Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ALLERGY

Hay fever
getting on top of it, in the right order

Hay fever is an allergic reaction to pollen. Most people take an antihistamine, find it only half works, and conclude nothing helps. In fact there is a clear order of treatments, and the single most effective one is the one most often used incorrectly.

Seek urgent help if you have

- **difficulty breathing, wheezing or a tight chest** — this is asthma, not hay fever
- **swelling of the lips, tongue or throat**
- a **severe headache with facial pain and fever** that is worsening
- **one-sided** nasal blockage or bleeding that persists

Pollen is a common trigger for asthma attacks, and hay fever season is when asthma deaths cluster. If you have asthma, take your preventer inhaler consistently through the season. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The treatment ladder

Step 1
antihistamine tablets and avoidance

Step 2
steroid nasal spray, used daily

Step 3
combination therapy, then immunotherapy

- **Non-drowsy antihistamines** — cetirizine, loratadine or fexofenadine — taken every day through the season rather than only on bad days. Older sedating antihistamines are best avoided; they impair driving and next-day concentration.
- **A steroid nasal spray is the most effective single treatment** for blockage, sneezing and runny nose. It needs several days of consistent use to work, so judging it after two doses is judging it too early.
- **Antihistamine eye drops** for itchy, streaming eyes, which nasal sprays do not reach.
- **Start two weeks before your season begins** if you know when it is. Prevention works far better than rescue.
- **A saline rinse** before the steroid spray clears pollen and mucus and improves how well the spray works.

Almost everyone uses nasal spray wrongly

Tipping the head back and sniffing hard sends the spray straight down the throat, where it does nothing. Instead: look down at your feet, put the nozzle just inside the nostril, aim it **outwards towards the ear on that side** — not up towards the eye — use the opposite hand to the nostril, and breathe in gently. Do not sniff. If you taste it, it has gone too far back. Nosebleeds and a sore septum are almost always caused by aiming inwards at the middle of the nose.

Reducing exposure

Helps

- Petroleum jelly around the nostrils to trap pollen
- Wraparound sunglasses outdoors
- Showering and changing clothes after being outside
- Keeping windows closed in the early morning and evening, when pollen counts peak
- Drying washing indoors during the season

Makes it worse

- Cutting grass, or being nearby when it is cut
- Sitting outdoors in the early evening on warm still days
- Smoking and vaping, which inflame the nose further
- Alcohol, which contains histamine and worsens symptoms
- Pets that go outside and carry pollen in on their coats

Which pollen, and when

- **Tree pollen** — late March to mid-May.
- **Grass pollen** — mid-May to July. This affects the greatest number of people.
- **Weed pollen** — end of June to September.
- Knowing which one affects you lets you start treatment at the right time and, if needed, guides immunotherapy.

When symptoms are not controlled

If you are using an antihistamine and a correctly-administered steroid nasal spray daily and are still struggling, that is the point to be assessed rather than to add more over-the-counter products. Options include a combined steroid and antihistamine nasal spray, a short course of additional treatment, and testing to confirm exactly what you react to.

Immunotherapy — a daily tablet under the tongue, or a course of injections, given over three years — retrains the immune system and can substantially reduce or abolish symptoms long term. It is the only treatment that changes the underlying allergy rather than suppressing symptoms, and it is worth considering for anyone whose hay fever is severe, affects exams or work, or triggers asthma.

Hay fever and asthma

Around eight in ten people with asthma also have allergic rhinitis, and untreated hay fever makes asthma harder to control. If you have both, treating the nose properly measurably improves the chest. Never reduce your preventer inhaler during pollen season.

Book an appointment if symptoms are not controlled on standard treatment, you want allergy testing to identify your triggers, you have asthma alongside hay fever, or you want to discuss immunotherapy, which we arrange through our CQC-registered partners, ahead of next season — it is started in the winter, several months before symptoms begin.

Allergy testing on site

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Allergy testing** · **ENT clinic** · **Private GP** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE and BSACI guidance on allergic rhinitis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.