

Hay Fever

Hay fever, also called allergic rhinitis, is the most common type of allergy, occurring in about 10% of children and over 20% of adolescents and adults. Hay fever is an allergic reaction of the nose and sinuses to an inhaled substance. This sensitivity is often inherited. During late April and May the most common offending pollen is from trees. From late May to mid-July, the offending pollen is usually grass. From late August to the first frost, the leading cause of hay fever is ragweed pollen. Although the inhaled substance is usually pollen, it can also be animal dander, dust, mold, or something else to which your child is allergic.

This is a chronic condition that will probably recur every year. The severity can change with age, either getting better or getting worse, perhaps for a lifetime. Therefore, it is important to learn how to control it.

Medications:

The most commonly used drugs for hay fever are antihistamines. These are available as over-the-counter (OTC) drugs, as well as by prescription. The OTC medicines such as chlorpheniramine (Chlortrimeton®), diphenhydramine (Benadryl®), or brompheniramine (Dimetane®) have been around for many years and are very safe and effective. A drawback for some children is drowsiness - this seems to bother about 25% of children who use the OTC antihistamines. If you find that your child is sluggish after taking one of these, try giving it only at bedtime for the first week, and then try daytime doses again. For many children, the drowsiness side effect will wear off after a week or so. The drowsiness may also be overcome by switching to a combination product that contains an antihistamine with a decongestant (such as pseudoephedrine or phenylpropanolamine). If your child is still having side effects or if the OTC medications are not effective, the child should be seen by his physician. The newer so-called non-sedating antihistamines like fexofenadine (Allegra®) usually work quite well without drowsiness, but are quite expensive.

Symptoms clear up faster if antihistamines are given at the first sign of sneezing or sniffing. For children with occasional symptoms, antihistamines can be taken on days when symptoms are present or expected. For children with daily symptoms the best control is attained if antihistamines are taken continuously throughout the pollen season.

If not helped by antihistamines, hay fever can usually be controlled by cromolyn (available OTC as Nasalcrom) or prescription steroid nasal sprays. These work best to prevent allergic symptoms, so it may take a week or so of continued use to notice an effect if one waits until the nose is already congested.

Pollen Removal

Pollen tends to collect on the exposed body surfaces and especially in the hair. Shower your child and wash his hair every night before he goes to bed. Your child should avoid handling pets that have been outside and are probably covered with pollen.

Prevention of hay fever symptoms

Your child's exposure to pollen can be reduced by not going on drives in the country and by not sitting by an open car window on necessary drives. He should stay away from someone cutting the grass during pollen season. When it is windy or the pollen count is especially high, he should stay indoors. Close the windows that face the prevailing winds.

Avoid feather pillows, pets, farms, stables, and tobacco smoke if any of them seem to bring on symptoms of nasal allergy.

Eye allergies associated with hay fever

I

f your child also has itchy, watery eyes, wash his face and eyelids to remove pollen. Then apply a cold wet cloth to the eyelids. Also instill two drops of long-acting vasoconstrictor eye drops every 8 to 12 hours (a nonprescription item). Ask your pharmacist to recommend a reliable product.

Common mistakes

Over-the counter vasoconstrictor nose drops or nasal sprays (e.g., Afrin® or Neosynephrine®) usually do not help hay fever because they are washed out by nasal secretions as soon as they have been put into the nose. Also, if they are used for more than 5 days, they can irritate the nose and make it more congested.

Occasionally, despite all of the above treatments, a child may still be miserable with allergies. If this is the case, your physician will likely refer him to an allergy specialist to see about skin testing and immunotherapy ("allergy shots") to help him feel better.

