

What You Need to Know About Spring Allergy Season for Your Children

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Although spring is a welcome season for most of us, for many children afflicted with seasonal allergies it is a harbinger of difficult times.

Research suggests that seasonal allergies affect up to 40 percent of children in the United States and up to 30 percent of adults. Allergic rhinitis is certainly a more common disease in the United States than in other areas of the world.

What is seasonal allergic rhinitis? It refers to a constellation of symptoms including nasal congestion, runny nose, itching of the nose and mouth, and post-nasal drip. It may also be associated with allergic conjunctivitis, which includes itching and excessive watering of the eyes. Many children also demonstrate fatigue and irritability with these symptoms. There may be a significant impairment in sleep and school activities related to allergic rhinitis.

Although many children have perennial rhinitis, which refers to year-round symptoms of allergic rhinitis from things that are present all year such as dust mite, the children with seasonal allergic rhinitis typically have symptoms at a specific time of the year. These symptoms will thus be predictable from year to year. Springtime allergies are associated with tree and grass pollen whereas fall allergies are associated with ragweed pollen.

The diagnosis of seasonal allergic rhinitis is based on history and physical examination. Certainly genetics plays a role in allergies and many children and their parents may be troubled by symptoms at the same time. Also, if your child has other allergic diseases such as eczema or asthma, they are at increased risk for allergic rhinitis. It is reported that up to 50 percent of children with asthma also have allergic rhinitis. Allergic rhinitis also predisposes children to sinus infections. The symptoms of allergic rhinitis can occur at any age, but are more common after the age of 5 years.

What can you do if your child has seasonal allergic rhinitis? There are some simple steps you can take to treat



allergies. Avoidance of what causes the allergy is certainly recommended. Although it may be tempting to open the windows in spring, it may be better to keep them closed and turn on an air conditioner. It may also be necessary to consider limiting outdoor activities during the peak of allergy season.

There are many effective over-the-counter medications for the treatment of allergies in children. Although several of the older antihistamines work well, they often have the unwanted side effect of sedation and frequent dosage (every 4-6 hours). There are newer over-the-counter antihistamines that do not cause sedation and that only need to be given once a day. Many come in convenient liquid or chewable form for children and some can be used in children as young as 2 years of age.

What can you do if the over-the-counter medication does not work? Talk to your pediatrician about nose sprays that contain steroids. These work very well for allergies and may be used daily or in peak allergy seasons.

Finally, if nothing seems to be helping you may want to talk to your pediatrician about allergy testing and referral to an allergist for further evaluation and treatment.

For more information about Dr. Patricia Amato, please visit www.essehealth.com.