

## MANAGEMENT OF ALLERGY SYMPTOMS

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The “**common cold**”, which can be caused by many different viral infections, is usually self-limited, going away in several days to a couple of weeks. The mucous lining of the nose swells, causing congestion, runny nose (often profuse), postnasal drip, and cough. There is often an accompanying fever, sometimes chills, fatigue, muscle and body aches, headaches, and general ill feeling. Rest, fluids, mild decongestants to reduce swelling and improve drainage, and most importantly, some “time”, occasionally up to 4 weeks, is all that is needed.

“**Allergies**” are to blame for most of the seasonal and/or year-round “colds” that seem to happen one after another. It is only with continued repeated exposure that you develop allergies. This can occur at any age and, with any environmental changes. There is often a family history of allergies, asthma and/or eczema that predisposes to this increased biological responsiveness.

“**Allergens**,” the offending agents, cause a release of a chemical substance, **HISTAMINE**, from your mast cells. Your mast cells are white blood cells that are part of your immune system involved in keeping watch for foreign invaders, and reacting to them. When they respond too easily, too quickly, you have allergies.

Histamine causes a variety of symptoms, sometimes only one, sometimes several at once, including: itching, sneezing, eye irritation, nasal and sinus congestion (often with sinus pain), and headaches may develop. Mucous production increases and may drip down the back of your throat (postnasal drip) causing sore throats, voice changes (laryngitis), hacking coughs, loss of taste, smell and itchy roof of the mouth. Nasal passages may dry and bleed. Ears may feel full and there may be popping, along with dark circles under the eyes.

Sinus infections can develop with ongoing blockage of nasal passages with thick, gluey secretions; swallowing these secretions may even cause an upset stomach and loss of appetite. However, the nasal secretions can be quite profuse, watery, and may be yellow or green even without an infection.

**For some individuals, these symptoms can trigger twitchy airway problems and asthma. For these people, good management of their allergies is even more important.**

The most difficult part of having allergy type symptoms is coming to terms with the understanding that **There is no cure.**

There is no easy way to control allergies, no magic pill, and no magic shot. You were born with the genetic tendency to have allergies, and curing you would mean changing that, something we cannot do.



The Good News is that, now, much more than before, we have ways to relieve most, if not all of the symptoms, if you are committed to working on what it takes. You will be the one in charge of making yourself feel better, armed with the information and medications we have to offer. How much you do in making environmental changes or how many medications and how often you take them, will be totally dependent on your symptoms. If you are not bothered by your minor symptoms, most of the times you may choose to do nothing. Other times, you may want to use one, two or all of the treatments that are available.

### Seasonal allergies (hay fever or pollinosis)

This occurs at certain times of the year, coming and going with the seasons. These allergens include pollens, grasses, trees, and weeds. Sneezing attacks in February, March or early April suggest tree pollens. The California olive tree, a very common allergen, releases pollen in April-May. When attacks occur in the mid-summer to early fall, ragweed is the likely culprit.

### Perennial (year-round) allergies

Perennial allergies tend to occur with low exposures to low concentrations causing “smoldering” year-round symptoms that may flare anytime, even seasonally. Perennial allergies are characterized by attacks of sneezing, runny nose (rhinorrhea), and nasal congestion for at least two hours, typically longer, most days of the year, usually at least nine months of the year. Allergens include: house pets, animal dander, house dust (including dust mites), mold, smoke, perfumes, detergents, and cockroach or other insect parts.

## THE MANAGEMENT PLAN

### ENVIRONMENTAL CHANGES (Avoidance)

Environmental changes are first and foremost, the most important control measures you have to improve your symptoms. Review the following list of potential environmental problem areas to see which ones may apply to you. Make as many changes as you can to reduce or eliminate each problem area. Even two or three changes to your environment can give you some relief.

Very often, you can avoid all together, or at least minimize, the use of medications by following these simple steps.

### The Goals:

- **Minimize dust and dust collectors.**
- **Minimize molds.**
- **Minimize exposure to or remove animals.**
- **Make at least your bedroom, a safe haven where you can spend 8 hours sleeping without exposure to allergens.**

### Carpets and Rugs

1. Tear-up old carpet and replace or remove it all together.
2. Wood and linoleum flooring are best. No rugs, especially in the bedroom.
3. Have bedroom rugs removed, or covered with carpet runners, and have them cleaned professionally at least once a year.
4. Use mite killers on the carpets: **BENZYL BENZOATE** will kill for 40 months.
5. Spray the bedroom carpet with **\*\*ALLERGY CONTROL SOLUTION** (a product containing tannic acid).

### Eliminate Dust Collectors.

1. Keep all clothes in closets, never lying around the room. Keep closet and all other doors closed.
2. Clean the bedroom closet thoroughly, and use it only for garments that you wear regularly.
3. If wool clothes are kept in bedroom, enclose in plastic zipper bags.
4. No ornately carved furniture—plain, simple designs catch less dust. Avoid books and bookshelves—they are great dust collectors.
5. No toys or stuffed animals in the bedroom. If they must be included, make them of wood, plastic, or metal, never fabric.
6. No pennants, pictures, or other dust catchers on wall
7. Use easily washed cotton or fiberglass curtains. No draperies.
8. Install roll-up washable cotton or synthetic window shades. No venetian blinds.
9. Never store anything under the bed except in enclosed containers.
10. Do not let items pile up around the house, especially clothing, newspapers, shoes, etc.

## Minimize allergens in pillows, mattresses, and furniture.

1. Allergen-proof encasings are far superior to plastic for pillows, mattress, and box springs.
2. Vacuum mattress and pillow covers frequently
3. No kapok, feather, or foam rubber pillows. Use Dacron or other synthetics. Foam rubber grows mold, especially in damp areas.
4. Zippered plastic cover over mattress does not seal off dust. When someone sits on an air-filled cover, the leak acts as jets spraying dust about the room. Tape over zippers can help stop leaks.
5. No feather quilts or comforters-replace with synthetic ones.
6. Use washable cotton or synthetic blankets instead of fussy-surfaced ones.
7. Use easily laundered cotton bedspread instead of chenille.
8. Wash your sheets and blankets in very hot water every week. Wash your pillow every week or put a plastic cover on it. (The pillowcase goes over the plastic cover.)

The water used to wash your sheets and blankets should be 130°F. This temperature is higher than you may want for your water heater, because water over 120°F can burn children if they turn on the hot water by themselves. If you don't want to set your water heater at this temperature, you can wash your sheets and blankets at commercial laundries.

## Eliminate animal exposures.

No animals, birds, or reptiles in the house. Especially, never allow any pet in the bedroom, even if the compromise is that the animal is still allowed in the house occasionally.

Cats and dogs are walking dust mops, spreading dust mites, mold, and pollen inside the house. They also shed skin, dried saliva, and fur. IF you still don't believe the animal is a problem, please be aware, it takes 4-6 months of the animal kept outside, and then only if you've cleaned the carpets, washed everything, and had the airducts blow clean, to tell it wasn't the animal causing your symptoms.

Once a week, have the cat washed, for some people, this alone makes a significant improvement, even if the cat remains inside.

## Careful cleaning and thorough vacuuming of floors and Carpet

Wet-dust room daily. Damp-mop floor with solution containing disinfectant to prevent growth of mold spores. Oil-mop baseboards. Vacuum frequently and consider purchasing a special air filter for your machine, or use an allergy-proof vacuum. Only vacuum the bedroom weekly, so you don't keep bringing in "unclean dust", particularly if you've use Allergy Control Solution in the bedroom.

## Air Quality Control and Humidity.

1. Weatherstrip windows and doors to keep pollens and molds outside.
2. Refrigerator is a great place for mold to grow. The fan blows it all back up into the room. Roll the refrigerator aside periodically and damp-mop underneath. Slide out the pan and wipe clean with warm washcloth and mild detergent.
3. Air-conditioners are much better than open windows. This decreases pollens and molds, and decreases the humidity, which decreases the mites as well. The filter screens need to be cleaned every 6 weeks.
4. Cover heating vents with a fiberglass filter and change every 2-4 weeks.
5. In houses with forced air heat, the cost of centrally installed electrostatic air filter may be justified.
6. Central air-heat outlet is usually more efficient overhead than at floor level.
7. Electric heater preferred to a hot air duct.
8. Keep bed away from hot air vent. Tape shut the air vents in the bedroom by using duck tape. Use space heaters.
9. Walls should be painted, or papered with washable wallpaper. Inspect wallpaper for any swelling. This usually indicates collection of molds.
10. Use **HEPA** (high efficiency particulate air) filters if you install one (see yellow pages-electrostatic air cleaner) or **ENVIRON-CARE AIRFILTER** approx. \$200
11. Keep indoor humidity to 40%
12. If using any humidifiers, clean them daily with disinfectant to prevent mold and bacterial growth.

## Mold control.

1. Tends to collect in wet, humid areas.
2. Clean bathroom crevices and grout with mold-killing cleaner and leave on for several hours.
3. Paint basement with mold-resistant paints. Use a dehumidifier to keep air dry.
4. Spray the bottom of all air conditioning units and refrigerators with mold-killing agents.
5. Houseplants that do not require high humidity do not create higher levels of fungi, however, those plants requiring frequent watering encourage mold growth in the bottom of the pot and should be avoided.
6. Do not permit rain or water to pool around the outside areas of the house.

## Irritant Controls.

1. **NO SMOKING** in the house.
2. No perfumes, talc, cosmetics or flowers in the bedroom.
3. No mothballs, insect sprays, tar paper, or camphor in closet.
4. Avoid the fumes of cleaning products, personal care products, paints and varnishes.
5. Remove formaldehyde sources especially in the bedroom.

## Outdoor Activity.

1. Minimize early morning activity (between 5-10am) when pollen is most frequently released.
2. Keep car windows closed when driving.
3. Stay indoors when the pollen count, pollution, or humidity is high and on windy days when dust and whips around.
4. Pollen count (213) 937-7859
5. Air pollution (800) 445-3826

## DIET

You can isolate an allergenic food by first eliminating the whole suspect food group for 2-3 weeks minimum. Then, reintroduce the food all at once for a couple of weeks. Keep a diary so you can keep track of the nuances of changes over time.

Common allergenic food groups: dairy products, shellfish, fish food dyes (eat white jelly beans instead of the colored ones,) corn, tomatoes, eggs, nuts, wines, hotdogs, lunchmeats, chocolate, and strawberries.

For the asthmatic, adhering to a **low-fat diet, with low saturated fats** can be helpful. Weight loss, which allows the diaphragm to move down fully, can also help.

## ANTIHISTAMINE (First generation)

These are medications you can buy without a prescription. Antihistamines counter-act the effect of the biological substance histamine. In other words, they dry you up, stop the itching and swelling of your nose. They work within an hour or two, thus can be used as you need them. They work best though, if taken for several days in a row, or before you are exposed.



We recommend you **find two that work for you, from two different classes and alternate them.** Example: use benadryl one month and Chlortrimeton the next, and back to benadryl the third month. This way they remain as effective as the first time you used them.

The six classes are:

Ethanolamines-Diphenhydramine (Benadryl), carbinoxamine

**Ethylendiamines-Tripelemine**

**\*\*Alkylamines-Chlorpheniramine, Brompheniramine, triprolidine; \*\*tend not to make you sleepy**

Piperazines-hydroxyzine

**Piperadine-cyprohetadine**

**Azatadine**

Ask your pharmacist for help in picking out one you haven't tried before. Write down the name and how each one worked for future reference. You may find one that works great and yet doesn't make you too drowsy.

The first generation antihistamines are the medications that can make you drowsy and you should not drive, nor operate machinery, nor do any job that requires you to remain alert.

A trick you can use is to take a half a benadryl at bedtime, and it will control your symptoms through the night while you sleep yet, you can stay awake in the morning.

## NONSEDATING ANTIHISTAMINES

The second generation antihistamines are not sedating like the first generation one are. These include: Claritin, Clarinex, Allegra and Zyrtec.

## DECONGESTANTS-"OTC"

These are the decongestant tablet form you take by mouth. These too, you can buy without a prescription. They work immediately, as you need them, every now and then, or regularly.

Decongestants shrink the mucous linings, opening passages so you can breathe, relieving congestion pressure, relieving ear pressure, opening the Eustachian tubes, slowing and sometimes stopping that profusely watery, runny nose.

Decongestants do not stop itching or help irritative symptoms. They are used a lot for daytime relief because they **DO NOT** make you drowsy. And, you do not become resistant to them like you can with antihistamines.



One trick is to use Sudafed, decongestant (plain, or not sedating) one twice a day during the day, and a Benadryl, anti-histamine, (sedating) at bedtime.

Some decongestants include: pseudoephedrine and phenylephrine.

## WARNING: NEVER USE TOPICAL DECONGESTANT NASAL SPRAYS (Afrin, neosynephrine)

You can become addicted to them because they cause severe rebound or recurrence of your congestion. The first sprays constrict (close off) the blood vessels so well, that suddenly your nasal passage seems incredibly clear. However, your nose mucous lining is screaming for oxygen and blood. Once the medication wears off, your nose floods again, so you have to spray again. And, it becomes such a vicious cycle you cannot break it. Over time, you actually change the tissue so that eventually nothing will relieve your now, constantly running nose. Other topically applied nasal drugs can do this too, particularly cocaine, and thus, in addition to many other reasons, should be avoided.

If you already have this problem, please tell physician so we can break the addiction cycle. This is called “**rhinitis medicamentosa.**”

## COMBINATION ANTIHISTAMINE and DECONGESTANTS

This is not a new category but refers to most of the over-the-counter medications that you will find. Most are a combination, of an antihistamine and a decongestant and you will need to try different ones to see if you can find one you feel works best for you. There is no way your physician can predict which will work best. It truly is just trial and error, trying each one for about 4 weeks to try and achieve maximal benefit. These can be used as you need them, within an hour or two you’ll get some level of relief.

## AVOID EXCESSIVE DRYNESS

Nasal wash (“nasal lavage”) to break down the gluey, thick secretions and minimize crushing can help. Use 1tp of salt in 8oz. of water and instill 4-8 drops in each nostril, or actually breath-in through your nose, the saline solution, and then let in spill out, or blow it out, to wash out the sinuses and nasal passage. **Ocean Mist or other saline nose** drops are fine to use as nasal sprays because they replenish moisture and relieve dryness. And, may be easier to use than the wash.

During the winter months or drier days, like when the Santa Ana's are blowing, you may try putting polysporine or Vaseline on a Q-tip and twirling it gentle onto outer part of each nostril to moisturize and, to help humidify the air you breathe. Don't use Neosporin because we see too many allergic reactions to the neomycin in it.

Using a mucolytic, (an agent that loosens secretions, keeps them more watery) is beneficial. **Guaifenesin** is a mucolytic found in, Robitussin PE, Entex LA, Duravent, and Humibid, and plays a role in helping decrease congestion, phlegm and cough.

## TOPICAL CROMOLYN SODIUM

This is available over the counter without a prescription. Cromoly sodium works by stabilizing the mast cell membranes. It makes the mast cell not react so quickly, so frequently. Thus, this is **a preventative medication and must be used BEFORE exposure.** To achieve the most benefit, this medication must be used on a regular daily basis. **Always, use it four to five times a day.** Do not give up; you will get an excellent response somewhere around 7 days to 2 weeks. The elegance of this medication is that it is delivered right where you need it, your nose or your lungs, ie, "topically" and not absorbed. Thus, it does not affect your whole body like taking a pill by mouth does. This type of medication will **NOT** make you drowsy.

You can use this medication every single day if you need, or start when the symptoms are persistently worse. Always plan on using this medication for a minimum of 2-4 weeks at a regular daily dosing. It has to be used 4 times per day. It comes in 2 forms:

**Nasalchrome spray:** 2 sprays each nostril 4-5 times/day

**Intal meter-dose inhaler:** 2 puffs by mouth, 4 times/day

## TOPICAL STEROID SPRAYS

Steroids are biochemicals made by the body to reduce swelling and inflammation. They counteract the effects of histamine. They are a powerful intrinsic part of your immune system. They can reduce the size and even decrease the recurrence of nasal polyps.

Physicians take steroid use very seriously. We are pleased that they are now available in topical forms because taking steroids by mouth or injection on a frequent, regular basis, creates other health risks of a potentially nature. By topical we mean they are delivered right where you need it, to your nose or lungs. Topical steroids are similar to cromolyn sodium in that they are best used preventatively, on a daily basis. Topical steroids sprays include: Beconase AQ, Nasalide, Vancinase AQ, Flonase, Nasonex, Nasocort and Rhinocort. **More is NOT better, so use only as directed.**

The correct technique for nasal sprays in 3 point:

1. “Nose to toes” - in other words, **DO NOT** tilt your head back, rather stand or sit naturally.
2. “Cross spray” use your left hand to spray your right nostril so you are aiming outward toward your eye not the nasal septum in the midair. And right hand to spray your left nostril.
3. “DO NOT inhale” - just spray so the medication fills your sinuses rather than being inhaled into your lungs.

The nasalchrom and the topical steroid sprays do sting a little, just think of it as “it means its working.” If you get bleeding from the irritation, try using topical **OCEAN MIST** spray first, to moisten the nose. Then, use the medicated sprays right after the ocean mist. Not the other way around otherwise you’ll wash away the medication.

Thus far it appears safe to use topical steroids continuously but, these are newer medications. My preference is that when symptoms are mild, start with the cromolyn sodium (nasalchrom or intal). If your symptoms are flaring, switch back to maintenance of nasalchrom (remembering that nasalchrom is 4 times/day).

## IMMUNOTHERAPY or DESENSITIZATION SHOTS, “ALLERGY SHOT”

Lastly, desensitization shots are yet another level of very time consuming treatment that is also considered part of a “maintenance” treatment plan. Desensitization shots are just not very helpful in everyone. Immunotherapy is for patients with prolonged and severe symptoms that are NOT improved by environmental changes and topical or nasal medications alone. Only after you have incorporated all the above measures into your management, should you consider being referred to an allergist to have allergy testing done. Allergy testing is done primarily only for finding out which allergens you’ll be getting as a desensitization injection weekly.

For the first couple of years, allergy shots are given every single week, with increasing amounts of the allergen. Once you are up to a full strength of the allergens, then you will be decreased to every other week, and eventually once a month.

The typical allergy shots are schedule to go on for about 4-6 years. After that there is not felt to be any continued benefit. Rarely, they will be re-started again, from square one, several years later, for another 4-6 years. Children and adolescents seem to be the best responders.

Asthmatics are the one group in which we are looking for anything we can do to reduce their episodes of wheezing. Thus, they are willing to put up with the nuance of weekly shots to get whatever benefit they receive, even if it is only one less wheezing episode.



## ANAPHYLAXIS: WHEN AN ALLERGY CAN KILL

Allergies can be serious, even life-threatening. Anaphylaxis is an acute allergic reaction, which typically comes on within minutes of exposure, peaks within 15-30 minutes, and is over within hours. Symptoms include a sensation of warmth, followed by itching, flushed skin, facial swelling, breathing difficulty or hives. In the extreme case, anaphylactic shock may occur resulting in possible cardiac arrest.

Emergency kits containing epinephrine are available by prescription. Highly allergic individuals should be fully instructed in the use of the kit and to wear medical alert bracelets. Primary causes of anaphylaxis are food allergies, insect venom (from bees, wasps, yellow jackets and fire ants) and drug reactions.

### Resources:

“Air Currents,” is an excellent newsletter that can give you information on allergies and asthma.

Write to:

“Air Currents”  
Allen & Hanburys  
Respiratory Institute  
P.O. Box 985  
Westfield, NJ 07091

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This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.

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