

Don't fear the flowers



By **Dr Ellie Cannon**

You can beat your hay fever with pills, sprays and even a course of acupuncture

Last weekend, the pollen count hit 220 in some parts of England – a dramatic rise from its normal level of 40 or so. For millions of Britons with hay fever this alarming spike – measured in grains of pollen per cubic metre of air by the Met Office – will have triggered sneezing fits, runny noses, sore eyes and an itchy throat. Indeed, on Monday my surgery was full of sufferers desperate for treatment.

Those who don't get hay fever may think a lot of fuss is made over what can't be much worse than a cold. But, unlike a cold, hay fever can last for weeks or even months without the right treatment. I see patients who dread spring and summer. One in ten suffers symptoms so bad they affect their ability to drive or even sleep. It is not uncommon for them to be signed off sick from work.

Hay fever, also known as seasonal allergic rhinitis, occurs when the immune system mistakes pollen for toxins, causing the body's cells to release histamines: chemicals which inflame the lining of the nose, throat and eyes. At this time of year, tree pollen is the main culprit. From May to August, it's pollen from grass. In autumn, hay fever may be caused by late-flowering plants, nettles, mould and fungal spores.

Sufferers can be sensitive to one or more of these but 90 per cent are affected by grass pollen.

The amount of sunshine, rain or wind affects how much pollen plants release and how far grains spread. On rainy days, pollen may be cleared from the air, causing levels to fall, which is why there may have been a bit of light relief in midweek. On sunny days, the pollen count is highest in early evening.

The UK has one of the highest hay fever rates. There has been a fourfold increase in allergies since the Fifties. It's not clear why: theories include dietary changes, an increase in air pollutants, and over-sterilised environments which deny our immune system a chance to learn which factors are harmful or harmless.

It used to be something that mostly affected youngsters – 38 per cent of UK

teenagers are sufferers, compared with a quarter of the general population. But many more patients are developing hay fever for the first time in middle age or later, according to the National Pollen and Aerobiology Research Unit at the University of Worcester. If trends continue, some estimate there could be 32 million sufferers by 2030.

Fortunately, there is a wide range of treatment options. My advice is try all and any until you find one that works. As I tell my patients: Don't despair, hay fever can be beaten.

Q How do I know I have hay fever, rather than other allergies or a cold?

A Rhinitis is a condition in which the inside of the nose becomes inflamed, causing sneezing, itchiness and a persistent runny nose, plus symptoms in the sinuses and eyes. It is a common condition affecting at least one in five of us, and can be

caused by various allergens such as animal fur or dust. Rhinitis caused by pollen is hay fever: it tends to be seasonal, not year-long.

It is possible to be tested for different pollen allergies to confirm the diagnosis but this is not commonly available on the NHS. Unlike a cold, with hay fever you never have a temperature and your nose runs clear.

Q I look out for the pollen count but I'm not sure I understand it.

A The pollen-count prediction is intended to give hay fever sufferers a head start to prepare for a bad day. Less than 30 is low, more than 50 is high. Most people find their hay-fever symptoms start at a pollen count of 50 or more, so if that

is predicted you need to have your treatment with you.

Q Can I use combinations of hay fever treatments?

A It is safe and sensible to combine hay fever treatments for the best results. For example, it is reasonable to use a steroid nasal spray with a daily antihistamine. Check with your doctor or pharmacist, but it is not uncommon for a patient with severe hay fever to be on three treatments to control symptoms.

Q How do I know which antihistamine treatment is best?

A Simply, trial and error. A once-a-day, non-drowsy tablet bought over the counter is a good place to start. Many different ones are available, such as cetirizine or loratadine. If after three or four days' use these don't work for you, ask your GP about prescription antihistamines or an

antihistamine nasal spray. However, if a blocked nose is one of your main symptoms, antihistamines are unlikely to be helpful. You can also become tolerant to antihistamines, and after years of using one type you might find you need to switch.

Q What if antihistamines don't work?

A Steroid sprays such as beconase or flixonase are useful for hay fever, if a blocked nose is your main symptom, and also if you want to avoid antihistamines because you are pregnant or breastfeeding.

If you know the time of year you usually get affected, you can start with a steroid nasal spray a few weeks beforehand to reduce the severity, but you must be consistent in your use. The sprays can cause a dry nose or mouth, so don't overuse them. For hay fever which is so bad it is interfering with normal day-to-day life, doctors will sometimes prescribe a short course of steroid tablets to dampen down the immune system.

Q Are alternative treatments effective?

A Many sufferers find acupuncture effective, and even resolve symptoms completely in some cases. Research is under way to evaluate this properly. Herbal remedies should be avoided as they can cause liver or kidney problems. Salt-water sprays are useful to clean out the nose regularly to remove allergens, and can be used safely by adults and children along with conventional treatment.

Q Is desensitisation treatment an option?

A Desensitisation treatment, or immunotherapy, is useful for those with persistent symptoms. It is offered in a few NHS specialist centres and many private ones. There is a small risk of an acute reaction. You are exposed to ever larger amounts of pollen which over time reduces symptoms. It can take years to work.

● For health advice, follow Dr Ellie Cannon on Twitter, www.twitter.com/Dr_Ellie.



The 26 miles that helped this woman cope with MS

An inspirational short film about how one woman overcame the debilitating symptoms of multiple sclerosis by training for and then running the London Marathon has won a national competition, writes Lynne Wallis.

A Marathon, Not A Sprint was written by Sarah Mead, 40, based on her gruelling exercise regime after being diagnosed with MS.

The London business analyst entered her script in the Real MS: Your Story competition, launched by the MS Society and MS Trust to find ways to raise awareness of the ailment. She worked with

award-winning BBC director Robin Sheppard on the film, which can be viewed on YouTube.

'I was proud of myself for running the marathon last year, and at times I didn't think I would make it. But I did, and if I can, anyone can do it,' says Sarah.

Her problems began four years ago when she woke unable to feel her legs. 'I could walk, but I had lost all sensation. It sounds horrific, but I thought it was a trapped nerve and that it would go away. My feet felt cold and sludgy, as if they were stuck in wet sand,' says Sarah, right.

In March 2007 she learned the truth. 'My doctor confirmed I had remitting and relapsing MS.'

The condition, which is more common among females than males, is usually diagnosed between the ages of 20 and 40. It is a neurological illness caused by lesions in the brain and, although it is not hereditary, some people can be genetically predisposed.



The brain's nerve cells (neurons) contain fibres that are encased in a protective sheath of fatty protein called myelin. In MS, the myelin becomes scarred and the damage disrupts the way messages, or nerve impulses, travel to and from the brain.

The symptoms are directly connected to the location of the scarring in the brain, and include fatigue, blurred vision, limb weakness,

balance problems and numbness or burning sensations.

'Everyone told me I was mad to do a marathon,' says Sarah, 'or that I should try a shorter run first, but I needed to do something big to prove that MS wasn't the end of normal life. I trained for one hour, twice a week, with a long run on Sundays.'

'I have carried on with the exercises as they made me more in tune with my body. I hope people watching the film, whether or not they have MS, will go out and do something they never thought they would be able to.'