

## **Pollen Allergies 101:**

### Classic Seasons:

*Trees*- March through beginning of June

*Grass*- June through August

*Weeds*- Mid-August through October

*Mold*- after spring thaw and late summer/fall months

- Hot, dry, windy days are usually the worst for pollen allergy sufferers!
  - Ragweed pollen can travel 500 miles via the wind
- Rainy, cloudy days usually reduce pollen allergy symptoms because the particles get washed away. However, mold growth increases after a rainy spell.
- You can keep track of daily pollen/mold counts in the weather section of the newspaper, on the radio/television, or online at [www.aafa.org](http://www.aafa.org)

### How to avoid/reduce contact with pollens?

- Try to stay inside as much as possible in the early morning (5am-10am) when pollen levels are typically highest.
- Schedule outdoor exercise later in the day.
- Avoid walking through uncut fields.
- Consider a lightweight face mask for yard work.
- Keep house and car windows closed.
- Use an air conditioner with the air on recirculation. Avoid using window fans.
  - Don't hang clothes/sheets outside to dry
  - Shower/wash hair when coming home from working/playing outdoors. (especially before going to bed)
  - Brush/wash your pets outside as often as possible during peak pollen season.

### Allergy Medications:

*Antihistamines:* Loratadine (Claritin), Cetirizine (Zyrtec), Fexofenadine (Allegra)

- Helps relieve sneezing, itching and rhinorrhea.
- Less effective for congestion.
- Start daily at the beginning of your allergy season to reduce severe allergy symptoms.
- I usually find that cetirizine and fexofenadine are more effective in controlling symptoms than loratadine, however this is not the case for all patients
- Loratadine and fexofenadine are non-sedating, whereas cetirizine cause sedation in some patients

*Decongestants:*

- Reduces congestion by shrinking swollen membranes in the nose
- Using a nasal decongestant spray for >3 days in a row may cause rhinitis medicamentosa, making congestion worse



## *Corticosteroid Nasal Sprays:*

- Decreases nasal inflammation without a rebound effect.
- Helps relieve congestion, rhinorrhea, sneezing, nasal itching, and ocular symptoms.
- These are the most effective medications for the treatment of allergic rhinitis.
- They work best if you start them ~2 weeks prior to the start of allergy season and continue using them throughout the allergy season.
- Common side effects: sneezing, dryness, burning/stinging of the nose, epistaxis.
  - Burning/stinging in the nose is most often seen in preparations containing propylene glycol and benzalkonium chloride (cause local irritation and clarify dysfunction, respectively).
  - The only preparation that does not contain either of these two preservatives is Rhinocort
  - Nasal sprays without alcohol: Nasacort, Nasonex, Rhinocort, Veramyst and Omnis

## *Singulair: leukotriene receptor antagonist*

- May be effective as a preventative medication for asthma, but also for treatment of allergic rhinitis and urticarial.
- Many insurance companies will not cover this medication unless there is a concomitant diagnosis of asthma

## *Antihistamine Nasal Sprays: Azelastine (Astelin), Patanase*

- Can be effective in decreasing nasal itching, sneezing and rhinorrhea
- Insurance companies often will not cover until  $\geq 1$  nasal steroid spray has been tried (depends on the insurance company)

## *Antihistamine eye drops: Zaditor (OTC), Patanol, Pataday*

- Can be effective in treating itchy, red, watery, swollen eyes.
- Only needs to be used PRN.
- Zaditor is first line and is effective for most allergy sufferers

## *Allergy Immunotherapy:*

- Effective for long term control of environmental allergies, including pollen allergies.
- Require weekly injections during the buildup phase, followed by ~ monthly injections for a period of ~ 3-5 years.
- It often takes six months to a year to notice the benefit of allergy shots.
- Allergy shots may not be effective for everyone.

