

April Breezes Bring May Sneezes...

by Doug Puder, MD



Although spring flowers, trees and grasses are beautiful, their pollen can cause misery for those who are allergic. *Spring allergy* is also called *allergic rhinitis* or "*hay fever*". Sneezing, runny nose, red itchy eyes, and an itchy throat are typical symptoms. Asthmatic children may wheeze. Luckily, most allergies today can be controlled, and suffering greatly reduced.

❑ How can I tell if my child has allergies?

A springtime "cold that just won't go away" may be allergy, especially if there is no fever. *Spring allergies* often occur in more than one family member. Pollen allergy is uncommon in children under 3 years old. It takes several seasons of pollen exposure before spring allergy is triggered. Although infants and toddlers can develop food allergies, springtime allergy is uncommon. The runny noses of infants and toddlers are usually from viruses.

❑ How can springtime allergy be treated?

Start with a **non-sedating antihistamine**. These are given by mouth and block the release of a chemical which causes many of the allergic symptoms. These are all available now without prescription (OTC):



Step 1



Loratadine (*Claritin/Alavert*)

Give once daily. Made as pills-liquids-meltaways

Fexofenadine (*Allegra*)

Give once to twice daily. Made as pills-liquids

Cetirizine (*Zyrtec*)

Give once daily. Made as pills-chewables-liquids

Levocetirizine (*Xyzal*) (*less sedating than cetirizine*)

Give once daily. Liquid or pills

Diphenhydramine (*Benadryl*) (*very sedating*)

Suggest give at bedtime only

If that doesn't give enough relief, add a **cortisone** nasal spray to reduce nasal inflammation. Studies have not shown much difference between these nasal cortisone products:



Step 2



These are now **OTC** (non-prescription):

Use in the morning 1-2 sprays each nostril for the first week, then decrease to one spray

Flonase

Nasocort

Rhinocort

Rx: Fluticasone

(generic Flonase)

Mometasone

(generic Nasonex)



We do not recommend nasal spray decongestants like *Afrin* or *Neo-Synephrine*. They give short term relief but create a risk of rebound congestion. They can cause a vicious cycle of overuse and dependence that feels like an addiction.

And if your child's eyes get red add allergy blocking drops:

Step 3



Ketotifen: OTC/*Zaditor*

one drop in each eye three times a day

Pataday: Rx

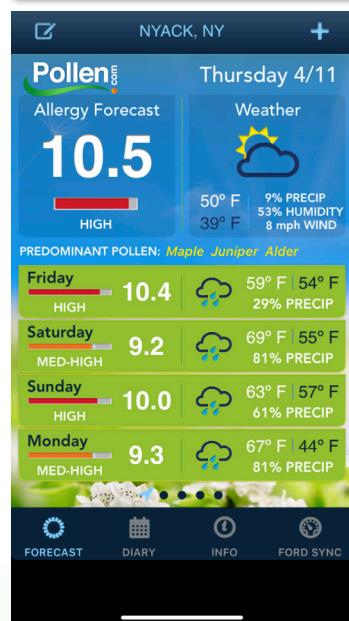
one drop in each eye once daily in the morning

Pazeo: Rx version of *Pataday*

Those with contact lenses should switch to glasses on high pollen days. **HEPA** air cleaning devices help a little but may not be worth the expense. If you have airconditioning, keep windows closed during high pollen count days.

❑ How can I track pollen levels?

It's helpful to know how high the pollen levels are around you and which type of pollen it is. Learn to match the pollen levels and types of pollen with your child's symptoms. During April and May tree pollen is high. Grasses and other flowering plants produce pollen in late spring. There are lots of free apps which make this easy. Here's a good example:



Step 4 ❑ What about other products?

Aren't there lots of other medications? Yes, montelukast (*Singulair*), azelastine OTC (*Astelin*) and others could be considered **Step 4** medications. They may help a little but the first three steps are the most effective and should be continued until pollen levels drop.

Step 5 ❑ Should my child go to an Allergist?

Most children and teens will be comfortable with **Step 1,2,3,4** treatments this spring. But what about a child who is still miserable even while taking all of this? We recommend testing by an allergist. Immunotherapy, most often given by "allergy shots", can be very effective. A new technique uses daily immunotherapy drops under the tongue. It appears to have benefit as well.

We strongly encourage parents to consider immunotherapy for children or teenagers with severe allergies. The decrease in allergy can be dramatic and permanent!



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