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If April flowers bring May flowers, what do Mayflowers bring?

The classic answer to the old riddle is “Pilgrims” but for many, May flowers bring itchy watery eyes, runny or congested noses, sneezing, and coughing. Summer is a good time to review allergies (allergic rhinitis) and the causes, effects, and interventions available.

Allergic rhinitis may be caused by several different agents. Pollens and molds are usually seasonal.

Cedar and cottonwood tree pollens have been the main spring pollen in Grant. Grass pollen peaks in mid-July, and ends in late September. Corn and weed pollen such as ragweed usually peaks in August, and ends in October.

Dust and animal antigens (including dust mites and cockroach antigens) are common triggers that occur year-round with exposure. These antigens act by stimulating the body’s immune system. The antigen enters the body and the white blood cells in the nasal passage recognize it as a foreign particle. Histamine acts on the eyes, nose, airway and skin to produce allergic conjunctivitis, allergic rhinitis, hypersensitivity of the airways, and dermatitis (rash).

The incidence of allergies seems to be increasing. With 20 percent of people in the U.S. diagnosed with allergic rhinitis. Allergies do have a genetic component. If one parent has allergies, the children have 50 percent chance of developing allergies.

If both parents have allergies, the risk increases to 75 percent.

Global warming also seems to have an effect on allergic rhinitis. A 30-year study in Italy by Dr. Ariano shows a trend toward higher temperatures in Italy. This is associated with lengthening of the pollen season by 30 to 80 days, increased pollen load, and increased number of people developing allergies. In the last five years, I have also seen people with no prior history of allergic rhinitis having problems.

The other variable in our area is the lability in weather patterns. “If you don’t like the weather in Nebraska, just wait a minute—it will change.”

High winds like we have had recently can blow ragweed pollen up to 400 miles, increasing exposure to the pollen. This then increases the number of susceptible people who can then become allergic.

Ragweed is one of the pollens which have had an extended pollination season in our area. This is believed to be secondary to the global warming phenomenon.

This, combined with the fact that one ragweed plant can produce a billion pollen grains in a season, means that the 36 million Americans suffering from the late fall ragweed season will be more miserable.

Effects of the allergies include symptoms of allergic rhinitis, which is experienced by a clear runny nose, itching of the inside and outside of the nose, or nasal congestion. Itchy, red, and watery eyes or “allergic shiners” (dark circles under the eyes caused by allergies) are signs of allergic conjunctivitis.

Dermatitis (rash) can occur when someone is exposed to a load of antigen large enough to sensitize white blood cells beyond just the nasal passages.

Possible complications from allergic rhinitis include bacterial infections such as bronchitis, sinusitis, and ear infections. Allergic rhinitis can also worsen asthma or asthma attacks.

Allergies can be treated conservatively. Nasal saline, bathing or showering after time outside, and avoidance of heavily pollinated areas or times can decrease the pollen load.

Medications for allergies are also available. Antihistamines are a first-line medication for allergic rhinitis.

There are older sedating antihistamines such as Benadryl, Atarax or Vistaril. The nonsedating antihistamines include Claritin, Zyrtec, and Allegra. Singulair is used for asthma but can be effective for allergic rhinitis as well.

Nasal medications are effective because they go directly to the nose without causing systemic effects. Nasal decongestants such as Afrin may be used for up to three days for symptom relief. If they are used for longer, they will cause a rebound congestion when the medicine wears off.

Often, it is worse than the initial congestion. Nasal steroids shut down the immune reaction in the nose that causes the allergies. They take three to four days to start working, and are usually at full effect in about a week.

Local side effects of nasal spray—irritation and bleeding—can be minimized by pointing the nozzle slightly to the outside of the nose. The septum, or middle of the nose, is very sensitive to irritation.

“Allergy shots” can be helpful but are generally used as a last resort. There are actually two types, immunotherapy and a one-time dose of steroids.

Steroid shots (such as Kenalog or DepoMedrol) are not recommended by the national allergy associations, though it can be of benefit for chronic disabling allergic rhinitis that interferes with function.

Risks of chronic steroid use include osteoporosis, Cushing syndrome, and easy bruising. Steroid use less than four times a year has not been shown to accelerate risk of osteoporosis in studies of other disease states requiring steroids, though results may vary for individuals.

Immunotherapy allergy shots are targeted to the specific allergic antigens someone is allergic to. These injections are more expensive and must be taken long-term. These are effective though they do take a while to work.

In short, allergy season is upon us and will continue to affect different people through the fall as different trees and plants pollinate. Your provider can work with you to answer any questions you may have about allergies and help you control your allergies.

Knowing the causes, effects, and interventions available allows you to control allergies instead of allowing allergies to control you.