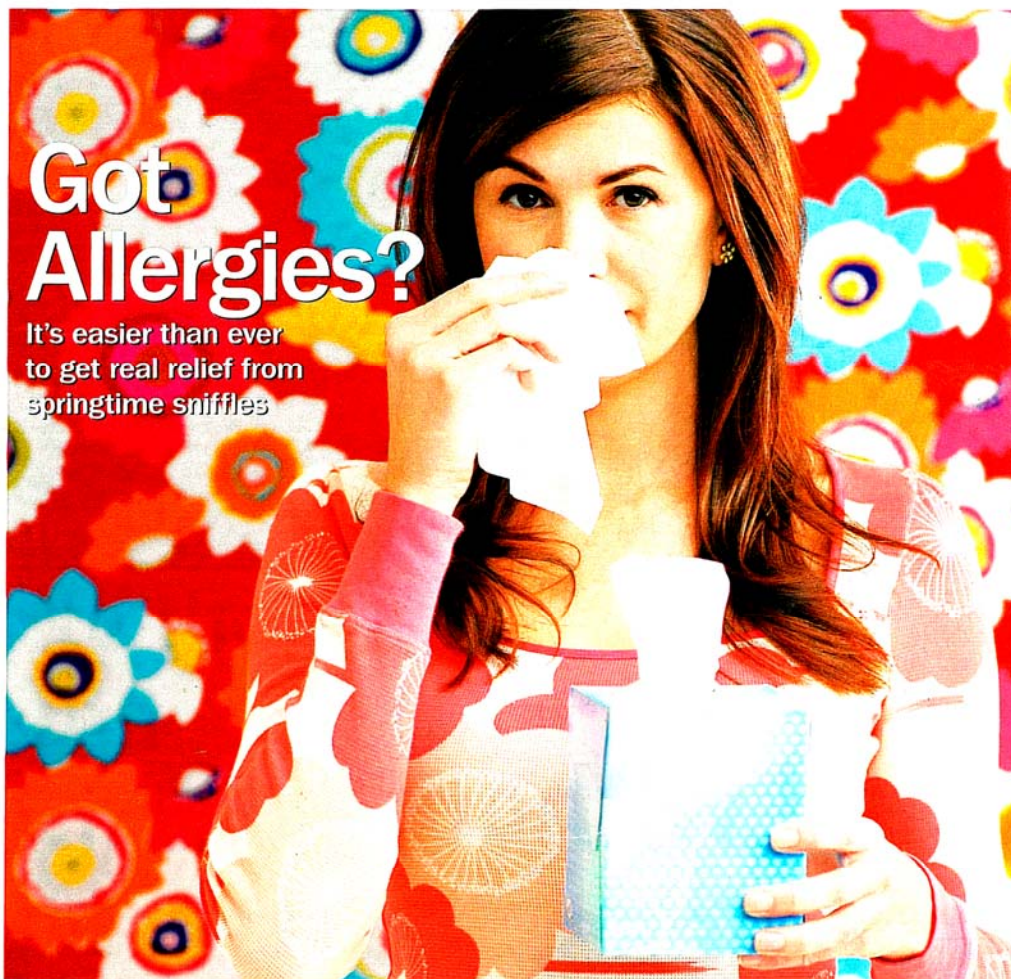


LADIES' HomeJournal

April 2009

health | BODY TALK



Got Allergies?

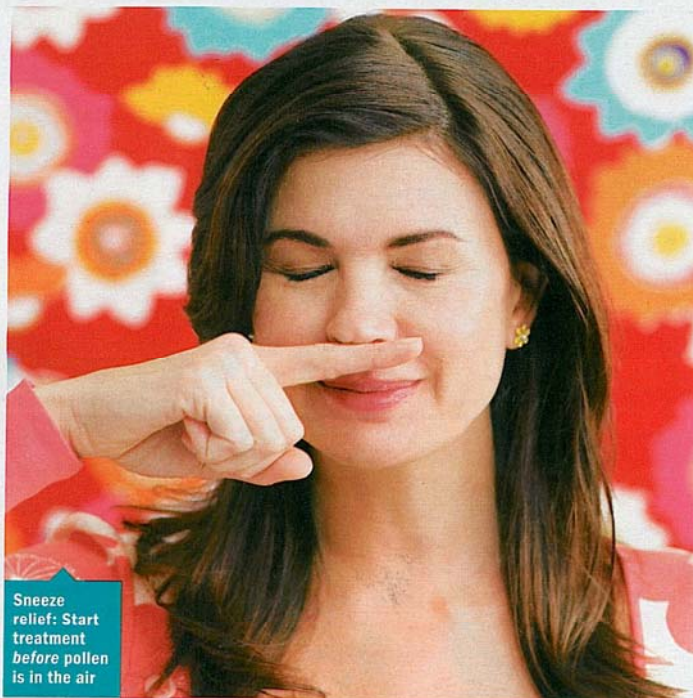
It's easier than ever to get real relief from springtime sniffles

Spring is here in all its sprouting, budding, blooming glory. But if you're one of the approximately 40 million Americans plagued with allergic rhinitis—the medical term for that stuffy, drippy nasal torture that often starts right about now as pollen counts reach their peak—you probably greet spring with mixed emotions. You're ready to throw open the windows and head outdoors, but that springtime “ah” quickly turns into “ah-choo!”

Seasonal allergy symptoms are, well, nothing to sneeze at. They can go way beyond the sniffles and make your life miserable, says Gary S. Rachelefsky, M.D., professor of allergy and immunology at the David Geffen School of Medicine at UCLA. “If you just don't feel well, or have unexplained headaches, recurrent sinus infections, chronic fatigue, chronic cough, even depression, it could be allergies.” Too often you'll go undiagnosed and untreated because doctors look for other reasons

for fatigue or headaches, he says. “They just don't think of allergies.”

Patients often dismiss the possibility that allergies are behind their problems as well, especially if they didn't grow up with allergies. But it's not unusual to experience your first symptoms as an adult. “Perhaps 20 to 25 percent of the time, patients don't have any history of allergies as a kid,” says Richard G. Gower, M.D., president of the American College of Allergy, Asthma & Immunology (ACAAI). “That's why they come in



Sneeze relief: Start treatment before pollen is in the air

thinking they have a sinus infection when many times it's allergic rhinitis."

And the problem is growing. "We're seeing a worldwide explosion of new cases of allergies," says Clifford W. Bassett, M.D., assistant clinical professor of medicine and otolaryngology at the Long Island College Hospital, in

Brooklyn, New York. "One reason may be that global warming and the overproduction of carbon dioxide leads plants to produce more pollen." In early spring you can blame the trees, which pollinate first, followed by grasses in late spring and summer, and then weeds from summer through fall. Glob-

al warming may also cause the allergy season to start earlier and last longer.

That's all the more reason to get treatment. "Many people just learn to live with their symptoms, but there's no reason to suffer," says Dr. Gower. Treatments today are more effective than ever, with fewer side effects. So don't be a martyr to misery—you can breathe easier this spring by following our expert plan.

DON'T DELAY TREATMENT

You may be able to find relief with over-the-counter medications. If those haven't worked in the past, consider seeing an allergist about prescription options. Either way, do it now.

"We generally recommend starting with something like a steroid nasal spray before the season begins, rather than waiting for symptoms to set in," says Rohit Katial, M.D., director of allergy and immunology clinical services at the National Jewish Medical and Research Center, in Denver. Why? After your nose has been "primed" by pollen exposure early in the spring, it often takes less and less pollen to trigger symptoms as the months go by. "If you start the season with your nose already irritated, you may feel the effects with even less pollen," Dr. Katial explains.

Is It Even An Allergy?

If you're not sure, take your cue from your overall collection of symptoms.

IT MAY BE A VIRUS IF

your symptoms go away in roughly seven to 10 days (a cough might linger a bit longer), and you have a fever and other broad symptoms, such as body aches and pains (which could signal the flu).

IT COULD BE A SINUS INFECTION IF

your cold symptoms don't go away in 10 days, you have a cough at night and in the morning from nasal congestion, and the mucus from your nose is dark green or yellow.

IT'S PROBABLY SEASONAL ALLERGIC RHINITIS IF

your symptoms return at the same time each year and last longer than two weeks; you have itchy eyes, nose or throat; you sneeze a lot and have clear nasal discharge.

IT'S PROBABLY NONALLERGIC RHINITIS IF

your symptoms mimic a nasal allergy but seem related to smoke, perfume, weather or other irritants rather than allergens such as pollen, pets or mold.



SPRING CLEANING FOR YOUR NOSE

Once you get past how weird it feels, nasal irrigation—rinsing your nose with a saline solution, which helps remove mucus—is cheap, easy and a surprisingly effective way for people to reduce allergy-related symptoms. “It keeps the tissue healthier, keeps your nose hydrated and also washes out any debris or pollen,” says Dr. Katial. “After a couple of times, my patients think it’s the best thing ever.” You can use anything from a \$10 neti pot to a \$100 electric irrigation system. For best results, do it in the morning and before bed.

WATCH WHAT YOU EAT

“In perhaps one-third of all allergy sufferers, certain foods may worsen seasonal allergy symptoms,” says Dr. Bassett. Called oral allergy syndrome, it’s a cross-reaction that happens when people who have been sensitized to certain pollens eat foods that have similar proteins. For example, if you’re allergic to birch tree pollen, the top spring-time allergen, cross-reactions can be caused by foods such as apples, pears, peaches, kiwis, plums, coriander, fennel, parsley, celery, cherries, carrots, almonds and hazelnuts (including extracts used to flavor coffee). You may notice itching or swelling on your lips, tongue or throat when you eat these.

In a small percentage of cases, your symptoms could become severe. It’s important to see an allergist, who can do skin tests to determine which types of pollen bother you; based on the results, he can give you a list of foods to avoid. Sometimes cooking or peeling the food can prevent a reaction, which isn’t the case with a true food allergy.

CONSIDER SHOTS

If standard medication isn’t doing the trick—or if you’d rather not take drugs every day—ask your doctor about immunotherapy injections. Allergy shots are the only long-term approach that

Pollen Protection

You can’t escape pollen entirely, but there are some ways to limit your exposure.

- ✿ Wear glasses or sunglasses to keep pollen out of your eyes.
- ✿ Don’t do outdoor activities during peak pollen times (mornings, windy days).
- ✿ Use air-conditioning at home and in the car instead of opening the windows.
- ✿ Shower and change after you work in the yard or exercise outside.
- ✿ Don’t hang your laundry outside to dry.
- ✿ Wash your hands after petting animals that’ve been outdoors (they catch pollen in their fur).

lessens sensitivity. Medicines can work over the long term, but once you stop taking them the effects wear off.

Traditional immunotherapy is a long process of once- or twice-weekly injections of gradually increasing doses over several months. This is followed by maintenance shots once or twice a month for the next three to five years. With the newer “rush” immunotherapy, however, it takes far less time to reach the optimal dose, sometimes just days, says Dr. Katial. Although you’re more likely to have a reaction, most are mild and easy to treat.

The Medication Maze

No single allergy medication is right for everyone; many people use a combination of prescription and over-the-counter products. Corticosteroid or antihistamine nasal sprays are among the most effective treatments, but you may need to add eyedrops or a non-sedating oral antihistamine for better relief. If itchy eyes are your main symptom, antihistamine eyedrops or mast-cell-stabilizer eyedrops may be a good bet. Experts say decongestants don't give long-term relief.



	NASAL SPRAYS	ORAL MEDICATIONS	EYEDROPS
CORTICOSTEROIDS	Rx nasal steroid sprays such as mometasone furoate monohydrate (Nasonex) are very effective , with minimal side effects. The Rx fluticasone furoate (Veramyst) also may improve eye symptoms. Use sprays daily for best results.	Rx oral steroids such as prednisone are occasionally used as "rescue" medications for a severe attack. But they have significant side effects, so you can't use them regularly.	Rx drops such as loteprednol etabonate (Alex) can increase risk of eye infections, cataracts and glaucoma, so use them with caution and only under the care of an ophthalmologist.
ANTIHISTAMINES	Rx nasal antihistamines help with sneezing, runny nose and itchiness . Azelastine hydrochloride (Astellin) and the newer olopatadine hydrochloride (Patanase) are non-sedating options that usually cause less drowsiness than a pill.	Rx levocetirizine dihydrochloride (Xyzal) or OTC loratadine (Alavert, Claritin or generic) are just as effective—and won't make you as drowsy —as older antihistamines like OTC diphenhydramine (Benadryl). All can dry out eyes.	OTC antihistamine drops can provide fast relief . Ketotifen fumarate (Zaditor, Alaway), a combination antihistamine and mast-cell stabilizer, works for up to 12 hours .
MAST-CELL STABILIZERS	These OTC sprays, such as cromolyn sodium (NasalCrom), prevent mast cells from releasing histamine. They're safe but not as effective as steroid or antihistamine sprays .	Doctors don't prescribe oral forms of mast-cell stabilizers for allergy symptoms.	For itchy, watery eyes , Rx drops such as cromolyn sodium (Crolom or Opticrom) are safe and help if you start using them before the pollen flies and continue through the season.
DECONGESTANTS	OTC nasal decongestants work for congestion but won't help a runny nose or sneezing . If you use them for more than a few days, your congestion can get worse.	OTC pseudoephedrine (Sudafed) treats only congestion ; side effects include insomnia, nervousness and increased blood pressure. It is often combined with antihistamines in Rx Allegra-D or OTC Zyrtec-D.	OTC drops with decongestants such as oxymetazoline (Visine L.R.) may fight redness but, as with nasal sprays, can make things worse if you use them too often.
OTHERS	An Rx anticholinergic spray, ipratropium bromide (Atrovent), typically used for other conditions, may help a severe runny nose but not other symptoms.	An Rx leukotriene blocker, montelukast sodium (Singulair) can help if you also have asthma . It's approved for both. It may work best with an oral antihistamine.	OTC artificial tears can safely counteract the dryness caused by oral antihistamines and also help to wash pollen out of eyes.