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Allergic Rhinitis

Commonly known as hay fever

Allergic rhinitis is an inflammation of the membranes of the nose and eyes caused by sensitivity to pollen, dust mites, animal dander, or molds. It can be seasonal, with symptoms corresponding to specific pollen peaks in spring or fall; perennial (the child has symptoms year-round); or perennial with seasonal flare-ups.

What are the symptoms?

The symptoms of allergic rhinitis are a runny or stuffy nose, itchy eyes, nose, throat, and ears, sneezing, and in some cases, headache and fatigue. The timing of these symptoms is particularly important in helping your doctor determine that your child has allergic rhinitis and identify the allergens causing the problem. Common seasonal outdoor allergens include tree pollens (spring), spring grasses (late spring), weeds (summer and fall), and molds (primarily later fall and early spring). The most common perennial allergens are animal dander and dust mites – microscopic creatures that make up a large part of what we call house dust.

What can be done about it?

The first step is to help your child avoid the allergens as completely as possible. Your child can also take medication and, if necessary, receive a series of desensitizing injections.

Environmental controls. Indoors, dust mites, animal dander, and molds are the major problems. Dust mites live in bedding material, rugs, upholstered furniture, drapes, and the like. They feed on skin cells, fabric fibers, and food crumbs, and thrive in humid environments. Make every effort to make your home, and especially your child's bedroom, less hospitable to these creatures:

- Cover the child's mattress and box spring with an air-tight vinyl or nylon case that zips shut.
- Keep floors free of carpets. Damp-mop or vacuum floors often.
- Remove drapes and upholstered furniture, substituting washable curtains and furniture that can be wiped clean with a damp cloth.
- Wash sheets, blankets, curtains, small rugs, and stuffed animals frequently, using water hotter than 130° F whenever possible. Cold or warm water does not kill dust mites.
- If the child uses a pillow or comforter, choose one filled with a synthetic, hypoallergenic material, such as Dacron, not down or feathers.
- Avoid wool blankets.
- Keep the humidity below 50% when possible. In summer this may require a dehumidifier or air conditioner.

It's best for a child with allergic rhinitis not to have a pet with fur or feathers. If you already have a dog or cat that is too much a part of the family to give away, keep it out of the child's bedroom, bathe it often, and keep it brushed to reduce shedding. If the bedroom has no carpeting, a high-efficiency particulate-arresting (HEPA) filter will help decrease the animal allergen level. These measures make it possible for some, though not all, children to tolerate animals to which they are allergic. Let your doctor know if the child's symptoms worsen after touching the animal, being licked by it, or sitting on its favorite furniture.

Molds grow in bedding, rugs, and furniture, particularly when the humidity is high. The measures suggested for controlling dust mites will also help control molds. In addition, use chlorine bleach to reduce mold growth in bathrooms, cellars, and other damp areas. Keep these areas well ventilated.

Outside, the problem is pollen. Avoiding pollens is difficult because they are small and widely distributed. Pollen counts are highest in the early morning, between 5 a.m. and 10 a.m. Keeping your child's bedroom windows closed at night as well as during the day, washing the child's hair before bedtime rather than in the morning, and drying linens indoors instead of on an outside line may help reduce exposure to pollens. If the child's bedroom has an air conditioner, the windows can be kept closed at night – even in hot weather.

Medication. Antihistamines help control the runny nose and itchy eyes that allergic rhinitis causes. There are many brands; your doctor will prescribe the one he thinks will work best for your child. If it makes the child sleepy or causes other side effects, such as dry mouth, let the doctor know. New types that don't have a sedating effect are available for children who are 12 years old and older.

Antihistamines do not decrease nasal congestion, however, so your doctor may also prescribe a decongestant. These are taken by mouth in liquid, capsule, or tablet form. Decongestant sprays, while available, should not be used for more than two or three days at a time.

Anti-inflammatory nasal sprays are a third kind of medication often used for allergic rhinitis. They are most effective when used regularly, even when the child is symptom-free, rather than on an as-needed basis. Your doctor will explain how often to use the spray – probably several times a day at first, less often later on.

Allergy injections. If environmental controls and medications don't solve the problem, the pediatrician may refer your child to an allergist for skin testing and a series of desensitizing injections. These injections usually work well when the allergen is pollens, dust mites, or animal dander; they are less effective against molds. Allergy shots are not used for food allergy. Before beginning the series, the allergist will take a complete history and use skin tests to identify the particular allergens your child is sensitive to. The course of injections usually takes several years, but symptomatic relief often continues long after that. Some children need no further medication, while others may require environmental controls, medication, and allergy shots. With the correct approach, almost all children will find complete relief from allergy symptoms and be able to function very nicely.