderate-to-severe symptoms.

Every day in the UK, 200 people are hospitalised because of their asthma, three of which will die. While evidence demonstrates that the majority of these people will also have hay fever or allergic rhinitis, hospital data do not reliably document whether admissions of asthma attacks/complications were a result of allergic rhinitis.

Despite this lack of accurate recording, the link between hay fever and asthma is well established. It has been proven that for people with asthma, the presence of hay fever is associated with an increased likelihood of asthma-related hospital admissions and emergency visits.

Furthermore, it is well established that people with asthma and hay fever are less able to control their asthma, representing additional costs for the NHS beyond the treatment of hay fever.

‘At present, rhinitis is not widely recognised as the important cause of poor asthma control. In my clinics, too many asthma patients are still mentioning that nobody has ever examined or enquired about their nasal symptoms before, and this omission is a key factor in suboptimal rhinitis and asthma management.’

Dr Adam Fox

With an ever increasing number of people being diagnosed with hay fever, it is therefore highly likely that the number of episodes of severe hay fever, leading to asthma-related hospitalisations, will increase significantly, resulting in even greater danger to patients and an ever greater burden on NHS resources.
Recommendations from the World Health Organisation (WHO) ‘Allergic Rhinitis and its Impact on Asthma’ (ARIA) workshop, published over 12 years ago in 2001, suggested a new classification of allergic rhinitis, based on the presence of asthma and the frequency and severity of symptoms.1 The ARIA guidelines, subsequently incorporated into the UK British Society of Allergy and Clinical Immunology (BSACI) guidelines, which aimed at improving the management of ‘one airway, one disease’, recommend that all asthma patients are evaluated for hay fever/allergic rhinitis and that in planning treatment, both conditions should be considered together.1

However, new research suggests that thousands of people suffering from both hay fever and asthma are not being treated according to the guidelines, which could put them at an increased risk of asthma exacerbations and, in the most extreme cases, hospitalisation.5,20 Evidence demonstrates that effectively treating allergic rhinitis results in a lowered risk of asthma-related hospitalisations and emergency visits.1 Based on the wealth of research explored in this report, the ‘one airway, one disease’ approach to managing hay fever, based on improving consultations with patients on treatment decisions, should be considered and implemented by all healthcare professionals. The clear links between hay fever and asthma can no longer be underestimated and practice must change to meet this ever growing challenge.

“THE PRESENCE OF RHINITIS IS MUCH MORE LIKELY TO RESULT IN POORER ASTHMA CONTROL WITH CONSEQUENT INCREASES IN EXACERBATIONS AND HOSPITALISATIONS FOR ASTHMA, IN ACCORDANCE WITH THE ARIA GUIDELINES, THOSE SUFFERING WITH RHINITIS SHOULD BE ASKED ABOUT ASTHMA SYMPTOMS TO ENABLE ANY CO-EXISTING ASTHMA TO BE TREATED. SIMILARLY, THOSE WITH ASTHMA SHOULD HAVE ENQUIRIES MADE CONCERNING THE PRESENCE OF NASAL SYMPTOMS.”
DR DERMOT RYAN

Evidence demonstrates that effectively treating allergic rhinitis results in a lowered risk of asthma-related hospitalisations and emergency visits.1 Based on the wealth of research explored in this report, the ‘one airway, one disease’ approach to managing hay fever, based on improving consultations with patients on treatment decisions, should be considered and implemented by all healthcare professionals. The clear links between hay fever and asthma can no longer be underestimated and practice must change to meet this ever growing challenge.

63% OF PEOPLE WITH BOTH HAYFEVER AND ASTHMA ARE NOT BEING TREATED ACCORDING TO GUIDELINES5

41% HAVE NEVER HAD A DEDICATED CONSULTATION TO DISCUSS BOTH CONDITIONS

22% HAVE NEVER DISCUSSED BOTH CONDITIONS, EVEN IF IT HAD COME UP.
DISCUSSION POINTS FOR YOUR HAY FEVER CONSULTATION

If you are not achieving satisfactory relief from your hay fever and/or hay fever related asthma symptoms, you should request a formal consultation with your GP, during which you may wish to raise the following key discussion points:

I suffer wheezing, coughing and shortness of breath as well as sneezing, runny nose and itchy eyes
If you are experiencing a combination of these symptoms you may have or may be developing asthma. Your GP will advise you on how best you can manage these symptoms.

I have asthma but don’t know whether I should be taking my asthma and hay fever treatment together
While it is uncommon for hay fever treatments to affect the efficacy or safety of treatments for asthma (or vice versa), your GP will be able to recommend the most suitable way to manage both conditions.

I have taken several treatments before but they don’t seem to work
Your GP will be able to give you further information on the treatments you have been taking and whether you should be taking them differently, for example by advising on how to use a nasal spray properly. Your GP may also be able to advise you on whether there is a different treatment more suitable for you.

I often forget to take my hay fever treatment and have trouble fitting it around my current lifestyle
Forgetting or neglecting to take your hay fever treatment is a common challenge to effective hay fever management that your GP will be familiar with. If you think a more convenient treatment may help you manage your hay fever better, you should not be afraid to ask your GP for their advice during a consultation if you are not able to achieve symptom relief with your current treatment.

I am taking a nasal spray but I’m not sure how to use it properly
You should see your GP or pharmacist for further advice if your nasal spray does not seem to be working effectively, as this may be because of the way you are using it.

ALLERGY UK RECOMMENDS THE FOLLOWING KEY STEPS TO USE A NASAL SPRAY CORRECTLY:
1. Shake the bottle
2. If blocked, try unblocking your nose by washing with water and/or blowing
3. Look down, keep chin on chest
4. With bottle in right hand, spray into left nostril away from centre. Sniff gently
5. With bottle in left hand, spray into right nostril away from centre. Sniff gently
6. If two drops are needed in each side, repeat as above

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CONTACT ALLERGY UK

FOR FURTHER INFORMATION AND SUPPORT ON ALLERGY, CONTACT ALLERGY UK. THE ALLERGY UK HELPLINE IS OPEN FROM MONDAY–FRIDAY, FROM 9AM TO 6PM.

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