

toddler

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Aaah-Choo!

By Alexa Joy Sherman

Ah, spring: The sun is shining, the flowers are in bloom and everywhere you go, you can hear the sound of birds chirping...and kids sneezing. If your child comes down with hay fever—aka allergic rhinitis or nasal allergies—at this time of year, he's not alone. According to a recent Pediatric Allergies in America survey, 76 percent of parents say their children's symptoms are worst in the spring. In fact, allergic rhinitis is the most common allergic disease in the U.S. and affects up to 40 percent of all children, according to the American College of Allergy, Asthma and Immunology (ACAAI).



Unfortunately, most little ones suffer through the sniffles without treatment. “Parents may think that their toddlers are having infectious rhinitis [a cold],” notes Alexander Greiner, M.D., a practicing allergist at the Allergy and Asthma Medical Group and Research Center, and an assistant clinical professor at the UCSD School of Medicine in San Diego, Calif. And how many parents even think allergies warrant a visit to the doctor? How many of us are wary of giving allergy medication to children because of presumed side effects like drowsiness? Well, it may be time to be more proactive about the problem. Here's why:

More than just a runny nose

The impact of allergic rhinitis, particularly on children, adds up to a lot more than escalating Kleenex costs. “No child dies from hay fever—there's no mortality— but there is significant morbidity,” says Michael S. Blaiss, M.D., clinical professor of pediatrics and medicine at the University of Tennessee Health Science Center in Memphis, Tenn., and past president of the ACAAI. For starters, children with allergic rhinitis are more likely to develop asthma—and if you don't treat an asthmatic child's nasal allergies, their asthma worsens, Blaiss says.

Symptoms can also lead to chronic ear problems. “Ear infection is one of the most common conditions in the pediatric population, and chronic fluid behind the ear may be related to their nasal allergies,” Blaiss notes. Sinus disease has also been linked to allergic rhinitis, as has sleep apnea. “A lot of the snoring children do—mouth breathing—can be related to nasal allergies,” Blaiss says. “It's never normal for a child to be chronically snoring.”

Meanwhile, when you consider how symptoms interfere with sleep, nasal allergies can be detrimental to a child's quality of life. “Children with allergic rhinitis don't sleep well,” Blaiss says. “Obviously that has a major effect on the child's ability to function during the day, and you get into problems associated with sleep deprivation—from poorer performance in school to hyperactivity.”

The complications can even extend to your little one's ability to socialize. "Children with allergic rhinitis often experience increased shyness and anxiety," says Myron J. Zitt, M.D., past president of the ACAAI and a practicing allergist at Mid-Island Allergy in Plainview, N.Y. Some studies have also found a higher incidence of allergies in children diagnosed with ADHD. "I won't say allergic rhinitis is a cause of ADHD, but allergies may be worsening the condition or may be a contributory factor," Blaiss notes.

The root of the problem

Allergic symptoms like sneezing, watery eyes and a runny nose occur when our immune systems overreact and fight something that's not usually harmful, like particles of dust or pollen. The reasons for the hypersensitivity aren't clear, but genetics seem to play a significant role. "Around 20 percent of the population has allergies, but if one parent has it, the child's chances are 45 to 50 percent, and if it's both parents, it's about 70 to 75 percent," Blaiss says. Then there are environmental factors. "All children are born with a predisposition to become allergic, and early in infancy or childhood—depending on their genetic makeup and environmental exposures—they may not switch off this tendency, and may start manifesting allergy symptoms," says James L. Sublett, M.D., clinical professor and section chief of pediatric allergy at the University of Louisville School of Medicine in Louisville, Ky.

One interesting theory regarding environmental exposure is called the "hygiene hypothesis," which suggests that parents' early efforts to keep children's environments germ-free may actually backfire because a lack of dirt and certain infections may lead to a hypersensitive immune system later on. Indeed, several studies have found that children who attend daycare, or who live on farms or with pets—and the list goes on—tend to develop fewer allergies than children living in, well, more sanitary conditions. Then again, early exposure to certain viruses—like rhinovirus and RSV (respiratory syncytial virus)—may increase the risk of developing allergies and asthma, Blaiss points out. In a nutshell: Our immune systems can be confounding and downright unpredictable.

Putting the pieces together

Fortunately, identifying your child's allergy triggers should be slightly less complicated. During the spring, tree pollen tends to be the culprit, while pollen from grasses and weeds in the summer and ragweed in the fall are more often the cause. Cigarette smoke, pet dander and dust mites (microscopic bugs that thrive indoors) can also be triggers that lead to more chronic year-round (perennial) rather than seasonal allergic rhinitis. Bear in mind that things like dust mite and pet allergies usually develop after the first year of life, while pollen allergies tend to arise after the age of 3, Blaiss says.

If your child has a family history and you notice some or all of the symptoms of allergic rhinitis (watery, clear discharge; dry cough and sneezing; itchy, watery, puffy eyes with dark circles underneath; itchy nose; scratchy throat; no fever; and duration of more than two weeks), but you can't identify the triggers, visit your pediatrician for a full exam. You may be referred to an allergist for a skin test, during which the doctor will usually prick your child's arm and place a drop of an allergen on it, then wait for a response resembling a mosquito bite. "Skin-testing is the fastest and most cost-effective way to detect allergic rhinitis," says Blaiss. "There's concern about it being painful, but generally parents say if they'd known it would be that easy, they would've done it a long time ago."

In fact, you'll likely find out exactly what's making your tot miserable in as little as 15 minutes. Blood tests, which detect a chemical response to certain allergens, are better for food allergy testing and are typically only used if your child can't or doesn't want to have the skin test.

An ounce of prevention

Once your detective work is complete and you've pinpointed the presumed triggers, preventive measures can make a world of difference. Obviously, you should keep your little one away from cigarette smoke for reasons beyond allergic rhinitis. Meanwhile, if your child is allergic to certain molds or pollens, keep an eye on the National Allergy Bureau's Web site (aaaai.org/nab), and avoid going outdoors as much as possible when counts are high—particularly before 10 a.m. and on warm, dry, breezy days. "Keep the windows of the house and car closed so mold and pollen don't come in," Blaiss suggests. In addition, changing clothes, shampooing and bathing after your child plays outside will help keep allergens from being spread around the house.

In the case of pets and dust mites, keep the animal out of your child's room (and bathe Fido frequently); remove carpet, upholstered furniture and heavy drapery; and run a high-energy particle accelerator (HEPA) filter (which helps remove pollen and mold from the air, too). Cover pillows, mattresses and box springs with airtight and plastic cases. Keep indoor humidity below 50 percent (mites and mold thrive in moist environments). Vacuum regularly and wash bedding and stuffed toys weekly in hot water.

Easing the sneezing

Of course, chances are you won't be able to completely avoid allergens—which is why it's worth exploring the many treatments available. "There are excellent medications like oral antihistamines, intranasal antihistamines and intranasal corticosteroids that are safe to use in the toddler population," says Blaiss. Some are available over the counter and others can be prescribed by your doctor. If symptoms persist or the medication isn't well tolerated, allergy shots—the benefits of which can last a lifetime—are another option. "The only way to change the immune system is by immunotherapy," Blaiss says. "Especially in children, it can help turn off the allergic reaction and reduce their chances of developing asthma."

If you're wary of your preschooler enduring the pain of injections, hope may be on the horizon in the form of sublingual immunotherapy, which is orally administered in pill or drop form. Although not yet approved by the FDA, the treatment is available in Europe, and stateside clinical trials are underway. Ultimately, any preventive or treatment options you explore will be a positive step toward easing your child's allergies—and that's something that will help both of you breathe easier.

Encino, Calif.-based freelance writer Alexa Joy Sherman will soon find out if her 3-year-old son, Jack, suffers from seasonal allergies—like his parents do.



ALLERGY TREATMENTS BY AGE

Drugs designed to treat runny and stuffy noses have come a long way for adults and kids alike, delivering more effective relief with fewer side effects. For instance, first-generation antihistamines like Benadryl (diphenhydramine) and Dimetapp (brompheniramine) are more likely to cause drowsiness and dry mouth than their more recently developed counterparts like Claritin (loratadine) and Allegra (fexofenadine). Here are some top options for the under-5 set.

6 months +

DRUG NAME: Singulair (montelukast)

DRUG TYPE: Oral leukotriene blocker

NOTE: Take daily to help prevent symptoms

WHERE TO GET IT: RX

2 years +

DRUG NAME: Allegra (fexofenadine) Clarinex (desloratadine) Claritin (loratadine) Zyrtec (cetirizine)

DRUG TYPE: Oral antihistamine

NOTE: Take as needed or daily to prevent symptoms

WHERE TO GET IT: OTC and RX

2 years +

DRUG NAME: Flonase (fluticasone) Nasonex (mometasone) Veramyst (fluticasone)

DRUG TYPE: Nasal steroid

NOTE: Use daily to help prevent symptoms

WHERE TO GET IT: RX

2 years +

DRUG NAME: NasalCrom (cromolyn)

DRUG TYPE: Nasal nonsteroidal anti-inflammatory

NOTE: Start before allergy season to help prevent symptoms

WHERE TO GET IT: OTC