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ALLERGIC RHINITIS

I would like to welcome back our readers from what was hopefully an exhilarating Passover holiday. It seems that with the start of the spring season, our office is filled with sneezing, coughing, throat clearing and eye itching patients. Allergic Rhinitis literally means nasal congestion caused by allergies. The Allergic Rhinitis in the spring season is also known as “Hay Fever” or “Pollinosis”, and is primarily due to the high pollen count in the air.

What is the allergy all about?

The pollen from the trees binds to circulating antibodies in our body. This in turn, causes cells known as “mast cells” to release a substance known as “histamine”. Histamine causes the infamous nasal congestion, sneezing or itchy feeling in our bodies.

Who does it affect?

Nearly 20% of Americans suffer from Allergic Rhinitis. Children usually present with symptoms of allergic rhinitis between 4-6 years of age. It is very rare to diagnose toddlers younger than 2 years old with seasonal allergies. In that age category, most of the symptoms associated with nasal congestion can be blamed on frequent colds. Adults usually suffer from these allergies until the fourth decade, when symptoms seem to fade.

Complications of Allergic Rhinitis

- Sinusitis.
- Otitis Media – Ear Infections.
- Asthma – Allergic Rhinitis serves as a major trigger for Asthmatics.
- Worsening of Abdominal and Inguinal Hernias – Any cause of a cough will increase the pressure in the abdominal cavity and exacerbate these hernias.

Studies report that some patients with Allergic Rhinitis find it to be *as debilitating* and intrusive as having moderate to severe asthma. So don't wait for the allergy to become complicated or chronic before properly addressing it.

How could I tell if my child suffers from allergies?

Many parents come into our office year round thinking that their children suffer from allergies. The single question that tends to separate the allergic patients from the simple cold sufferers is: “How long is the child having “allergic” symptoms?” – If a child is has a cough for a day or two, it is premature to assume that she suffers from allergies.



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However, if she is reported to have excessive sneezing and coughing for 2 weeks *without fever*, the diagnosis of Allergic Rhinitis is almost certain.

How could I minimize exposure to pollen?

It is nearly impossible to avoid exposure to pollen. Pollen seems to be everywhere now. If you need a proof, look over the hood of your car (please don't fixate on this while you are driving) and you will notice a generous layer of "green dust" has covered it this week. However, there are simple and effective steps you could take to minimize exposure:

- Keep the windows closed. Windows seems to be open more frequently in the spring and fall, but these seasons are the worst possible times for open windows for patients who suffer from pollen allergy. Try and keep your house air conditioned and your windows closed when the pollen count is high. If you *must* open the windows to ventilate your living spaces, do so during the day and close them at night. Many pollen counts are *at their highest* at night.
- Change your Air conditioner filters regularly.
- Install a window filter, which allows air *but not pollen* to enter the room.
- Send your children for a quick shower and a change of clothes when they come home. This will get rid of the pollen on their bodies and clothes.

Medical Intervention

There are many over-the-counter and prescription medicines readily available. Most treatments with anti-histamines should be started early and continued for a period of *at least* 3-4 weeks. I like to custom tailor an allergy plan for each patient with Allergic Rhinitis in order to minimize side effects and provide a safe and effective therapy.

The most commonly used medicines for Allergic Rhinitis are:

Long Lasting Antihistamines

Such as Claritin or Zyrtec which are readily available and affordable over-the-counter medicines. They cause minimal sedation and will last for about 24 hrs. They should still be taken before bedtime.

Steroidal Nose Sprays

This is my favorite vehicle to treat or prevent Allergic rhinitis. It provides effective, targeted treatment to the area that needs it most, with very little if any side effects.



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Leukotriene Inhibitors

I like to reserve this class of medicines for the more severe cases of Allergic Rhinitis and/or Chronic Asthmatics. An example of such drug is the widely prescribed Singulair.

Eye Drops

These medicines are very effective and provide targeted treatment to those itchy eyes with very few side effects. Most prescription strength eye drops however, are poorly covered by insurance carriers. Recently, Zaditor (Ketotifen Ophthalmic Drops) has been sold as an over-the-counter medicine.

I have come to notice that children often develop eye infections if their allergies go unnoticed. This is due to the frequent rubbing of the eyes with unsanitary hands, which introduces harmful bacteria to the already susceptible eye. I encourage patients to apply cool compresses on the eyes instead of rubbing them. Pick any cold package out of the freezer and apply it on your itchy eyes, I think you will find some quick relief.

Prednisone

Steroid pills are very rarely used today for Allergic Rhinitis. The long period of treatment necessary to treat allergies may cause many unwanted side effects if these drugs are used.

In closing, the long awaited spring season is finally upon us!!!
Let's try and make sure that our kids enjoy it and show us more smiley and less itchy faces.

Wishing you a pleasant and healthy spring,

David E. Simai M.D.